



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 09 2019

Ms. Rosalie Dapice
Owner
Rosalie J. Dapice
528-30 Pressley Street, PO Box 6363
Pittsburgh, Pennsylvania 15212

RE: Henderson House
Certificate #: 430950

Dear Ms. Dapice:

As a result of the Department's Bureau of Human Services Licensing annual inspection on November 8, 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,

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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

PCH Name: HENDERSON HOUSE		License Number: 43095
Address: P O B 6363 528 30 PRESSLEY ST, PITTSBURGH, PA 15212		County: Allegheny
Administrator: MARGUERITE DAPICE		Region: WEST
Legal Entity Name: ROSALIE J DAPICE		
Legal Entity Address: PO BOX 6363 528-30 PRESSLEY ST, PITTSBURGH, PA 15212		RECEIVED FEB 20 2019 Western Region
Certificate(s) of Occupancy Other 10/28/1992 City of Pittsburgh		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 22	Waking Staff: 17
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/08/2018: Flinner-Alman, Lisa; Spagna, Lauren		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 25 ✓ Number of Residents Served: 22 ✓ Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: ✓ Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 8 - Are 60 Years of Age or Older: 16 - Have Mental illness: 15 - Have an Intellectual Disability: 0 ~ Have a Mobility Need: 0 ~ Have a Physical Disability: 0 ~	

Violation Report: 43095 - 11/08/2018 - Flinner-Alman, Lisa
PCH Name: HENDERSON HOUSE

Western Region

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. Carbon monoxide detectors were not placed in the home in accordance with The Care Facility Carbon Monoxide Alarms Standards Act, in close proximity to the following:

- The gas dryer in the basement
- Two boilers and two furnaces in the basement
- The gas stove in the 3rd floor kitchen
- The gas dryer in the 2nd floor laundry room – CO2 detector approximately 40' away, not in close proximity

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.

Carbon monoxide alarm was 40' away from gas dryer in Basement 11/10/18 and also out side of Boiler Room 11/10/18 other two were moved 40' away they were to close 11/10/18

At least monthly - A designated staff person will monitor the detectors to ensure batteries are charged and in working order. --JRW 3/15/19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/12/2017		
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Signature of Legal Entity Representative (Required on EVERY Page) *Rosalie J Dapice*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rosalie J Dapice* Date *2/15/19*

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

The above plan of correction is approved as of <u>3/15/19</u> (Date)	Plan of correction implementation status as of <u>3/15/19</u> (Date)
The above plan of correction was approved by <u>JRW</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43095 - 11/08/2018 - Flinner-Alman, Lisa
 PCH Name: HENDERSON HOUSE

Western Region

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION
 Resident #1's contract, dated 10/3/08, indicates the resident's monthly rent is \$1028.00. However, the resident's current monthly rent is \$1107.00.

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 Contracted will change 11/15/18
 Admin will ensure with change of rent or increase
 will put a page stating the date and change of
 fee.*

Within 30 days of receipt of this plan of correction - The administrator or designee will review the contracts of all current residents to ensure the monthly rent is accurate. Any contracts found to be inaccurate will be amended and a copy given to the resident to sign, and a copy given to the resident. --
 JRW 3/15/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rosalie J Dapice</i>	Date <i>11/15/18</i>
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Violation Report: 43095 - 11/08/2018 - Flinner-Alman, Lisa
PCH Name: HENDERSON HOUSE **Western Region**

1. REGULATION 55 Pa.Code §2600
2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION
Since July 2018, when the certifications expired, there have not been any staff trained in first aid, obstructed airway techniques and CPR working in the home from 5:00 p.m. on Tuesdays through 7:00 a.m. on Saturdays, and from 5:00 p.m. to 7:00 a.m. on Saturdays, Sundays, Mondays and Tuesdays, including July 24, 25, 26, 27, 2018 and November 1, 2, 6, 7, 8, 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.

Everyone is trained in CPR
A friend of mine open her own agency for
tracking CPR Medtech training and direct care
staff training she will put us on her
schedule and contact us 30 days prior to
we can schedule for recertification

Rosalie Lapice 11/16/18
Marguerite 11/16/18
Sherry Taylor 11/16/18
Hope Henderson 11/16/18
Charmen Moten 11/19/19

Immediately - The administrator will develop and implement a tracking system to ensure all employees have current First Aid, CPR and obstructed airway techniques. Certifications will be filed in the staff records and be available available to the Department upon request. -- JRW 3/15/19

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

Signature of Legal Entity Representative (Required on EVERY Page) *Rosalie J Lapice*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rosalie J Lapice* Date *2/15/19*

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Violation Report: 43096 - 11/08/2018 - Flinner-Alman, Lisa
 PCH Name: HENDERSON HOUSE **Western Region**

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 persons B and C received only 1 hour of annual training in training year 2017.

