



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 17 2019

Ms. Georgetta Stotka
Co-Owner / President
Advanced Personal Care Home, Inc.
PO Box 5, 245 Center Street
Clarksville, Pennsylvania 15322

RE: Advanced Personal Care Home
Certificate #: 440480

Dear Ms. Stotka:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 17, 2019 and January 23, 2019, 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

RECEIVED

MAR 13 2019

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

Western Region
Page 1 of 17

PCH Name: ADVANCED PERSONAL CARE HOME		License Number: 44048
Address: 245 CENTER STREET PO BOX 5, CLARKSVILLE, PA 15322		County: Greens
Administrator: Georgetta Stotko		Region: WEST
Legal Entity Name: ADVANCED PERSONAL CARE HOME INC		
Legal Entity Address: PO BOX 5 245 CENTER STREET, CLARKSVILLE, PA 15322		
Certificate(s) of Occupancy C2 LP 11/16/1992 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 41 Waking Staff: 31		
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 01/17/2019: Marini, Michael; Duncan, Amy 01/23/2019: Marini, Michael; Duncan, Amy		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 39 ✓ Number of Residents Served: 37 ✓ 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: 2 ✓		Number of Residents who: Receive Supplemental Security Income: 13 ✓ Are 60 Years of Age or Older: 20 ✓ Have Mental Illness: 31 ✓ Have an Intellectual Disability: 3 ✓ Have a Mobility Need: 4 ✓ Have a Physical Disability: 1 ✓

RECEIVED

MAR 13 2019

Western Region page 2 of 17

Violation Report: 44048 - 01/17/2019 - Marini, Michael
PCH Name: ADVANCED PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 1-23-19 at 1:15 PM, numerous resident records, including resident #1's record, were unlocked, unattended and accessible in the front office.

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.

Now and in the future all resident records will be kept in the Administrators Locked office at all times.

Immediately: A designated staff person shall inspect the home daily to ensure resident records and information is kept in an an area that is locked. *IM*

3/28/19

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

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Date

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

The above plan of correction is approved as of 3/28/19
(Date)

Plan of correction implementation status as of 3/28/19
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *IM*
- Partially Implemented - Inadequate Progress

RECEIVED

MAR 13 2019

Western Region

Page 3 of 17

Violation Report: 44048 - 01/17/2019 - Marini, Michael
PCH Name: ADVANCED PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The Influenza Awareness Act, enacted on 11-21-16, requires personal care homes to post an influenza poster in a public place year-round. On 1-17-19, no influenza poster was posted in the home in accordance with the Influenza Awareness Act.

The Care Facility Carbon Monoxide Alarms Standards Act, enacted on 6-23-16, requires carbon monoxide alarms to be installed in close proximity to, but not less than 15 feet from, any fossil-fuel burning device or appliance. The carbon monoxide detector was within 5 feet from the upstairs gas furnace.

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

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

The Influenza Poster was immediately placed in several different common areas of the PCH.

The carbon ~~monoxide~~ alarm was moved from it's placement further down the hallway. Now and in the future all carbon monoxide alarms will be placed within regulatory standards

The home shall service the carbon monoxide detectors in accordance with manufacturer's instructions. *IM*

3/28/19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/23/2018		
-----------------------	-----------------------------------	------------	--	--

Signature of Legal Entity Representative
(Required on EVERY Page)

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

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

The above plan of correction is approved as of 3/28/19
(Date)

Plan of correction implementation status as of 3/28/19
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *IM*
- Partially Implemented - Inadequate Progress

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

RECEIVED

MAR 13 2019

Page 4 of 17

Violation Report: 44048 - 01/17/2019 - Marini, Michael
PCH Name: ADVANCED PERSONAL CARE HOME **Western Region**

1. REGULATION 55 Pa.Code §2600
2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION
The home has not completed a quality management review within the past 12 months.

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.

A quality management review has been completed on 1/21/19. In 3/28/19 the Administrator will do a quality management review every 12 months thereby complying with regulations.

