



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 17 2019

Mr. Daniel Guill
President / Chief Operating Officer
Logan AID OPCO, LLC
180 Craigdell Road
Lower Burrell, Pennsylvania 15068

RE: Logan Place
Certificate #: 444940

Dear Mr. Guill:

As a result of the Department's Bureau of Human Services Licensing annual inspection on December 27, 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 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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MAR 08 2019

Page 2 of 11

Violation Report: 44484 - 12/27/2018 - Graziano, Belinda
PCH Name: LOGAN PLACE

WEST BRIDGTON POLICE OFFICE
(Municipal Inspection Authority)

1. REGULATION 55 Pa.Code §2800

2800.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

The following unlabeled and undated items were in the activities refrigerator:

- a plastic bag containing seven sandwiches
- a plastic container containing spaghetti
- a small plastic container of soup

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 attached (page 2a of 11)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Melissa J Adams Ed

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

Melissa J Adams

Date 3/5/19

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

The above plan of correction is approved as of 3/27/19
(Date)

Plan of correction implementation status as of 3/27/19
(Date)

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

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

Date of violation report: 12/28/2018

Regulation 55 PA Code 2600

WEST VIRGINIA PUBLIC SERVICE
Human Services Licensing

2600.103 (e) —Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

This requirement is not met as evidenced by:

2a. Description of violation-

The following unlabeled and undated items were in the activities refrigerator:

- A plastic bag containing seven sandwiches
- A plastic container containing spaghetti
- A small plastic container of soup

Plan of correction:

1. Undated food items were removed by Executive Director from the activity room refrigerator at time of inspection on 12/28/2018.
2. Community staff were re-educated on proper dating and storage of food and leftover by Executive Director on 3/1/2019. (Attachment 1)
3. Executive director or designee will conduct once weekly checks of the activity room refrigerator for proper dating and storage of food for 4 weeks, then monthly for 3 months.

Plan of correction- Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission against interest by the facility, or any employers, agents or other individuals who drafted or may be discussed in the response and plan of correction. In addition, preparation and submission of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegation by the survey agency.

Signature

Melissa J. Adams

Date

3/8/19

JW

3/27/19

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MAR 08 2019

Violation Report: 44494 - 12/27/2018 - Graziano, Belinda
PCH Name: LOGAN PLACE

WEST PHOENIX POLICE

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
At 10:21 a.m., the temperature in the vegetables freezer measured 8 degrees Fahrenheit; and at 2:47 p.m., the temperature also measured 8 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.

Please see attached (page 3a of 11)

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Melissa J McAdams ES*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Melissa J McAdams ES* Date *3/5/19*

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(Date)

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(Date)

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(Initials)

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

Regulation 55 PA Code 2600

WISCONSIN DEPARTMENT OF HEALTH SERVICES
Division of Public Health

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.

This requirement is not met as evidenced by:

2a. Description of violation:

At 10:21 AM the temperature in the vegetables freezer measured 8° F; and at 2:47 PM the temperature also measured 8°F.

Plan of correction:

1. Food removed from the vegetable freezer on 12/28/2018 by chef and placed in another freezer.
2. Maintenance Technician cleaned vegetable freezer coils on 1/3/2019. Freezer temperature was then monitored for 3 days.
3. Chef will monitor vegetable freezer temperatures daily for 4 weeks and then weekly. ED will review the rounds checklist for 4 weeks and then monthly for 3 months. Monitoring will be ongoing. (Attachment 2)

Plan of correction- Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission against interest by the facility, or any employers, agents or other individuals who drafted or may be discussed in the response and plan of correction. In addition, preparation and submission of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegation by the survey agency.

Signature *Nellie J. McAdams* Date 3/5/19

JW 3/27/19

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MAR 08 2019

Violation Report: 44484 - 12/27/2018 - Graziano, Belinda
PCH Name: LOGAN PLACE

1. REGULATION 56 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

There was an unsealed 6-quart plastic container of raisin bran cereal in the dry storage area of the kitchen. The plastic lid was warped and unable seal the container.

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 attached (page 4a of 11)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Melissa J McAdam SEP

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

Melissa J McAdam SEP

Date *3/5/19*

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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

2600.103 (g) Food shall be stored in closed or sealed containers.

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MAR 08 2019

This requirement is not met as evidenced by:

WEST VIRGINIA HEALTH DEPARTMENT
Human Services Building

2a. Description of violation:

There was an unsealed 6-quart plastic container of raisin bran cereal in the dry storage area of the kitchen. The plastic lid was warped and unable to seal the container.

