



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 08 2019

Ms. Joanne P. Tangney  
President/Chief Executive Officer  
Success Rehabilitation, Inc.  
5666 Clymer Road  
Quakertown, Pennsylvania 18951

RE: Success Rehabilitation at Rock Ridge  
License #: 127300

Dear Ms. Tangney:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 26, 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 (relating to Personal Care Homes) must be maintained.

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



Violation Report: 12730 - 02/26/2019 - Gray, Dean  
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 55 Pa.Code §2600  
 2600.25(g) - A copy of the signed contract shall be given to the resident and a copy shall be filed in the resident's record.

2a. DESCRIPTION OF VIOLATION  
 A copy of the current contract for resident #1 was not filed in the resident record.

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.

- new copy added to resident #1's resident record.
- new policy in place at SRI's case record room where resident case records are no longer permitted to leave case record room. Instead, if release of info forms are signed, a copy of any forms requested will be made in the case record room and given to resident, approved family member, etc. to deter forms from going missing from resident records.
- administrative assistant assigned to this office will monitor and enforce this new process.
- Plan in place 4/11/19. 4/22/19 *MDJ*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Joanne P. Tangney*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Joanne P. Tangney CEO</i>	Date <i>4/15/19</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 4/22/19  
 (Date)

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

Plan of correction implementation status as of 4/22/19  
 (Date)

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

Violation Report: 12730 - 02/26/2019 - Gray, Dean  
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 55 Pa.Code §2600  
 2600.26(c) - The quality management plan shall include the development and implementation of measures to address the areas needing improvement that are identified during the periodic review and evaluation.

2a. DESCRIPTION OF VIOLATION  
 The home's last quality management meeting was on 01/10/18. Quality management meetings should be held at least annually.

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.

- Quality Management Meeting and Review occurred on 2/27/19.

- Reminders have been set up between the 2 PCH Administrators on site to ensure maintaining compliance in this area and that Quality Management Meetings are scheduled annually with follow up summary completed.

- Plan in place on 2/27/19

Maintain audits for Department review for a period of three years 4/22/19 *my*

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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Joanne P. Tangney*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Joanne P. Tangney, CEO*      Date *4/15/19*

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<p>The above plan of correction is approved as of <u>4/22/19</u>                  (Date)</p> <p>The above plan of correction was approved by <u><i>my</i></u>                  (Initials)</p>	<p>Plan of correction implementation status as of <u>4/22/19</u>                  (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 12730 - 02/26/2019 - Gray, Dean  
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 55 Pa.Code §2600  
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION  
 Direct care staff person A received 0 documented hours of annual training in training year 2018.  
 Direct care staff person B received only 9 documented hours of annual training in training year 2018.  
 Direct care staff person C received only 8 documented hours of annual training in training year 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.

- Documented hours of annual training year of 2018 were not available for direct care staff person A, B, C and/or insufficient proof / tracking record of hours <sup>unavailable</sup> at time of inspection.
- We have modified our (JRI) filing procedures to ensure all files are available upon request and filed in one location - the personnel folders for each direct care staff in the Human Resources' Dept's office.
- Human Resources corrected the problem and updated the plan for storing direct care staff training records on 4/1/19. <sup>4/22/19 See attached</sup>
- This process will be monitored by Human Resource personnel to ensure compliance in filing and maintaining records properly.   
 - Currently implementing a MTC computer program to track all training hours on a secured

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Joanne P. Tangney*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Joanne P. Tangney COO*      Date *4/15/19*

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The above plan of correction was approved by <u><i>MT</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

E-File

4A

2600.65(e)

Within 15 days of accepted POC, documentation of the training will be submitted to M. Johnson at the Southeast Regional office at [ra-pwar@southeast.pa.gov](mailto:ra-pwar@southeast.pa.gov) or fax at 610-270-1147. 4/22/19 *MJ*

Violation Report: 12730 - 02/26/2019 - Gray, Dean  
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

**1. REGULATION 55 Pa.Code §2600**  
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:  
 (1) Medication self-administration training.  
 (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.  
 (3) Care for residents with dementia and cognitive impairments.  
 (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.  
 (5) Personal care service needs of the resident.  
 (6) Safe management techniques.  
 (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

**2a. DESCRIPTION OF VIOLATION**  
 The annual training provided to direct care staff person A in training year 2018 did not include any of the required training topics.  
 The annual training provided to direct care staff person B in training year 2018 did not include medication self-administration training.  
 The annual training provided to direct care staff person C in training year 2018 did not include medication self-administration training or infection control.