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

Signature of Legal Entity Representative
(Required on EVERY Page)

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

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

The above plan of correction is approved as of 3/28/19
(Date)

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

Plan of correction implementation status as of 3/28/19
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress IM
 Partially Implemented - Inadequate Progress

RECEIVED

MAR 13 2019

Page 5 of 17

Western Region

Violation Report: 44048 - 01/17/2019 - Marini, Michael
PCH Name: ADVANCED PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.85(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, hired on 5/19/11, and direct care staff person B, hired on 8/9/17, did not receive training on the following topics during the 2018 training year:

- * Medication self-administration training
- * Care for residents with dementia and cognitive impairments
- * Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration
- * Personal care service needs of the resident
- * Care for residents with mental illness or intellectual disability. Currently, the home serves residents with a mental illness and intellectual disability.

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.

A review was done by the Administrator and Administrative Assistant on all DCS training hours. Now and in the future all DCS employees will have the required trainings.

Within 5 days of receipt of the plan of correction: Staff person A and staff person B shall receive training on the cited trainings. Documentation of the trainings shall be kept in accordance with 2600.65i. *IM* 3/28/19

Immediately: The home shall develop and implement a system to ensure all direct care staff persons receive training on all topics specified in 2600.65f during each established training year. *IM* 3/28/19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Date

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

The above plan of correction is approved as of 3/28/19
(Date)

The above plan of correction was approved by

IM
(Initials)

Plan of correction implementation status as of 3/28/19
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *IM*
- Partially Implemented - Inadequate Progress

RECEIVED

MAR 18 2019

Violation Report: 44048 - 01/17/2019 - Marini, Michael
PCH Name: ADVANCED PERSONAL CARE HOME

Western Region

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 1-17-19 at 10:35 AM, no lid was present on the kitchen garbage can, which was filled with trash.

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.

A new trash can with a lid was replaced in the kitchen.

Immediately: A designated staff person shall check all kitchens and bathrooms to ensure a trash can with a lid is present.

IM

3/28/19

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

Signature of Legal Entity Representative
(Required on EVERY Page)

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

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

The above plan of correction is approved as of 3/28/19
(Date)

Plan of correction implementation status as of 3/28/19
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress IM
- Partially Implemented - Inadequate Progress

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

RECEIVED

MAR 13 2019

Western Region Page 7 of 17

Violation Report: 44048 - 01/17/2019 - Marini, Michael
PCH Name: ADVANCED PERSONAL CARE HOME

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 1-17-19 at 9:47 AM, the water at the sink in the 2nd floor bathroom measured 129.9 degrees Fahrenheit.

On 1-17-19 at 9:54 AM, the water at the sink in the shared bathroom of bedroom #4 measured 136.7 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.

Immediately the Hot water tank temp was adjusted. A weekly check of all ^{IR} water temp will be done to assure the temp does not exceed

120° F. Documentation of the water temperatures shall be kept. ^{IR}


3/28/19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/23/2018	
-----------------------	-----------------------------------	------------	--

Signature of Legal Entity Representative
(Required on EVERY Page)

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

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

The above plan of correction is approved as of <u>3/28/19</u> (Date)	Plan of correction implementation status as of <u>3/28/19</u> (Date)
	<input type="checkbox"/> Fully Implemented
The above plan of correction was approved by _____ (Initials)	<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress ^{IR}
	<input type="checkbox"/> Partially Implemented - Inadequate Progress

RECEIVED

MAR 13 2019

Violation Report: 44048 - 01/17/2019 - Marini, Michael
PCH Name: ADVANCED PERSONAL CARE HOME

Western Region

1. REGULATION 55 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

No screens were present in the windows of bedroom #3, bedroom #4, and in 3 of the 4 windows in the dining room.

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 ~~doors~~ windows with no screens will have screens placed in them ~~by 4-15-19~~ as soon as weather permits them to be replaced and no later than 4-15-19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/23/2018		
-----------------------	-----------------------------------	------------	--	--


Signature of Legal Entity Representative
(Required on EVERY Page)

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

Date

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

The above plan of correction is approved as of 3/28/19
(Date)



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

Plan of correction implementation status as of 3/28/19
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *LM*
- Partially Implemented - Inadequate Progress

RECEIVED

MAR 13 2019

Page 9 of 17

Western Region

Violation Report: 44048 - 01/17/2019 - Marini, Michael
PCH Name: ADVANCED PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION

On 1-17-19, there were 2 residents in bedroom #12; however, only 1 chair was present.

