



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 15 2019

Ms. Barbara Sepich  
President/Chief Executive Officer  
WRC Pennsylvania Memorial Home  
985 Route 28  
Brookville, Pennsylvania 15825

RE: Edgewood Heights  
612 Keck Avenue  
New Bethlehem, Pennsylvania 16242  
License #: 440970

Dear Ms. Sepich:

As a result of the Department's Bureau of Human Services Licensing annual inspection on November 12, 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](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: EDGEWOOD HEIGHTS		License Number: 44097
Address: 612 KECK AVENUE, NEW BETHLEHEM, PA 16242		County: Clarion
Administrator: Ashley Buzard		Region: WEST
Legal Entity Name: WRC PENNSYLVANIA MEMORIAL HOME		
Legal Entity Address: 985 ROUTE 28, BROOKVILLE, PA 15825		<b>RECEIVED</b>
Certificate(s) of Occupancy I-1 02/07/2013 New Bethlehem		<b>FEB 14 2019</b> <b>Western Region</b>
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 34	Waking Staff: 26
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 11/12/18: Georgoulis, Karen; Garvey, Jody; Klein, Scott		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 71 Number of Residents Served: 31 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: 2 Number of Hospice Residents in past year: 3		<b>Number of Residents who:</b> Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 34 Have Mental Illness: 3 Have an Intellectual Disability: 1 Have a Mobility Need: 3 Have a Physical Disability: 0

Violation Report: 44097 -11/12/18 - Georgoulis, Karen  
PCH Name: EDGEWOOD HEIGHTS

FEB 14 2019

1. REGULATION 55 Pa.Code §2600

Western Region

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Resident #1, #2, and #3 passed away while residing in the home. The home did not submit an incident report with the Department's personal care home regional office within 24 hours, following the resident deaths.

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.

Since time of inspection all deaths have been reported via written report and verbal report within 24 hours. All reports will continue to be reported within the time frame by administrator or designee.

Immediately: The administrator or designated staff person shall review all reportable incidents and conditions to ensure required reporting in accordance with regulation 2600.16(c). 2/20/19

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Ansley Buzard*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Ansley Buzard, Administrator*      Date *02/08/2019*

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

The above plan of correction is approved as of 2/20/19  
(Date)

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

Plan of correction implementation status as of 2/20/19  
(Date)

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

FEB 14 2019

Violation Report: 44097 - 11/12/18 - Georgoulis, Karen  
 PCH Name: EDGEWOOD HEIGHTS

Western Region

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, did not receive training in medication self-administration during the 2017 training year (1/1/17 to 12/31/17).

Direct care staff person B, did not receive training in medication self-administration, meeting the needs of residents and care for residents with dementia during the 2017 training year (1/1/17 to 12/31/17).

Direct care staff person C, did not receive training in medication self-administration during the 2017 training year (1/1/17 to 12/31/17).

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.

Since time of inspection an audit was completed on all of 2018 trainings, please see attached audit form. Staff that had not completed trainings per regulation, had completed the training to be in compliance. For training year 2019, a new training calendar planned. Monthly, administrator or designee will verify trainings are scheduled, participants required to attend and keep documentation. Follow-up trainings will be held for staff that are unable to make scheduled training. These will be completed within a weeks of original scheduled date see attachment #1

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ashley Buzard, Administrator</i>	Date <i>02/08/2019</i>
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The above plan of correction is approved as of <u>2/2/0/19</u> (Date)  The above plan of correction was approved by <u><i>Eg</i></u> (Initials)	Plan of correction implementation status as of <u>2/20/19</u> (Date)  <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>g</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 44097 - 11/12/18 - Georgoulis, Karen  
PCH Name: EDGEWOOD HEIGHTS

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 person A, did not receive training in fire safety, emergency preparedness during the 2017 training year, (1/1/17 to 12/31/17).

Direct care staff person B, did not receive training in fire safety, emergency preparedness, OPSA and falls and accident prevention in 2017 training year (1/1/17 to 12/31/17).

Direct care staff person C, did not receive fire safety and emergency preparedness during the 2017 training year (1/1/17 to 12/31/17).

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.

Since time of inspection an audit was completed on all of 2018 trainings, please see attached audit form. Staff that had not completed trainings per regulation, had completed the training to be in compliance.