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

*When inspection was done
 Girls Direct Care Staff hours were not posted
 in files
 In future they will be posted in a timely fashion
 Sherry Taylor & Hope Henderson will use four hours
 from 2018 to make 12 hrs for 2017
 will fax other hours by 4/19.*

Immediately - The administrator will develop and implement a tracking system to ensure all staff receive a minimum of 12 hours of annual training. This system will include a quarterly review of staff training, including training topics. -- JRW 3/15/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>ROSALIE J Depice</i>	Date <i>2/15/19</i>
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FEB 20 2019

Violation Report: 43095 - 11/08/2018 - Filmer-Alman, Lisa

PCH Name: HENDERSON HOUSE

Western Region

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 persons B and C did not receive the following required training topics during the 2017 training year:

- 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
- Falls and accident prevention

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.

Could not find any training paper work for fire training at ~~the~~ time of inspection

Immediately - The administrator will develop and implement a tracking and filing system to ensure all staff training is available to the Department upon request. -- JRW 3/15/19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Rosalie J Dupice

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

Rosalie J Dupice

Date *2/15/19*

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(Initials)

Plan of correction implementation status as of 3/15/19
(Date)

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

FEB 20 2019

Violation Report: 43095 - 11/08/2018 - Flinner-Alman, Lisa

PCH Name: HENDERSON HOUSE

Western Region

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 10:20 a.m., the hot water temperature at the sink in the resident dining/TV/activity room measured 143.2 degrees Fahrenheit.

At 10:28 a.m., the hot water temperature at the sink in the 2nd floor common bathroom at the top of the stairs measured 143.2 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.

Remember Paten thru valves to control water temperature not to exceed 120° 12/19/18 water temperature will be checked Weekly Log shall be kept.

The weekly hot water temperature checks will include all bathtubs, showers and sinks that are accessible to residents. JRW 3/15/19

Repeat Violation: Yes

Date(s) of Previous Violation(s):

12/12/2017

Signature of Legal Entity Representative
(Required on EVERY Page)

Rosalie J. Papice

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

Rosalie J Papice

Date *2/15/19*

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Violation Report: 43095 - 11/08/2018 - Flinner-Alman, Lisa
 PCH Name: HENDERSON HOUSE Western Region

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 The thermometer was not inoperable in the chest freezer in the dry storage area of 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.

*Thermometer was replaced on 11/15/18.
 Extra therm. were purchased
 Thermometer will checked weekly
 Log shall be kept.*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative *Rosalie J. Depice*
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rosalie J. Depice</i>	Date <i>2/15/19</i>
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Violation Report: 43095 - 11/08/2018 - Flinner-Alman, Lisa

PCH Name: HENDERSON HOUSE

Western Region

1. REGULATION 55 Pa.Code §2600

2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The furnace has not been inspected within the past year. The most recent inspection was 9/16/17.

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.

at time of inspection could not locate 2017
Furnace service
They are maintained every year in the fall.

Furnace inspection and service completed on 11/1/18. --JRW 4/22/19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Rosalie J. Dapice

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

Rosalie J. Dapice

Date 2/15/19

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The above plan of correction is approved as of 3/15/19
(Date)

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

Plan of correction Implementation status as of 4/22/19
(Date)

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

FEB 20 2019

Violation Report: 43095 - 11/08/2018 - Flinner-Alman, Lisa
PCH Name: HENDERSON HOUSE

1. REGULATION 55 Pa.Code §2600

Western Region

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

Seven of the past eight fire drills were conducted between 3:16 p.m. and 5:55 p.m., on the following dates:

- 1/26/18 at 3:16 p.m.
- 2/20/18 at 3:26 p.m.
- 3/24/18 at 5:00 p.m.
- 4/28/18 at 5:41 p.m.
- 5/20/18 at 5:30 p.m.
- 7/25/18 at 5:45 p.m.
- 9/22/18 at 5:55 p.m.
- 10/27/18 at 3:19 p.m.

The past two fire drills conducted during sleeping hours were conducted at approximately the same time of day:

- 12/30/17 at 6:14 a.m.
- 6/29/18 at 6:40 a.m.

