



Mailing Date: February 6, 2020

Ms. Laura Mesoraco
Owner/Administrator/Secretary of Corporation
AM/PM Personal Care Home, Inc.
PO Box 123, 555 Adrian Road
Delancey, Pennsylvania 15733

RE: AM PM Personal Care Home
Certificate #: 407360

Dear Ms. Mesoraco:

As a result of the Department's Bureau of Human Services Licensing annual inspection on November 29, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report: 40736 - 11/29/2018 - Garvey, Jody
PCH Name: AM PM PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted to the home on 2/15/18; however, the resident-home contract was not signed by the resident until 2/20/18.

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.

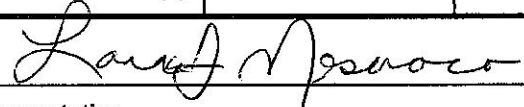
To assure future resident contracts are signed according to Regulation 2600.25(a)(1), Am/PM Administrator created the above Resident Tracking Form.

Am/PM Day to Day Manager will place the attached form in every resident file to assure compliance.

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall review all resident records to ensure a written resident – home contract between the resident and the home is complete, signed and in place in each resident record.

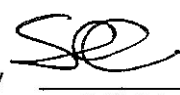
 5/13/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Laura J. Mesoraco **Date** 1/22/19

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

The above plan of correction is approved as of <u>5/13/19</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>5/13/19</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: 40736 - 11/29/2018 - Garvey, Jody
PCH Name: AM PM PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

Multiple resident's glucometers were used to measure resident #2's blood glucose levels on multiple dates to include the following:

<u>Resident Name</u>	<u>Date and Time of Reading</u>
Resident #3	11/19/18, 6:07 AM
	11/26/18, 6:12 AM
Resident #4	11/21/18, 6:32 AM
Resident #5	11/23/18, 1:46 AM
	11/28/18, 1:49 AM

Immediately, resident #2, #3, #4 and #5's physicians shall be notified of the possibility of shared glucometer use and all recommendations made by the physician should be followed. Documentation of the notification to the physician, his/her recommendations, and the home's follow-up based on the recommendations shall be kept.

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

SE 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.

5/13/19 Immediately, then once per week for 3 months, the administrator or designated staff person qualified to administer medication shall observe each staff person responsible for diabetic care perform blood glucose checks to ensure each resident glucometer is used only for the resident to whom it belongs. Documentation of the observations shall be kept.

SE To ensure that Resident Glucometers are no longer shared, Am/pm purchased new Glucometers for every Diabetic resident. (Please see attached receipts) (Old Glucometers were discarded or given to resident family members.)
 Additionally, Am/pm Administrator distributed the attached memo to staff on November 30, 2018. (see attached)
 Staff education was conducted on 12/11/18 by PCA Mission Pharmacy Sandra Hockeberry, LPN in regard to Glucometer Sharing. (see attached)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Laura J. Mesoraco* Date *1/22/19*

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The above plan of correction is approved as of 5/13/19 (Date)

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

Plan of correction implementation status as of 5/13/19 (Date)

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

Violation Report: 40736 - 11/29/2018 - Garvey, Jody
PCH Name: AM PM PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There was a metal strip sticking up approximately ¼ inch connecting the carpeted area and the laminate flooring in the hallway going from the front main hallway of the home to the kitchenette area. The laminate floor was lower than the carpeted area and there was an approximately 6" by 1.5" hole in the carpeting that was lifting up and posing a potential tripping hazard.

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 note: This violation was corrected at the time of inspection on 11/29/18 by placing Duct Tape over the metal strip as a barrier to prevent tripping.

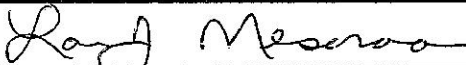
On 11/30/18, Doug Byers of Byers Building Services installed a protective (threshold) barrier over the carpeted area to prevent tripping. (See attached invoice)

In the future, Owners will be more diligent in observing areas that could be hazardous and will make ^{any} repairs immediately

Immediately, then at least monthly, the administrator or designated staff persons shall inspect the home to ensure all floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards.