**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.*

- Documented hours of annual training year of 2018 were not available for direct care staff, A, B, C and/or insufficient proof/tracking record of hours were unavailable at time of inspection.  
 - we have modified JRI's filing procedure to ensure all files are available upon request and filed in one location - the personnel folders for each direct care staff in the Human Resources Dept office.  
 - Human Resources corrected the problem and updated the plan for storing direct care staff training records on 4/1/19. *See attached 4/22/19*  
 - This process will be monitored by Human Resource personnel to ensure compliance in filing and maintaining records properly.

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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Joanne P. Tangney*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Joanne P. Tangney CEO*      Date *4/15/19*

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2600.65(f)

SA

Within 15 days of accepted POC, documentation of the training will be submitted to M. Johnson at the Southeast Regional office at [ra-pwarlsoutheast@pa.gov](mailto:ra-pwarlsoutheast@pa.gov) or fax at 610-270-1147. 4/22/19

MJ

Violation Report: 12730 - 02/26/2019 - Gray, Dean  
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care person A did not receive training in Resident Rights, OAPSA, Falls and Accident Prevention during training year 2018.

Direct care person B and C did not receive training in Resident Rights and OAPSA during training year 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.*

- Documented hours of annual training of 2018 were not available for direct care staff person A, B, C and/or insufficient proof/tracking record of hours were unavailable at time of inspection. *See attached 4/22/19*
- we have modified our (SRI) filing procedures to ensure all files are available upon request and filed in one location - the personnel folders for each direct care staff in the Human Resources Dept's office
- Human Resources corrected the problem and updated the plan for storing direct care staff training records on 4/1/19.
- This process will be monitored by Human Resource personnel to ensure compliance in filing and maintaining records properly.
- Currently implementing a MTC computer program to track all trainings on a secured E-file that can be accessed when requested.

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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Joanne P. Tangney*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Joanne P. Tangney (ED)*

Date *4/15/19*

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2600.65(g)

GA

Within 15 days of accepted POC, documentation of the training will be submitted to M. Johnson at the Southeast Regional office at [ra-pwarsoutheast@pa.gov](mailto:ra-pwarsoutheast@pa.gov) or fax at 610-270-1147. 4/22/19

*MJ*

Violation Report: 12730 - 02/26/2019 - Gray, Dean  
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 55 Pa.Code §2600

2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's record of direct care staff training does not include the names of staff person trained or copies of certificates received. The home was not able to verify staff person A attended several of their annual trainings.

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.

- Documented hours of annual training of 2018/2019 were not available for direct care staff person A at time of inspection.
- We have modified JRI filing procedures to ensure all files are available upon request and filed in one location - the personnel folders for each direct care staff in the Human Resources Dept's Office.
- Human Resources corrected the problem and updated the plan for storing direct care staff training records on 4/1/19.
- This process will be monitored by Human Resource personnel to ensure compliance in filing and maintaining records properly.
- Currently implementing a MITC computer program to track all trainings on a secured E-file that can be accessed when requested. This would allow for a record of training that includes all direct care staff person, trained, date, source, content, length of each course and copies of any certificates received. See attached 4/22/19

*mg*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Joanne P. Tanney*

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

Joanne P. Tanney CEO

Date 4/15/19

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The above plan of correction was approved by

*mg*  
 (Initials)

2600.65(i)

7A

Within 15 days of accepted POC, documentation of the training will be submitted to M. Johnson at the Southeast Regional office at [ra-pwarsoutheast@pa.gov](mailto:ra-pwarsoutheast@pa.gov) or fax at 610-270-1147. 4/22/19

*MJ*

Violation Report: 12730 - 02/26/2019 - Gray, Dean  
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 55 Pa.Code §2600  
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 Resident #2's shower chair was in disrepair with peeling paint and duct tape on the handrails.

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.

- SRI case manager was working with Resident #2's funding/medical insurance carrier to acquire approval for coverage of cost for a new shower chair. Due to Resident #2's height and weight, we were in need of a special order chair.

Upon inspection, the shower chair was noted of being in disrepair but proof was shown of SRI's case manager's attempts for coverage of purchase.

