



September 30, 2019

Ms. Lorrie Meneely
Chief Financial Officer
Reformed Presbyterian Women's Association
2344 Perrysville Avenue
Pittsburgh, Pennsylvania 15214

RE: Reformed Presbyterian Home
Certificate #: 429660

Dear Ms. Meneely:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 7, 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 "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

Violation Report: 42966 - 02/07/2019 - Barone, Barbara
PCH Name: REFORMED PRESBYTERIAN HOME

MAY 01 2019

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION
At 10:10AM, the agency requested resident records from the home's administrator. However, resident #1's RASP was not provided until 2:30 PM and resident #2's RASP was not provided until 4:30PM.

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.

2600.5(a) (1)

Immediate actions: PC Administrator or designee will provide, upon request, immediate access to the home, residents and records to the Agents of the Department.

Ongoing actions: Current PC Administrator will review the plan of correction with the new administrator on June 10 2019. Current PC Administrator will communicate to new Administrator that access to the home, residents, and records must be immediately provided upon request to Agents of the Department. Current PC Administrator will educate all staff to, upon request, immediately provide access to home, residents, and records to the Agents of the Department. Staff education to be completed by May 31, 2019

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jason Dolby*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Jason Dolby, PCHA Date 5/1/19

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

The above plan of correction is approved as of 8/15/19
(Date)

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

- Plan of correction implementation status as of 8/15/19 (Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

Violation Report: 42966 - 02/07/2019 - Barone, Barbara
 PCH Name: REFORMED PRESBYTERIAN HOME

MAY 01 2019

1. REGULATION 55 Pa.Code §2600

2600.26(a) - The home shall establish and implement a quality management plan.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The home did not conduct a quality management review in 2018.

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

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

2600.26 (a)

Immediate actions: Reformed Presbyterian Home currently has an established Quality Management Program which personal care participates in. The next scheduled meeting is May 7, 2019. PC Administrator or designee will begin monthly audit program 5/2019.

Ongoing actions: Personal Care will actively participate in the quarterly Quality Assurance and Performance Improvement (QAPI) meetings at Reformed Presbyterian Home. The Personal Care department will review and evaluate the following:

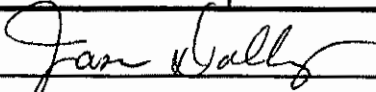
1. The reportable incident and condition reporting procedure
2. Complaint procedures
3. Staff person training
4. Licensing violations and plans of correction
5. Resident council notes.
6. Any area needing improvement as identified during the quarterly QAPI meetings.
7. PC Administrator or designee will begin monthly audit program 5/2019.

Responsible party: PC Administrator or designee

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)

Jason Dolby PCHA


Date

5/1/19

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Violation Report: 42966 - 02/07/2019 - Barone, Barbara

PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.62 - The administrator shall maintain a current list of the names, addresses, and telephone numbers of staff persons including substitute personnel and volunteers.

2a. DESCRIPTION OF VIOLATION

Staff person A, hired on 11/1/2005, was not included on the list of employees provided by the home.

The home does not maintain a list of agency staff utilized at 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.

2600.62

Immediate actions: Personal Care Administrator verified with human resources that all staff names, phone numbers, and addresses are recorded in the HR department.

Ongoing actions: Personal Care Administrator will ensure all new staff members are added to the record when they are hired and any changes in existing staff information will be updated with HR. The list of employee names, phone numbers, and addresses will be available for review by Agents of the Department, upon request.

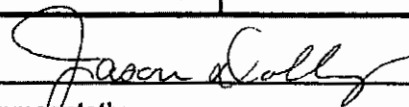
A list of utilized substitute personnel will be maintained by the Personal Care Administrator and will be available for review by Agents of the Department, upon request.