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.

There ^{was another} ~~has been~~ chair~~s~~ placed in bedroom #12 immediately. Now and in the future there will be a chair for each resident in every room.

Immediately, then monthly thereafter: A designated staff person shall ensure each resident has a chair in their room, which meets their needs.

IM

3/28/19

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

Signature of Legal Entity Representative
(Required on EVERY Page)

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

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

The above plan of correction is approved as of 3/28/19
(Date)

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

Plan of correction implementation status as of 3/28/19
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *IM*
- Partially Implemented - Inadequate Progress

RECEIVED

MAR 13 2019

Western Region Page 10 of 17

Violation Report: 44048 - 01/17/2019 - Marini, Michael
PCH Name: ADVANCED PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

On 1-17-19, no operable source of lighting was present at the bed to the left of the door in bedroom #3.

On 1-17-19, no operable source of lighting was present at the beds to the left of and across from the door in bedroom #4.

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.

Lights were replaced immediately in Bedroom #3 and Bedroom #4.

A weekly check will be done by the Administrator to assure that there is a operable light by each residents bed. Documentation of the checks shall be kept. IM

3/28/19

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/23/2018

Signature of Legal Entity Representative (Required on EVERY Page)

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

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

The above plan of correction is approved as of 3/28/19 (Date)

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

Plan of correction implementation status as of 3/28/19 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress IM
- Partially Implemented - Inadequate Progress

RECEIVED

MAR 13 2019

Page 11 of 17

Violation Report: 44048 - 01/17/2019 - Marini, Michael
PCH Name: ADVANCED PERSONAL CARE HOME

Western Region

1. REGULATION 55 Pa. Code §2600

2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION

On 1-17-19, an unlabeled bar of soap was present in the 2nd floor bathroom.

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

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

The bar of soap was removed immediately. Now and in the future there will be soap dispensers in every bathroom.

Immediately, then weekly thereafter: A designated staff person shall check each bathroom to ensure a dispenser with soap is present and there is no unlabeled bars of soap.

IM
3/28/19

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

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Date

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

The above plan of correction is approved as of 3/28/19
(Date)

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

Plan of correction implementation status as of 3/28/19
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress IM
- Partially Implemented - Inadequate Progress

RECEIVED

MAR 13 2019

Page 12 of 17

Western Region

Violation Report: 44048 - 01/17/2019 - Marini, Michael

PCH Name: ADVANCED PERSONAL CARE HOME

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

On 1-17-19 at 11:35 AM chest freezer, located in the basement, was 10 degrees Fahrenheit.

On 1-17-19 at 11:35 AM, no thermometers were present in the refrigerator or freezer of the upright refrigerator/freezer under the window in the basement.

On 1-17-19 at 11:35 AM, no thermometer was present in the white upright freezer, located in the basement.

On 1-17-19 at 11:37 AM, the thermometer in freezer of the almond refrigerator/freezer, located in the basement, was inoperable.

On 1-17-19 at 11:38 AM, the white refrigerator, located in the basement, was 50 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.

The temp was adjusted immediately and thermometers were immediately placed in all freezers and refrigerators.

Immediately: A designated staff person shall check each refrigerator and freezer daily to ensure an operable thermometer is present and the temperatures are maintained in accordance with 2600.103f. Documentation of the daily checks shall be kept.

LM
3/28/19

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

Signature of Legal Entity Representative (Required on EVERY Page)

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

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

The above plan of correction is approved as of 3/28/19 (Date)

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

Plan of correction Implementation status as of 3/28/19 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress LM
- Partially Implemented - Inadequate Progress

RECEIVED

MAR 13 2019

Page 13 of 17

Violation Report: 44048 - 01/17/2019 - Marini, Michael
PCH Name: ADVANCED PERSONAL CARE HOME

Western Region

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The home's furnaces have not been inspected within the last 12 months.

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

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

The furnace was inspected on 4-18-19.
In the future the furnace will be inspected annually.