For training year 2019, a new training calendar planned. Monthly, administrator or designee will verify trainings are scheduled, participants required to attend and keep documentation. Follow-up trainings will be held for staff that are unable to make scheduled trainings. These will be completed in 2 weeks of original scheduled date.

See attachment #2

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ashley Burard, Administrator Date 02/08/2019

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FEB 14 2019

Violation Report: 44097 - 11/12/18 - Georgoulis, Karen  
PCH Name: EDGEWOOD HEIGHTS

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

On 11/2/18, at 10:00 a.m., the water temperature at the sink in the common bathroom across from room #214 on the second floor, measured 121.6 degrees. A recheck at 3:45 p.m., the water temperature measured 127.4 degrees Fahrenheit.

On 11/2/18, at 10:35 a.m., the water temperature at the sink in the activity room across from room #214 measured 122.1 degrees Fahrenheit. A recheck at 3:45 p.m., the water temperature measured 127.4 degrees Fahrenheit.

On 11/2/18, at 10:37 a.m., the water temperature at the sink in the bathroom of bedroom #110 measured 121.1 degrees Fahrenheit. A recheck at 3:45 p.m., the water temperature measured 127.4 degrees Fahrenheit.

On 11/2/18, at 10:40 a.m., the water temperature at the sink in the bathroom of bedroom #108 measured 121.1 degrees Fahrenheit. A recheck at 3:45 p.m., the water temperature measured 127.4 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.

Since inspection all water sources have the temperature checked monthly (see attachment # 13-20.) If the temperature is too high or too low, adjustments to water heater will be made. A recheck to temperature will be performed the next day to give time to adjust. Will be conducted by administrator or designee.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) Ashley Buzard

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Ashley Buzard, Administrator      Date 2/9/2019

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(Date)

Plan of correction implementation status as of 2/20/19  
(Date)

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

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

Violation Report: 44097 - 11/12/18 -- Georgoulis, Karen  
PCH Name: EDGEWOOD HEIGHTS

Western Region

1. REGULATION 55 Pa.Code §2600

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 11/2/18, the home served 34 residents, requiring a minimum of 102 gallons of emergency drinking water. However, there were only 81 gallons of drinking on site. The home has a contractual agreement dated, 1/6/17 with Turners Dairy Farms, Inc. to deliver an emergency water supply; however, the contract does not include, the guarantee that the water will be delivered as a priority even in the event of a regional general emergency.

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

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

Please see attachment #3, the letter from Turner Dairy Farms stating that "upon notice, within 24 hours, we will deliver sanitary drinking water in plastic gallon containers packed four per case. This priority delivery should provide an adequate supply of drinking water to meet your requirements. This letter is dated 1/16/18 effective until 3/31/19. I think this violation is incorrect.

On 11/13/2018 we received 28 <sup>error AB</sup> gallon of water. With the 28 gallon we now have 110 gallon of water for emergencies. See attachment #4 and 5.

Administrator and/or designee will check water monthly.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) Ashley Buzard

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Ashley Buzard, Administrator      Date 2/8/19

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(Date)

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(Initials)

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(Date)

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Violation Report: 44097 - 11/12/18 - Georgoulis, Karen  
PCH Name: EDGEWOOD HEIGHTS

Western Region

1. REGULATION 55 Pa.Code §2600  
2600.132(j) - Elevators may not be used during a fire drill or a fire.

2a. DESCRIPTION OF VIOLATION

On 11/2/18, according to the home's fire drill log, during the fire drill conducted on 8/28/18 at 6:29 p.m., a resident used the elevator to evacuate the home.

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

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

Since inspection, all Fire drills are scheduled by administrator and maintenance. Once Fire drill is performed, administrator and maintenance will review over time, areas of improvements or any obstacles that went wrong. Any errors will be documented on Fire drill log and another Fire drill will be conducted within the month to have a successful Fire drill.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) Ashley Buzard

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Ashley Buzard, Administrator      Date 02/08/2019

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Violation Report: 44097 - 11/12/18 - Georgoulis, Karen  
 PCH Name: EDGEWOOD HEIGHTS

Western Region

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

2a. DESCRIPTION OF VIOLATION

Resident #4's most current medical evaluation, dated 1/8/18, did not include the resident's height. This section was blank.  
 Resident #5's most current medical evaluation dated 7/25/18, did not include the health status, cognitive functioning and did not indicate if the resident can safely use and avoid poisonous materials. These sections were blank.  
 Resident #6's most current medical evaluation dated 4/30/18, does not indicate if the resident can safely use and avoid poisonous materials. This section was blank.