Responsible party: PC Administrator

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)

Jason Dolby, PCHA

Date

5-1-19

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(Date)

Plan of correction implementation status as of

8/15/19

(Date)

Fully Implemented

Partially Implemented - Adequate Progress

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(Initials)

Violation Report: 42966 - 02/07/2019 - Barone, Barbara
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

The home did not provide agency staff person B, hired 2/7/19, training on orientation in general fire safety and emergency preparedness prior to or during the first work day in the home including:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency 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.

Please see attached for plan of correction

See page 5a of 17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/12/2018 et al
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Signature of Legal Entity Representative
(Required on EVERY Page)

Jason Dalby

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

Jason Dalby, PCHA

Date 5-1-19

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(Initials)

2600.65 (a)

Immediate action: Staff person B is no longer employed by the PCH.

Ongoing action: All new employees, including substitute personnel, will be educated in evacuation procedures prior to first day of employment in the PC Home. This will include:

1. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation, and at an emergency location.
2. The location of the designated meeting place outside of the building or within the fire-safe area in the event of an actual fire
3. Smoking safety procedures, the homes smoking policy, and the location of smoking areas.
4. The location and use of fire extinguishers
5. Smoke detectors and fire alarms
6. Telephone use and notification of emergency services.
7. Fire safety and emergency preparedness added to annual education for all staff.

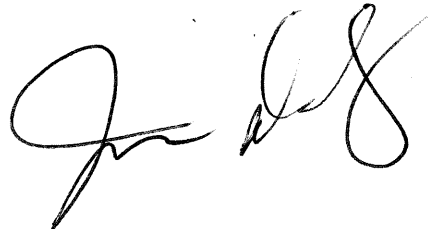
Ongoing actions: See attachment for a copy of the education which will be given to all staff members, including substitute staff and volunteers, on their 1st day of employment.

Responsible party: PC Administrator

The administrator completed audits on all staff records by 5/31/19 for compliance with §2600.65(a)(1-7).



8/15/19



Violation Report: 42966 - 02/07/2019 - Barone, Barbara

PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE
Human Services Unit 19

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C, hired on 11/30/18, and direct care staff person D, hired on 1/5/19, provide residents unsupervised ADL services; however, they did not complete the Department-approved direct care training course and pass the competency test.

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 for plan of correction

See page 6a of 17


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) Jason Dolby PCHA Date 5/1/19

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2600.65 (d)

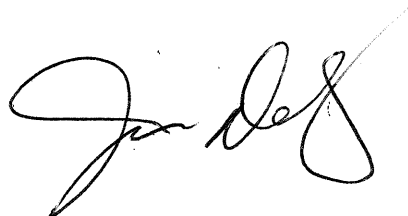
Immediate actions: Staff person C, who was hired on 11/30/18, completed the department-approved direct care training course and passed the competency test on 2/7/19. Staff person D, who was hired on 1/5/19, completed the department-approved direct care training course and passed the competency test on 2/25/19.

Ongoing actions: No staff members will be permitted to give resident care until completion of the department-approved direct care training course and passing the competency test. All new staff will complete this on the 1st day of employment before beginning hands-on department training. PC Administrator or designee will assist new employees with beginning the training course and will monitor progress to ensure completion of the training course and passing of competency course.

The administrator completed audits on all staff records by 5/31/19 for compliance with §2600.65(d).



8/15/19



Violation Report: 42966 - 02/07/2019 - Barone, Barbara

PCH Name: REFORMED PRESBYTERIAN HOME

MAY 01 2019

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

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There was an uncovered trash can containing an empty potato chip bag near the fruit and cereal table 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.

2600.85(a)

Immediate actions: a lid was placed on the garbage container in the dining room on 2/7/2019.

Ongoing actions: A lid will remain on the garbage container at all times. Staff will be educated to remove the garbage bag and replace it only when food service is complete and there are no residents present in the dining room. PC Administrator or designee will conduct a monthly audit ensuring all garbage cans in public areas are in a container which have lids. This audit will be part of the Physical Site Audit conducted monthly. Staff education to be completed by May 31, 2019.