SRI purchased a new shower chair for Resident #2 and absorbed the cost for payment. 4/22/19 MJ

Attachment A: picture of new shower chair purchased on 3/1/19. SRI continues to complete bi-weekly DME checks to identify furniture + equipment that may be in disrepair + sets up plans for replacement.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
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*Joanne P. Tangney*

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

Joanne P. Tangney, CEO

Date 4/15/19

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 (Initials)

Violation Report: 12730 - 02/26/2019 - Gray, Dean  
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

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  
 The bed in room 13 does not have a source of light that can be turned on/off from bedside. The lamp was missing a light bulb.

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.

At inspection, Bedroom #13 didn't have an operable bedside table lamp - light bulb was found to be missing and most likely removed by resident with a TBI. Light bulb was replaced at time of inspection - 2/26/19 - and deemed operable once again.

SKI completes bi-weekly room and DME checks to ensure all bedrooms are safe and all equipment is operable. Additional layer will be added where staff checks bedside lamps of residents each evening when assisting resident with nighttime routines.

Maintain audits for Department review for a period of three years 4/22/19 *my*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Joanne P. Tanney*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Joanne P. Tanney CED*      Date *4/15/19*

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Violation Report: 12730 - 02/26/2019 - Gray, Dean  
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

On 02/26/19, Pepto Bismol was included with other medications for resident #3. This is not a current prescription.

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.*

At inspection, Pepto Bismol was included with other medications for Resident #3 that was not listed on MARs as a current prescription. Pepto Bismol was removed from Resident #3's med drawer and properly discarded. (2/26/19)

- Plan will be an additional nurse will verify all MARs are current with medications available in each resident med drawer. Any discontinued medications will be immediately discarded at same time MARs are updated by pharmacy. 4/22/19 MJ

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Joanne P. Tangney*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Joanne P. Tangney, CEO*      Date *4/15/19*

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Violation Report: 12730 - 02/26/2019 - Gray, Dean  
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On 02/26/19, resident #3's PRN medication, Sumatriptan Succ 50 MG Tablet with an order date of 01/22/19, was not available.

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.*

At inspection, resident #3's PRN medication, Sumatriptan Succ 50mg tab with an order date of 1/22/19, was not available. LPN on shift was able to show proof that script was submitted to pharmacy for fill but pharmacy still waiting for insurance approval. SRI switching over to EMARS - this will assist in not having a similar incident occur again because EMARS are only updated by pharmacy when insurance approval is approved, processed, and then delivered to be available for resident. Full EMAR roll out at SRI effective 4/1/19.

4/22/19 *MJ*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Joanne P. Tangney*

Printed Name and Title of Legal Entity Representative  
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Joanne P. Tangney CEO

Date

4/15/19

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Violation Report: 12730 - 02/26/2019 - Gray, Dean  
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

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  
 There is no preadmission screening form for resident #1, admitted 08/27/14.

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.

- new policy in place at SRI's case record room where resident case records are no longer permitted to leave case record room. Instead, if release of info forms are signed, a copy of any forms requested will be made in the case record room and given to resident, approved family member, etc. to deter forms from going missing from resident records.

- administrative assistant assigned to this office will monitor and enforce this new process

- Plan in place 4/11/19. <sup>4/22/19</sup> MJ

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Joanne P. Tangney*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Joanne P. Tangney CEO</i>	Date <i>4/15/19</i>
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Violation Report: 12730 - 02/26/2019 - Gray, Dean  
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 55 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 #4 participated in the development of their support plan on 11/21/16. The resident signed the support plan but did not date the support plan. The Assessor did not sign or date the support plan.

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.*

At time of inspection, Resident #4 participated in the development of his support plan on 11/21/16. The resident signed the support plan but did not date the support plan. The Assessor did not sign or date the support plan.

The Support Plan was reviewed again with resident #4 and he was informed of the discrepancy with an addendum sheet added to the 11/21/16 RASP that it was reviewed and signed off by Resident #4 and original assessor. This was corrected on 3/12/19. <sup>4/22/19</sup> MJ

New plan in place where the PCH Administrator and Assessor will meet when needed to complete a final review to identify any potential errors that it can be resolved with the resident and modifications/corrections made as needed on the support plan.

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 (Required on EVERY Page) *Joanne P. Tangney*

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