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

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

Admin shall make sure fire drills vary at different times. Sleeping hour fire drill will vary.

Fire drills were conducted on 12/31/18, 1/17/19, 2/23/19 and 3/23/19 at different times of day. --JRW 4/22/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rosalie J Dapice* Date *2/15/19*

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The above plan of correction was approved by <u>JRW</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: 43095 - 11/08/2018 - Filmer-Alman, Lisa
PCH Name: HENDERSON HOUSE

FEB 20 2019

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

2a. DESCRIPTION OF VIOLATION

The medical evaluation, dated 8/10/18, for resident #1 is blank in the areas of height and weight.

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 DME was filled out 11/15/18
administrator will check DME when they are
presented back to admin
Direct care staff shall also check for any
areas that are not filled out.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Rosalie J Lapice*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rosalie J Lapice* Date *2/15/19*

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Violation Report: 43095 - 11/08/2018 - Flinner-Alman, Lisa

FEB 20 2019

PCH Name: HENDERSON HOUSE

1. REGULATION 55 Pa.Code §2600

Western Region

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

At approximately 12:55 p.m., there was a bottle of Armour Thyroid 90mg unlocked, unattended and accessible on top of the armoire in resident #4's bedroom.

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

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

Resident bought a lock box on 11/10/18
 Resident keeps medication locked
 and keeps key around her neck.

Immediately - All staff persons will be educated to monitor the home daily, as part of their regular duties, for unlocked medications, including resident #4's bedroom. -- JRW 3/15/19

Repeat Violation: Yes

Date(s) of Previous Violation(s):

12/12/2017

Signature of Legal Entity Representative
 (Required on EVERY Page)

Rosalie J Dapile

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

Rosalie J Dapile

Date

2/15/19

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Violation Report: 43095 - 11/08/2018 - Flinner-Alman, Lisa

PCH Name: HENDERSON HOUSE

Western Region

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 #5 is prescribed Olanzapine 20mg, 1 tablet at bedtime; however, the November 2018 medication administration record (MAR) indicates Olanzapine 20mg, 2 tablets at bedtime.

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.

*Admins will speak with owner of Bloomfield Drug and go over med charts before sent
 Admins will go over to check for any Hars that are not correct.
 Med Pch will also check after administrator*

Repeat Violation: Yes

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Rosalie J Dapice

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

Rosalie J Dapice

Date 2/15/19

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Plan of correction Implementation status as of 3/15/19 (Date)

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Violation Report: 43095 - 11/08/2018 - Flinner-Alman, Lisa
 PCH Name: HENDERSON HOUSE

Western Region

1. REGULATION 55 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 assessment, dated 6/9/18, for resident #5 does not include the diagnosis of insomnia, as indicated on the medical evaluation, dated 5/30/18.

The assessment for resident #6, admitted 6/18/18, does not include a date as to when the assessment was completed. Also, the assessment does not include the diagnoses of kidney impairment and asthma, as indicated on the medical evaluation, dated 3/26/18.

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.

*Admin will check when DME comes in
 David case. Staff shall check forms also
 Resident # 5 is no longer at PCH
 Doctor did not put any kidney impairment or asthma
 on medical diagnosis
 assessment was signed on 6/25/18*

Within 30 days of receipt of this plan of correction - The administrator or designee will review the assessments of all current residents to ensure all are complete, accurate and include all diagnoses and dates. -- JRW 3/15/19

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Rosalie J Dapize* Date *2/15/19*

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Violation Report: 43095 - 11/08/2018 - Flinner-Alman, Lisa
 PCH Name: HENDERSON HOUSE Western Region

1. REGULATION 55 Pa.Code §2600
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION
 Correction fluid was used on the personal needs allowance (PNA) section of resident #1's contract, dated 10/3/08, and \$85.00 was written on top over it.

 Correction fluid was used on the personal needs allowance (PNA) section of resident #4's contract, dated 10/17/08, and \$85.00 was written on top over it.

 Correction fluid was used under the name of admitting PCH on resident #5's preadmission screening, dated 5/26/18, and Henderson House was written on top over it.

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.

administrator will not use Correction fluid on any forms.

All staff will be educated on this requirement. Any changes to documents will be initialed and dated. - JRW
 3/15/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rosalie J Dapice</i>	Date <i>2/15/19</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>3/15/19</u> (Date) The above plan of correction was approved by <u>JRW</u> (Initials)	Plan of correction implementation status as of <u>3/15/19</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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