Responsible party: PC Administrator

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)

Jason Dolby PCHA

Date

5/1/19

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Violation Report: 42966 - 02/07/2019 - Barone, Barbara
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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

There were no emergency telephone numbers posted on or by resident #3's telephone with an outside line in room 219.

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.

2600.91

Immediate actions: On 4/29/19, emergency phone numbers were posted by all phones with an outside line, including phones in common areas, the nurses station, and all resident rooms. The emergency phone numbers include:

- 1. The nearest hospital number
- 2. The nearest fire department number
- 3. The nearest ambulance number
- 4. The local poison control number
- 5. Local emergency management number
- 6. The complaint hotline number

Ongoing actions: A monthly audit will be conducted by the PC Administrator to ensure the required numbers remain posted by each phone with an outgoing line. A minimum of 25% of rooms will be audited monthly. This will be part of the Physical Site Audit. Any missing information will be replaced immediately. Staff will be educated to report any missing information to the administrator immediately for it to be corrected. Staff education to be completed by 5/31/19.

Responsible party: PC Administrator

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Jason Dally PCHA Date 5/1/19

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(Date)

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(Initials)

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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

MAY 01 2019

Violation Report: 42966 - 02/07/2019 - Barone, Barbara	WEST REGION FIELD OFFICE
PCH Name: REFORMED PRESBYTERIAN HOME	Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The emergency exit from the dining area leads to a walkway joining the sidewalk along Burgess Street. A 3' high retaining wall runs along the walkway and turns a corner to continue along sidewalk. The wall is damaged in an area measuring approximately 30' long along the walkway and 20' long along the sidewalk. Where the walkway and sidewalk meet there are 3 orange safety cones on the sidewalk and stone pavers are stacked on the home's walkway, posing a trip 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.

2600.100 (a)

Immediate actions: All stone pavers were removed from the walkway to eliminate the tripping hazard. Orange cones were also removed from the walkway. See attached photo

Ongoing actions: An estimate for repairs was received from Stockman Landscape, Inc.. Currently, Reformed Presbyterian Home is awaiting receipt of funds from the party which damaged the wall. Expected repair of the wall is estimated to be completed within the next 60 days. Estimate attached.

Responsible parties: PC Administrator, Maintenance Director

Repairs to the wall were completed on 5/9/19. *SE* 8/15/19

Immediately, then at least weekly, the administrator or designated staff person shall inspect the exterior of the building, building grounds and yard, to ensure all areas are in good repair and free of hazards. Any deficiencies discovered shall immediately be repaired or replaced. *SE* 8/15/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jason Dolby PCHA</i>	Date <i>5/11/19</i>
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Violation Report: 42966 - 02/07/2019 - Barone, Barbara
 PCH Name: REFORMED PRESBYTERIAN HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The most recent fire safety inspection and fire drill conducted by a fire safety expert was completed on 7/7/2017.

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

2600.132 (b)

Immediate actions: A fire safety inspection and fire drill was completed by a fire expert, a fire inspector from the Pittsburgh Department of Fire, on 2/27/19. No violations were observed during this inspection.

Ongoing actions: A fire safety inspection and fire drill will be conducted annually by a fire expert. The personal care administrator will ensure this is scheduled every 12 months by the maintenance director.

*Will review fire drill results at quality meeting and monthly with
 See attached Fire Inspection Facilities Director*

Responsible party: PC Administrator

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jason Dally, PCHA* Date *5/1/19*

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Violation Report: 42966 - 02/07/2019 - Barone, Barbara

PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the fire drill conducted on 12/30/18 at 5:36 PM did not indicate the number of residents present in the home or the number of residents evacuated during the drill.

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.

2600.132(c)

SE 8/15/19

12/30/18

Immediate actions: During the fire drill on 12/28/18, a total of 23 residents were present. All 23 residents were evacuated during that fire drill. The fire drill record was amended to include this information. SE

8/15/19

Ongoing actions: All fire drill records will include the date, time, amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating in the fire drill, problems encountered during the drill, and whether the fire alarm or smoke detector was operational. Education will be provided to the maintenance department, who will be conducting the fire drill, to include the above information. Education to be completed by May 31, 2019.