 5/13/19

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Signature of Legal Entity Representative (Required on EVERY Page) 


Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Laura J. Mesoreo Date 11/22/19

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Violation Report: 40736 - 11/29/2018 - Garvey, Jody
 PCH Name: AM PM PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The emergency numbers that were posted on resident #1's phone with an outside line were smeared and some of the numbers were illegible.

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.

Violation was corrected at the time of inspection by placing a sticker with Emergency Numbers on Resident #1's telephone.

In the future, AM/PM Day to Day Manager + (ER) (staff) will check numbers on a regular basis to assure numbers are visible and posted on each telephone with an outside line.

SE
 5/13/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Laura J. Mesoraco</i>	Date <i>1/22/19</i>
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Violation Report: 40736 - 11/29/2018 - Garvey, Jody
PCH Name: AM PM PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

There was no fire drill held during sleeping hours from 3/29/18 until 11/15/18, eight months passed between the sleeping hour fire drills.

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

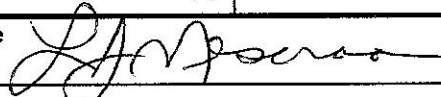
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In order to address this violation, AM/PM Adm has placed a reminder note at the top of 2019 Fire Drill Record to assure that night-time Fire Drills are conducted once every 6 months.
 (Please see attached)

Immediately, then monthly, the administrator or designated staff person shall monitor the home's fire drill record to ensure a sleeping hour fire drill is conducted at least every six months.

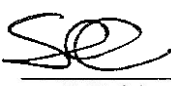
 5/13/19

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Laura J. Mesoraco Date 1/22/19

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Violation Report: 40736 - 11/29/2018 - Garvey, Jody

PCH Name: AM PM PERSONAL CARE HOME

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 #6 was admitted on 7/14/17, the resident's initial medical evaluation was completed on 7/11/17. The resident's current medical evaluation was due on 7/11/18; however, it was not completed until 8/7/18.

Resident #7 was admitted on 10/29/13. The resident's 2016 medical evaluation was completed on 9/29/16. The resident's 2017 medical evaluation was due on 9/29/17; however, it was not completed until 12/1/17.

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.

Resident #6 was scheduled to see his Doctor for completion of his annual medical evaluation prior to 7/11/18, but had to cancel his appointment and rescheduled it for 8/7/18.

Regarding Resident #7, upon review of the form, AM/PM manager discovered this was just an oversight.

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall review all resident records to ensure an in-person medical evaluation has been completed for all residents within the past year.

In order to assure future resident medical evaluations are done accordingly to Regulation 2600.141(b)(1), AM/PM Administrator created the attached form. The attached form will be placed in each residents file to assure tracking of annual medical evaluations.

SE
5/13/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Laura J. Mercurio* Date *1/22/19*

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(Date)

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(Initials)

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(Date)

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Violation Report: 40736 - 11/29/2018 - Garvey, Jody

PCH Name: AM PM PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

On 11/29/18 at 11:50 AM, the menus for the previous and the current weeks were posted in the home; however, the menu for the following week beginning on 12/2/18 was not posted in a conspicuous and public place.

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.

Am/pm's Cook prepares and posts menus as required in Regulation 2600.162(c).

On the day of the inspection, the cook had a scheduled vacation day.

When she returned to work on 11/30/18, Am/pm manager reminded her of regulation 2600.162(c). The cook then posted the menu for 12/2/18 + stated she was working on it on her day off.

In the future, Am/pm manager and Cook will assure menus are posted accordingly to regulation 2600.162(c)

Immediately, then at least weekly, the administrator or designated staff person shall ensure weekly menus are posted 1 week in advance in a conspicuous and public place in the home. *SE* 5/19/19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Lawrence J. Mesorero

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

Lawrence J. Mesorero

Date

1/22/19

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(Date)

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(Date)

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(Initials)

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- Not Implemented

Violation Report: 40736 - 11/29/2018 - Garvey, Jody
PCH Name: AM PM PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

Resident #6 self-administers medications. On 11/29/18, the resident's bedroom door was unlocked and multiple medications were unlocked, unattended and accessible on the resident's bedside table to include:

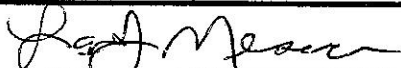
- *Simethicone 80 MG chewable tablet
- *Timolol 0.05% eye drops
- *Latanoprost 0.005% ophthalmic solution
- *Fluticasone propionate 50 mcg spray

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.