Plan of correction:

1. The unsealed 6 qt. plastic container of raisin bras was removed and discarded by the Chef at the time of inspection on 12/28/2018.
2. The chef and/or staff designee will check on food storage areas daily to ensure food items are stored in closed or sealed containers.
3. Dietary staff were re-educated by the Executive Director on proper dating and storage of food and leftovers on 3/1/2019. (Attachment 3)
4. Executive Director or designee, along with chef will conduct once weekly checks of stock room for proper storage of food for 4 weeks and then monthly for 3 months. Monitoring will be ongoing.

Plan of correction- Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission against interest by the facility, or any employers, agents or other individuals who drafted or may be discussed in the response and plan of correction. In addition, preparation and submission of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegation by the survey agency.

Signature Kelise J McAdams CP Date 3/8/19

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MAR 08 2019

Violation Report: 44494 - 12/27/2018 - Graziano, Belinda
PCH Name: LOGAN PLACE

1. REGULATION 66 Pa. Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

The home's outside designated smoking area has 12 cushions on the furniture without tags to indicate that they are fire resistant.

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 attached (page 5a of 11)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Melissa J M Adams ED

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

Melissa J M Adams ED

Date 3/5/19

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(Date)

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(Date)

The above plan of correction was approved by JW
(initials)

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

Regulation 55 PA Code 2600

2600.144 ©(1)- Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in smoking rooms.

This requirement is not met as evidenced by:

2a. Description of violation:

The home's outside designated smoking area had 12 cushions on the furniture without tags to indicate that they are fire resistant.

Plan of correction:

1. Maintenance Technician immediately removed outdoor cushions from furniture in designated smoking area at time of inspection.
2. Executive Director or designee will ensure state regulations are being met with any building purchases.

Immediately and at least weekly thereafter: A designated staff person will check the designated smoking area to ensure all items in the designated smoking area are fire resistant and that any cushions or other fabrics are labeled as meeting the California Code for being fire resistant. *JW* 3/27/19

Plan of correction- Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission against interest by the facility, or any employers, agents or other individuals who drafted or may be discussed in the response and plan of correction. In addition, preparation and submission of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegation by the survey agency.

Signature *Nelissa J. McAdams TP* Date *3/8/19*

MAR 08 2019

Violation Report: 44494 - 12/27/2018 - Graziano, Belinda
PCH Name: LOGAN PLACE

1. REGULATION 65 Pa.Code §2600
2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
Resident #1's bottle of Calcium 500mg was not labeled with the resident's name.

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 attached (page 6a of 11)

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Melissa J McAdams ED*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Melissa J McAdams ED* Date *3/5/19*

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The above plan of correction is approved as of 3/27/19
(Date)

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

Plan of correction implementation status as of 3/27/19
(Date)

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

RECEIVED

MAR 08 2019

Regulation 55 PA Code 2600

WEST VIRGINIA UNIVERSITY
HOSPITAL CENTER

2600.184 (b) If the OTC medication and the CAM belong to the resident, they shall be identified with the resident's name.

This requirement is not met as evidenced by:

2a. Description of violation:

Resident #1s bottle of calcium 500 mg was not labeled with the resident's name.

Plan of correction:

1. Medication Technician labeled medication with resident name at time of inspection on 12/28/2018.
2. Care Services Manager or designee re-educated medication technician that medications must be properly identified with resident's name including OTCs and CAMs.
3. Care Services Manager or medication technician will complete monthly for 3 months medication cart audits to ensure that medications are labeled correctly. (Attachment 5). Monitoring will be ongoing.
4. Audit results will be discussed in monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance.

Plan of correction- Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission against interest by the facility, or any employers, agents or other individuals who drafted or may be discussed in the response and plan of correction. In addition, preparation and submission of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegation by the survey agency.

Signature Nellie Adams RN Date 3/8/19

JW 3/27/19

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MAR 08 2019

Violation Report: 44484 - 12/27/2018 - Graziano, Belinda
PCH Name: LOGAN PLACE

1. REGULATION 56 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 #2 is prescribed Atropine Sulfate 1% Drops, instill 2 drops sublingually every 1 hour as needed for secretions; however, the medication was not available in the home

Resident #3's glucometer was not calibrated to the correct date and time.