Responsible party: PC Administrator

Immediately - The administrator shall monitor all fire drills to ensure a fire drill is conducted at least once a month and is documented on a fire drill record in accordance with 2600.132c. Fire drill records shall be reviewed at Quality Management meetings.

SE 8/15/19

Repeat Violation: Yes

Date(s) of Previous Violation(s):

02/12/2018 et al

Signature of Legal Entity Representative
(Required on EVERY Page)

Jason Dalky

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

Jason Dalky, PCHA

Date

5/1/19

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8/15/19

(Date)

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8/15/19

(Date)

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SE

(Initials)

MAY 01 2019

Violation Report: 42966 - 02/07/2019 - Barone, Barbara
 PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The safe fire evacuation time for the home is 2 minutes and 30 seconds. The home failed to safely evacuate the residents within the designated time as follows:

Date	Time	Evacuation Time
7/13/18	11:29 AM	3 minutes and 55 seconds
8/8/18	7:41 PM	3 minutes and 57 seconds
9/25/18	12:03 PM	3 minutes and 31 seconds
10/18/18	11:30 AM	3 minutes and 43 seconds
11/30/18	4:30 PM	3 minutes and 24 seconds
12/30/18	5:36 PM	3 minutes and 51 seconds
1/29/19	1:35 PM	3 minutes and 55 seconds.

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.

2600.132 (d)

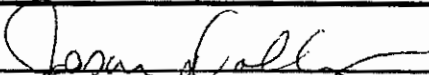
Immediate actions: The fire expert conducted a fire inspection and drill on 2/17/19. At this time, the safe fire evacuation time was increased from 2 minutes to 4 minutes to accurately reflect the current census. The annual fire inspection and drill will be conducted every 12 months and the evacuation time will be updated to reflect the current census.

Ongoing actions: Staff will be educated on the first day of employment and residents will be educated on admission to personal care home. This education will also occur during the unannounced fire drills throughout the year based on observed performance. An additional fire inspection and drill with a fire expert will be scheduled in the event of a significant change in census to accurately reflect the appropriate safe evacuation time.

Responsible party: PC Administrator

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

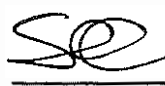


Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Jason Dalby PCHA

Date 5/1/19

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

The above plan of correction is approved as of <u>8/15/19</u> (Date)	Plan of correction implementation status as of <u>8/15/19</u> (Date)
The above plan of correction was approved by  (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42966 - 02/07/2019 - Barone, Barbara
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Ondansetron tab 4mg, for Zofran, give 1 tab by mouth every 4 hours as needed for nausea. However, the medication was not available 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.

2600.185 (a)

Immediate action: pharmacy was notified on February 7, 2019 regarding Ondansetron 4 mg table not being available for resident #2. Pharmacy sent the medication and it was available on February 8, 2019 for the resident, if requested.


Ongoing actions: Med techs will perform weekly audits on all resident medications, comparing the MAR and the available medications in the carts. All medication will be checked for availability, current amount available, and expiration date. All medications that are not available will be ordered immediately. Any medication with less than 1 week supply will be ordered immediately. All medication that is expired will be discarded immediately and all medication which is expiring within 30 days will be reordered.

Personal care administrator or their designee will ensure audits are completed weekly by providing a list of daily audits for med techs to complete. All resident medications will be checked weekly.

Personal care administrator will educate all med techs on how to perform the audit. All new med techs will be educated on how to perform the audit. Education will be completed by 5/31/19.

Responsible party: PC Administrator

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/12/2018 et al

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jason Dalby PCHA Date 5/1/19

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The above plan of correction is approved as of 8/15/19 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 8/15/19 (Date)

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

Violation Report: 42986 - 02/07/2019 - Barone, Barbara
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Ondansetron tab 4mg, for Zofran, give 1 tab by mouth every 4 hours as needed for nausea. When the resident requested the medication on 1/17/19, the medication was not available in the home for administration.