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

Resident #4 medical eval was Fixed on day of inspection by [redacted] LPN, see attachment #6.  
 Resident #5 medical eval was Fixed on 11/5/2018 by [redacted] LPN, see attachment # 7. The medical eval asks if the resident CAN safely use or avoid poisonous materials, the section is not marked due to resident requiring assistance to use and avoid poisonous materials.  
 Resident #6 medical eval was Fixed on 11/5/2018 by [redacted] LPN, see attachment #8.  
 Once medical evaluation is completed by physician administrator and resident care coordinator will review form for completion. If any areas not complete form will be given back to physician for completion or verbal order given to LPN to fix.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Ashley Buzard*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ashley Buzard, Administrator*      Date *2/8/2019*

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Violation Report: 44097 - 11/12/18 - Georgoulis, Karen  
PCH Name: EDGEWOOD HEIGHTS

Western Region

1. REGULATION 55 Pa.Code §2600

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #5 is prescribed, Dysphagia Level 2 diet (mechanical soft diet with thin liquids.) According to the National Dysphagia Diet 2, regular foods need modified to make them easier to chew and swallow, by blending, chopping, grinding, mashing, shredding, or cooking the food. Add gravy, sauce, vegetable or fruit juice milk or half and half to moisten the food. Pour over food allow to soften and dissolve. On 11/2/18, at 12:15 p.m., resident #5 was served a lunch consisting of a battered fish fillet measuring approx. 6" long by 3 to 3 1/2" wide, that was cut into 1" wide strips. There were approximately 15 uncut baked crinkle cut French fries measuring from 3" long to approximately 6" long. There was no gravy present and no waxed beans. The meal was not altered to meet a mechanical soft diet as indicated in the physician's order, dated 7/23/18.

Resident #7 is prescribed, Dysphagia Level 2 diet (mechanical soft diet with thin liquids.) According to the National Dysphagia Diet 2, regular foods need modified to make them easier to chew and swallow, by blending, chopping, grinding, mashing, shredding, or cooking the food. Add gravy, sauce, vegetable or fruit juice milk or half and half to moisten the food. Pour over food allow to soften and dissolve. On 11/2/18, at 12:15 p.m., resident #7 was served a lunch consisting of roast beef in several large chunks, measuring approximately (1 1/2" to 2") with some shredded, with no gravy, there were 5 crinkle cut whole French fries measuring approximately 4 1/2" long. The meal was not altered to meet a mechanical soft diet as indicated in the physician's order, dated 11/17/16.

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.

On 2/11/2019 meeting held by administrator and all 4 dietary staff. Review over Dysphagia Level 2 diet by all. Moving forward all individuals with an altered diet will have only foods within their specific diets. Specific diets will be addressed in DME and RASP. Dietary is scheduled "Safe Eating" for 2019 and will have it complete by Feb 28, 2019. Resident aids will also have a "Refresher" on mechanical diets. All staff is responsible for all residents to get their correct diet. See attachment # 23

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/07/2017
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Signature of Legal Entity Representative (Required on EVERY Page) Ashley Buzard

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ashley Buzard Administrator Date 2/9/19

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Violation Report: 44097 - 11/12/18 - Georgoulis, Karen  
PCH Name: EDGEWOOD HEIGHTS

Western Region

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

Resident #5 is prescribed Artificial Tears Drops, instill drops into affected eyes twice a day, with a date open of 6/24/18. The manufacture guidelines indicate discard 28 days after opening or discard at end of treatment (whichever comes first).

Resident #6 is prescribed Latanoprost 0.005 % drops, instill one drop into each eye at bedtime (8:00 p.m.), with an open date of 9/17/18. The manufacturer guidelines indicate discard 6 weeks after opened or discard at end of treatment (whichever comes first).

Resident #8 is prescribed Artificial tears, instill one or two drops in affected eye(s) twice a day, with a date open of 9/14/18. The medication guidelines indicate discard 28 days after opening or discard at end of treatment (whichever comes first).

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.