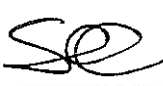
On 11/29/18,
 Resident #6 left for the day shortly after breakfast.
 Prior to him leaving, AM/PM manager reminded him to make sure his medication was stored in his locked box in his room and also reminded him to lock his door.
 Unfortunately Resident #6 did not do either.
 In the future, and in order to stay in compliance with Regulation 2600.183(b), AM/PM Staff + Day to Day manager will check all residents (self-administering meds) medication + rooms on a daily basis.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lawrence J. Mesarico Date 11/22/19

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Violation Report: 40736 - 11/29/2018 - Garvey, Jody
 PCH Name: AM PM PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #7 was prescribed Nystatin 100000 u/gm powder- apply topically twice a day as needed for rash, which was discontinued on 9/27/18. However, on 11/29/18 the medication was still present in the home.

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

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

Upon further review, AM/PM manager realized that the Doctor D/C'd the Nystatin Powder and ordered Nystatin Cream on 9/27/18. (See attached)

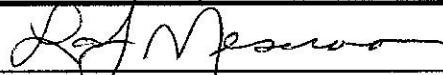
However, the Nystatin Powder was inadvertently left in the medicine cart, even though AM/PM Staff audits our carts monthly ^{and} ~~at~~ Mission Pharmacy.

In the future, AM/PM manager will make sure any D/C'd meds are removed as soon as they are discontinued by the medical

Doctor. Immediately, then at least monthly, the administrator or designated staff person shall ensure an audit is completed on all medication in the home and discontinued medication shall be removed

SE 5/13/19


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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Laura J. Mesoraco	Date 1/22/19
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(Initials)

Plan of correction implementation status as of 5/13/19
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Violation Report: 40736 - 11/29/2018 - Garvey, Jody
PCH Name: AM PM PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

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


2a. DESCRIPTION OF VIOLATION

Resident #8 is prescribed Clonazepam 0.5 mg tablet- take 1 tablet by mouth twice a day; however, the pharmacy label indicates Clonazepam 0.5 mg tablet- take 1 tablet by mouth three times a day.

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

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

Immediately, then at least monthly, a designated staff person qualified to administer medications shall audit prescription medications to ensure they are stored in their original container and labeled with a pharmacy label that includes the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage, instructions for administration and the name and title of the prescriber. The pharmacy label and the MAR shall be compared to the prescriber's order. Any discrepancies shall be verified with the prescriber and immediately corrected.

Please see attached Prescription indicating Resident #8's 0.5mg Clonazepam to be taken 1 Tablet twice a day.  5/13/19

The Computerized MAR was correct for the Administration of this medication for Resident #8.

However, the pharmacy label was not.

In the future and to assure compliance for Regulation 2600.184(a) AM/PM manager will place "Directions changed refer to MAR" stickers on any medication that is changed from it's original administration directions.

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) Laura J. Mesoreo Date 5/22/19

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Violation Report: 40736 - 11/29/2018 - Garvey, Jody
PCH Name: AM PM PERSONAL CARE HOME

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

On multiple dates the blood glucose readings indicated on the glucometers of residents #3, #5, #7 and #9 were inaccurately documented on their November 2018 medication administration records (MARs) to include the following:

Resident #3

- *On 11/21/18, the resident's glucometer indicated 361; however, 321 was documented on the MAR.
- *On 11/24/18, the resident's glucometer indicated 87; however, 86 was documented on the MAR.
- *On 11/25/18, the resident's glucometer indicated 76; however, 78 was documented on the MAR.

Resident #5

- *On 11/26/18, the resident's glucometer indicated 327, however 321 was documented on the MAR.
- *On 11/25/18, the resident's glucometer indicated 63, however 64 was documented on the MAR.

Resident #7

- *On 11/3/18, the resident's glucometer indicated 83; however, 86 was documented on the MAR.
- *On 11/3/18, the resident's glucometer indicated 218; however, 213 was documented on the MAR.
- *On 11/3/18, the resident's glucometer indicated 196; however, 198 was documented on the MAR.