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.

2600.187 (d)

Immediate action: pharmacy was notified on February 7, 2019 regarding Ondansetron 4 mg table not being available for resident #2. Pharmacy sent the medication and it was available on February 8, 2019 for the resident, if requested.

Ongoing actions: Med techs will perform weekly audits on all resident medications, comparing the MAR and the available medications in the carts. All medication will be checked for availability, current amount available, and expiration date. All medications that are not available will be ordered immediately. Any medication with less than 1 week supply will be ordered immediately. All medication that is expired will be discarded immediately and all medication which is expiring within 30 days will be reordered.

Personal care administrator or their designee will ensure audits are completed weekly by providing a list of daily audits for the med techs to complete. All resident medications will be checked weekly.

Personal care administrator will educate all med techs on how to perform the audit. All new med techs will be educated on how to perform the audit. Education will be completed by 5/31/19.

Responsible party: PC Administrator

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/05/2018 et al		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Jason Dalby*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Jason Dalby PCHA Date 5/1/19

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The above plan of correction is approved as of <u>8/15/19</u> (Date)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	Plan of correction implementation status as of <u>8/15/19</u> (Date)
The above plan of correction was approved by <u><i>SE</i></u> (Initials)		

Violation Report: 42966 - 02/07/2019 - Barone, Barbara
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

The home does not have documentation that resident #3, admitted 1/17/19, was educated on her right to question or refuse a medication if she believes there may be a medication error.

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.

2600.191

Immediate actions: Resident #3 was given an updated Resident Rights list which includes the right to question or refuse a medication if he/she believes there may be a medication error. The resident was educated on this right and expressed understanding. on 7/29/19 *SE* 8/15/19

Ongoing actions: On 4/29/19, all residents were given a new Resident Rights list which includes the right to question or refuse a medication if he/she believes there may be a medication error. All new residents will also receive the updated Resident Rights list on admission.

See attached Resident Rights List.

and be educated regarding the right to question or refuse a medication if the resident believes there is a medication error.

Responsible party: PC Administrator

SE 8/15/19

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jason Dolby*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
Jason Dolby PCHA *5/1/19*

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

The above plan of correction is approved as of 8/15/19
(Date)

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

Plan of correction implementation status as of 8/15/19
(Date)

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

Violation Report: 42966 - 02/07/2019 - Barone, Barbara
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

There is no completed initial assessment for resident #3, admitted on 1/17/19.

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.

2600.225 (a)

Immediate action: Resident #3 had a RASP completed on 3/10/19.

Ongoing actions: All residents will have a completed initial assessment within 15 days of admission.

Responsible party: PC Administrator

The administrator created a spreadsheet to track all resident DME's and RASPs. All resident charts were audited by 5/31/19 to ensure assessments were completed within the required time frame and were present in each resident's record.


 8/15/19

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) Jason Dalby Date 5/1/19

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

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Violation Report: 42966 - 02/07/2019 - Barone, Barbara
PCH Name: REFORMED PRESBYTERIAN HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.225(c) - The resident shall have additional assessments as follows:
(1) Annually.
(2) If the condition of the resident significantly changes prior to the annual assessment.
(3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
Resident #1's most recent assessment was completed on 3/16/17.

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

2600.225 (c)

Immediate actions: Resident is currently in a Skilled Nursing Facility. On return to PC, a new RASP will be completed immediately and then annually.

Ongoing actions: All residents will have a RASP completed:

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

A monthly audit of the current RASP dates will be performed by the PC Administrator. All RASPs will be completed within 12 months of the date on the previous RASP. The PC Administrator will monitor residents' condition and will complete a new RASP with any significant change in resident's condition. When asked by the department, a new RASP will be completed by the PC Administrator.


All dates of current RASPs will be audited monthly by the PC Administrator.

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/12/2018 et al

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jason Dalby PCHA Date 5/1/19

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

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

Plan of correction implementation status as of 8/15/19 (Date)

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