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

Signature of Legal Entity Representative
(Required on EVERY Page)

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

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

The above plan of correction is approved as of <u>3/28/19</u> (Date)	Plan of correction implementation status as of <u>3/28/19</u> (Date)
The above plan of correction was approved by <u>LM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>LM</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress

RECEIVED

MAR 13 2019

Western Region

Page 14 of 17

Violation Report: 44048 - 01/17/2019 - Marini, Michael
PCH Name: ADVANCED 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 1-17-19, the menus posted in the facility ended on 1-19-19.

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

for the next week
A menu was placed immediately in the kitchen and dining room.
Now and in the future a weekly menu will be posted in the kitchen and dining room.

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

Signature of Legal Entity Representative
(Required on EVERY Page)

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

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

The above plan of correction is approved as of 3/28/19
(Date)

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

Plan of correction implementation status as of 3/28/19
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress LM
 Partially Implemented - Inadequate Progress

RECEIVED

MAR 13 2019

Western Region Page 15 of 17

Violation Report: 44048 - 01/17/2019 - Marini, Michael
PCH Name: ADVANCED PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800
2600.183(c) - Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

2a. DESCRIPTION OF VIOLATION
On 1-17-19 at 10:35 AM, the following insulin pens were unlocked and accessible in the kitchen refrigerator:
* A Basaglar insulin pen, belonging to resident #2
* A Toujeo Solostar insulin pen, belonging to resident #3
* A Novolog insulin pen, belonging to resident #4
* 3 Toujeo Solostar insulin pens, belonging to resident #5

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.

A lock was placed on the kitchen refrigerator to secure that the insulin box is kept in a locked area. Now and in the future the lock will remain on the refrigerator that the insulin box is kept.

Immediately: A designated staff person shall check the refrigerator daily to ensure it is locked. *LM*
3/28/19

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

Signature of Legal Entity Representative (Required on EVERY Page)

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

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

The above plan of correction is approved as of 3/28/19
(Date)
LM
The above plan of correction was approved by _____
(Initials)

Plan of correction implementation status as of 3/28/19
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress *LM*
 Partially Implemented - Inadequate Progress

RECEIVED

MAR 13 2019

Page 16 of 17

Violation Report: 44048 - 01/17/2019 - Marini, Michael PCH Name: ADVANCED PERSONAL CARE HOME	Western Region
---	-----------------------

1. REGULATION 55 Pa.Code §2600
 2600.223(a) - The home shall have a current written description of services and activities that the home provides including the following:

- (1) The scope and general description of the services and activities that the home provides.
- (2) The criteria for admission and discharge.
- (3) Specific services that the home does not provide, but will arrange or coordinate.

2a. DESCRIPTION OF VIOLATION
 According to staff person C, the administrator, the home will not accept a potential resident who is nursing facility clinically eligible; however, this is not included in the home's description of services.

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

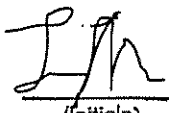
The homes description of services has been changed to reflect that we will not accept any potential resident who is nursing facility clinically eligible. A copy of this has been given to all ^{current} residents.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

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

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

The above plan of correction is approved as of <u>3/28/19</u> (Date) The above plan of correction was approved by <u></u> (Initials)	Plan of correction implementation status as of <u>3/28/19</u> (Date) <input checked="" type="checkbox"/> Fully Implemented <i>IM</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress
--	--

RECEIVED

MAR 13 2019

Page 17 of 17

Violation Report: 44048 - 01/17/2019 - Marini, Michael
 PCH Name: ADVANCED PERSONAL CARE HOME Western Region

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 Resident #1's preadmission screening is undated, unsigned by the assessor and does not include a determination if the home can meet the resident's needs. The resident was admitted to the home on 12/13/18.

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.

Now and in the future ALL preadmission screenings will be completed entirely before a resident is admitted

Within 5 days of receipt of the plan of correction: A designated staff person shall review all resident records to ensure each resident has a preadmission screening completed in its entirety. *LM*
 3/28/19

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

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

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

The above plan of correction is approved as of <u>3/28/19</u> (Date) The above plan of correction was approved by <i>LM</i> (Initials)	Plan of correction implementation status as of <u>3/28/19</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>LM</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress
---	--