Resident #9


- *On 11/28/18, the resident's glucometer indicated 197; however, 197 was documented on the MAR.
- *On 11/27/18, the resident's glucometer indicated 115; however, 101 was documented on the MAR.
- *On 11/25/18, the resident's glucometer indicated 165; however, 162 was documented on the MAR.

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

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


Upon further investigation, Am/pm Administrator and Manager discovered that Am/pm Staff were, on occasion, sharing Glucometers.
 To ensure resident Glucometers are no longer shared, Am/pm Purchased new Glucometers for each diabetic resident (see attached receipt). Old Glucometers were discarded or given to family members.
 Additionally, Am/pm Administrator distributed the attached memo to each Staff member and Staff Education was conducted (see below)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Laura J. Mesoraco Date 1/22/19

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* on 12/11/18 by LTR Sandra Hockenberry from Mission Pharmacy regarding Glucometer usage & infection control. (see attached)

Violation Report: 40736 - 11/29/2018 - Garvey, Jody
 PCH Name: AM PM PERSONAL CARE HOME

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

On 11/29/18, Resident #5's glucometer was not calibrated to the current date. The date indicated on the glucometer was 11/30/18.

At 2:36 PM, Resident #7's glucometer was not calibrated to current time. The time indicated on the glucometer was 11:30 AM.

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.

In order to comply with the above listed Regulation (2600.185(a)) Am/PM instructed Mission Pharmacy to add to all diabetic resident's MAR's: Glucometer Calibration

5/13/19

Immediately, and prior to each use, all resident glucometers shall be checked to ensure they are calibrated to the current date and time. If a glucometer is not properly calibrated, it shall immediately be adjusted to reflect the current date and time, prior to use.

Please see attached page 1 of Resident #7's current MAR which indicates Glucometer Calibration to be conducted the first Monday of every month.

(Resident #5 has recently passed away), so please find attached page 1 of another diabetic resident's current MAR indicating Glucometer Calibration, as an example.

Immediately, then once per week for 3 months, the administrator or designated staff person qualified to administer medication shall observe each staff person responsible for diabetic care perform blood glucose checks to ensure blood glucose readings are accurately documented on the resident MAR. Documentation of the observations shall be kept.

SE 5/13/19

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

Law J. Mesorano

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 5/22/19.

Law J. Mesorano

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

The above plan of correction is approved as of 5/13/19 (Date)

Plan of correction implementation status as of 5/13/19 (Date)

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

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

Violation Report: 40736 - 11/29/2018 - Garvey, Jody
PCH Name: AM PM PERSONAL CARE HOME

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

There was white out covering the time the fire drill was conducted on 2/13/18 and 8:57 AM was written over it in pen.

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.

Inspectors reminded Am/pm Manager + Administrator, on the day of the inspection, to not use white out on any record whatsoever.

Am/pm Manager + Owners will not use white out on any record in the future.

Within 30 days of receipt of the plan of correction: All staff shall be educated that entries on fire drill records and in resident records must be permanent, legible and dated and signed by the staff person making the entry. Entries are not to be erased or covered with correction fluid/tape. A line should be drawn through errors or changes such that the original entry is still legible.


 5/13/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Law T. Mercurio Date 1/22/19

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

The above plan of correction is approved as of <u>5/13/19</u> (Date)	Plan of correction implementation status as of <u>5/13/19</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40736 - 11/29/2018 - Garvey, Jody

PCH Name: AM PM PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #6 was admitted on 7/14/17. The resident's 2018 resident assessment and support plan dated 8/9/18 was completed on the assisted living resident assessment and support plan form.

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.

Am/pm manager inadvertently + incorrectly printed a copy of the Assisted Living Assessment and Support Plan, and completed it for Resident #6.

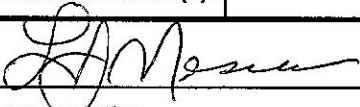
Am/pm manager checked all files to assure this form was not utilized for any other resident.

Additionally Am/pm manager discarded any copies of the form she previously made.

Finally, Am/pm manager re-copied information from Resident #6's Assisted Living Assessment to the appropriate Form - See attached.

Am/pm Adm also implete implemented the attached tracking form for use to Am/pm manager.


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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lawri T. Mesera	Date 1/22/19
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/13/19
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 5/13/19
(Date)

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