Weekly cart audits are performed. Along with the cart audits, all eye drops will be monitored to ensure they are not expired. If close to expiring, med aide will reorder to ensure drops are available.

Administrator and/or designee will Review Form weekly.

See attachment #24

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

Signature of Legal Entity Representative (Required on EVERY Page) Ashley Buzard

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ashley Buzard, Administrator Date 2/11/19

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The above plan of correction is approved as of 2/20/19 (Date)

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

Plan of correction implementation status as of 2/20/19 (Date)

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

FEB 14 2019

Violation Report: 44097 - 11/12/18 - Georgoulis, Karen  
 PCH Name: EDGEWOOD HEIGHTS

**Western Region**

**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 #4's glucometer was not calibrated to date and time. The resident's glucometer indicated a date and time of 12/03 at 3:07 a.m. However, the actual date and time was 11/2/18 at 3:17 p.m.

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

RCC is still performing monthly checks to ensure glucometers are calibrated.  
 Medication aides are also logging when they are calibrating the glucometers. (see Attachment # 21-22.)  
 Will continue these audits.

Immediately: Checks to ensure glucometers are calibrated to the correct date and time shall be conducted weekly. 2/20/19 *g*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/07/2017	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Ashley Buzard*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Ashley Buzard Administrator* Date *2/9/19*

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FEB 14 2019

Violation Report: 44097 - 11/12/18 - Georgoulis, Karen  
PCH Name: EDGEWOOD HEIGHTS

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

Resident #8 was admitted to the home on 4/14/17. However, the resident's initial assessment was not completed until 5/25/17.

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.

Administrator or Resident Care Coordinator will complete initial assessment within timeframe specified. Since inspection all assessments have been completed within 15 days for their initial assessments.

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

Signature of Legal Entity Representative (Required on EVERY Page) Ashley Buzard

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ashley Buzard, Administrator      Date 2/8/2019

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Violation Report: 44097 - 11/12/18 - Georgoulis, Karen  
PCH Name: EDGEWOOD HEIGHTS

FEB 14 2019

Western Region

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #4's assessment dated 1/22/18, indicates the resident is able to safely avoid/handle poisonous materials in own room, if ordered by a physician to keep at bed side. However, the support plan dated 1/22/18 indicates the resident needs prompting/cueing for medication administration and indicates the resident's needs as "B" prompting/cueing. The resident's medical evaluation dated 1/8/18, indicates the resident cannot safely handle/avoid poisonous materials.

Resident #8's assessment dated 5/2/18, indicates that the resident would be able to safely use poisonous substances in own room if ordered by a physician to keep at bedside and indicates the resident's need as "B" prompting/cueing. The resident's medical evaluation dated 5/2/18 does not indicate that the resident can safely use or avoid poisonous materials.

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.

Clarification was made to resident #4 assessment (see attachment #9) on 11/5/18 and medical evaluation (see attachment #10) was updated to match the Clarification Made.

Clarification was made to resident #8 assessment (see attachment #11) on 11/5/18 and medical evaluation (see attachment #12) was updated to match the Clarification Made.

Administrator and/or designee will Review over all DME's and RASP's to confirm completion and that all of the residents needs match on both forms.

Immediately: The administrator or designated staff person shall review all current assessments to ensure accuracy and completeness. 2/20/19

Repeat Violation: Yes

Date(s) of Previous Violation(s):

11/07/2017

Signature of Legal Entity Representative  
(Required on EVERY Page)

Ashley Buzard

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

Ashley Buzard Administrator

Date

2/8/2019

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

The above plan of correction is approved as of 2/20/19  
(Date)

Plan of correction implementation status as of 2/20/19  
(Date)

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

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

Violation Report: 44097 - 11/12/18 - Georgoulis, Karen  
PCH Name: EDGEWOOD HEIGHTS

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

On 11/2/18, the front page of resident #8's assessment and support plan, dated 4/25/17, had correction fluid covering the date the assessment was finalized and changed to 5/25/17.

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.

All correction fluid was removed from building. Administrator and/or designee will ensure all support plans are legible, permanent and signed by staff making entry.

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Ashley Buzard Administrator Date 2/9/19

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

The above plan of correction is approved as of 2/20/19  
(Date)

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

Plan of correction implementation status as of 2/20/19  
(Date)

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