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 attached (page 7a of 11)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Melissa J McAdams MD

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

Melissa J McAdams MD

Date 3/5/19

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

The above plan of correction is approved as of 3/27/19
(Date)

Plan of correction implementation status as of 3/27/19
(Date)

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

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

Regulation 55 PA Code 2600

WEST VIRGINIA SCHOOL OF NURSING
HOSPITAL AND HEALTH SERVICES

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.

This requirement is not met as evidenced by:

2a. Description of violation:

Resident #2 is prescribed Atripine Sulfate 1% drops, instill 2 drops sublingually every 1 hours as needed for secretions: however the medication was not available in the home.

Resident #3's glucometer was not calibrated to the correct date and time.

Plan of correction:

1. Resident #3's glucometer was calibrated to the correct date and time by the Care Service Manager on 3/5/2019.
2. Med Tech was educated on 3/5/2019 how to calibrate glucometer by Regional Care Services Manager. (Attachment 6)
3. Care Services Manager or designee will complete weekly audits, for 4 weeks, of residents with glucometers for calibration to correct date and time.
4. Audit results will be discussed in monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance.
5. Resident #2s Atripine Sulfate 1% drops were delivered STAT on 12/28/2018.

Plan of correction- Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission against interest by the facility, or any employers, agents or other individuals who drafted or may be discussed in the response and plan of correction. In addition, preparation and submission of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegation by the survey agency.

Signature Melinda J. McDonald RN Date 3/8/19

JW 3/27/19

Violation Report: 44494 - 12/27/2018 - Graziano, Belinda
PCH Name: LOGAN PLACE

1. REGULATION 65 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 #3 is prescribed Hydrocodone Acet 5mg-325mg tablet, 1 tab by mouth twice daily as needed for severe pain (pain scale 8-10) for up to 7 days. Max daily amount: 4 tablets. However, the resident's December 2018 Medication Administration Record (MAR) indicates 1 tab by mouth every 6 hours as needed for severe pain (pain scale 8-10) for up to 7 days. Max daily amount 4 tablets.

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 attached (Page 8a of 11)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Melissa J McAdam

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

Melissa J McAdam Date *3/5/19*

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

The above plan of correction is approved as of 3/27/19
(Date)

Plan of correction implementation status as of 3/27/19
(Date)

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

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

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
- 12) Diagnosis or purpose of the medication, including PRN
- 13) Date and time of medication administration
- 14) Name and initials of the staff person administering the medication

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WEST VIRGINIA STATE POLICE
POLICE TRAINING CENTER

This requirement is not met as evidenced by:

2a. Description of violation:

Resident #3 is prescribed Hydrocodone Acet 5 mg-325 mg tablet. 1 tab by mouth twice daily as needed for severe pain (pain scale 8-10) for up to 7 days. Max daily amount: 4 tablets. However, the resident's December 2018 Medication Administration Record (MAR) indicates 1 tab by mouth every 6 hours as needed for severe pain (pain scale 8-10) for up to 7 days. Max daily amount 4 tablets.

Plan of correction:

1. Medication Technician corrected MAR day of inspection on 12/28/2018 per MD clarification.
2. Care Services Manager re-educated Medication Technicians of proper MAR documentation on 1/7/2019.
3. Care Services Manager or designee to complete monthly medication cart audits for 3 months to ensure that medication orders are properly documented on MAR (Attachment 7). Monitoring will be ongoing.
4. Audit results will be discussed in monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance.

Plan of correction- Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission against interest by the facility, or any employers, agents or other individuals who drafted or may be discussed in the response and plan of correction. In addition, preparation and submission of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegation by the survey agency.

Signature Nelisa J McAdams RN Date 3/8/19

JW 3/27/19

RECEIVED

MAR 08 2019

Violation Report: 44494 - 12/27/2018 - Graziano, Belinda
PCH Name: LOGAN PLACE

WEST VIRGINIA UNIVERSITY
SCHOOL OF NURSING

1. REGULATION 55 Pa.Code §2800

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 #1's initial assessment, dated 04/20/18, does not include the medical diagnoses of Glaucoma, Hyperlipidemia, Spinal Stenosis, Sinusitis, Hernia of unspecified site of abdominal cavity, Hypothyroidism, Temporomandibular Joint Disorders, Ovarian Cyst, GERD, Lactose Intolerance, Hemorrhoids, Adnexal Mass, Vocal Fold Atrophy, Dysphonia, Thrombocytopenia, Hiatal Hernia, Bladder Diverticulum, Bochdalek Hernia, Dilatation of Esophagus, Rectal Leakage, and Unstable Gall that are indicated on the resident's medical evaluation, dated 04/11/18.

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.

Please see attached (page 9a of 11)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Melissa Adams RD

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

Melissa Adams RD

Date 3/5/19

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(Date)

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(Date)

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(Initials)

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

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 initial assessment.

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MAR 08 2019

This requirement is not met as evidenced by:

2a. Description of violation:

WEST VIRGINIA UNIVERSITY
HOSPITAL CENTER

Resident #1's initial assessment, dated 4/20/2018, does not include the medical diagnosis of glaucoma, hyperlipidemia, spinal stenosis, sinusitis, hernia of unspecified site of abdominal cavity, hypothyroidism, temporomandibular joint disorders, ovarian cyst, GERD, Lactose intolerance, hemorrhoids, adnexal mass, vocal fold atrophy, dysphonia, thrombocytopenia, hiatal hernia, bladder diverticulum, bochdalek hernia, dilation of the esophagus, rectal leakage, and unstable gait that are indicated on the resident's medical evaluation dated 4/11/2018.

Plan of correction:

1. Resident #1 assessment was corrected on 3/5/2019 to reflect resident's current medical diagnoses.
2. Executive Director or designee will audit current resident files to ensure that assessment reflect resident diagnoses by 3/15/2019.
3. Executive Director or designee will review resident assessments upon completion to ensure that assessment is completed properly.

Resident #1 had a new assessment completed on 3/15/19.

JW 3/27/19

Plan of correction- Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission against interest by the facility, or any employers, agents or other individuals who drafted or may be discussed in the response and plan of correction. In addition, preparation and submission of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegation by the survey agency.

Signature *Michelle Adams RD* Date 3/8/19

JW 3/27/19

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MAR 08 2019

WEST VIRGINIA UNIVERSITY
STATE OF WEST VIRGINIA

Regulation 55 PA Code 2600

2600.225 © The resident shall have additional assessments as follows:

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

This requirement is not met as evidenced by:

2a. Description of violation:

Resident #3's annual assessment, dated 1/16/2018, does not include diagnoses of muscle weakness, CAD, depression, anxiety, hyperlipidemia, allergic rhinitis, and insomnia that are indicated on the resident's medical evaluation dated 1/31/2018.

Plan of correction:

- 1. Resident #3's assessment was corrected on 1/18/2019 to reflect current resident's medical diagnoses.
- 2. Executive Director or designee will audit current resident files to ensure that assessment reflect resident diagnoses by 3/15/2019.
- 3. Executive Director or designee will review resident assessments upon completion to ensure that assessment is completed properly.

Resident #3 had a new assessment completed on 1/3/19.

JW 3/27/19

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Signature *Kelsey Adams* Date 3/8/19

RECEIVED

MAR 08 2019

Violation Report: 44494 - 12/27/2018 - Graziano, Belinda
PCH Name: LOGAN PLACE

1. REGULATION 56 Pa.Code §2600
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
Resident #1's support plan, dated 04/20/18, is not signed by the resident and there is no indication if the resident was unable or declined to participate/sign.

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

Please see attached (page 11a of 11)

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Melissa J M Adamo EP*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Melissa J M Adamo EP* Date *3/5/19*

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

The above plan of correction is approved as of <u>3/27/19</u> (Date)	Plan of correction implementation status as of <u>3/27/19</u> (Date)
The above plan of correction was approved by <u><i>JW</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

2600.227 (g) Individuals who participate in the development of the support plan shall sign and date the support plan.

RECEIVED

MAR 08 2019

This requirement is not met as evidenced by:

2a. Description of violation:

VISIT REPORT WITH DEFICIENCY
HARRISBURG, PA

Resident #1's support plan dated 4/20/2018 is not signed by the resident and there is no indication if the resident was unable or declined to participate/sign.

Plan of correction:

1. Resident #1's assessment was signed by resident on 3/5/2019.
2. Executive Director or designee will audit resident files to ensure that assessment reflect resident signature by 3/15/2019.
3. Executive Director or designee will review resident assessments upon completion to ensure that assessment is completed and signed properly for 3 months. Monitoring will be ongoing.

Plan of correction- Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission against interest by the facility, or any employers, agents or other individuals who drafted or may be discussed in the response and plan of correction. In addition, preparation and submission of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegation by the survey agency.

Signature *Melissa J Mc Adams RD* Date *3/8/19*

JW 3/27/19