



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to REBECCA S PERSONAL CARE HOME INC
LEGAL ENTITY

To operate REBECCA'S AT EVERETT
NAME OF FACILITY OR AGENCY

Located at 118 MASTERS AVENUE, EVERETT, PA 15537
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 37
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 3, 2019 until June 3, 2020,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **324070**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



June 3, 2019

Mr. Dustin Miller
Administrator
Rebecca's Personal Care Home, Inc.
118 Masters Avenue
Everett, Pennsylvania 15537

RE: Rebecca's at Everett
License #: 324070

Dear Mr. Miller:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on March 5, 2019, March 6, 2019, and May 8, 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 that reads "J. Rowe". The signature is stylized and cursive.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 32407 - 03/05/2019 - Showers, Michael
 PCH Name: REBECCA S AT EVERETT

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 home uses a gas fired range for cooking and there is no carbon monoxide detector located in an area near the home's kitchen as required by the Care Facility Carbon Monoxide Alarms Standards Act.

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

To correct this violation, Rebecca's has put a carbon monoxide detector in the Kitchen across from the stove on March 06, 2019

To prevent this violation from happening again, the administrator has implemented an inspection that checks the functioning and batteries of the carbon monoxide detectors and smoke detector.

photo Attached.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Stephanie Russell

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

Stephanie Russell Administrator

Date

04/15/19

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

The above plan of correction is approved as of 4/29/19
 (Date)

Plan of correction implementation status as of 5/30/19
 (Date)

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

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

Violation Report: 32407 - 03/05/2019 - Showers, Michael
 PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION
 The home manages the finances for Resident 1. Resident 1 has \$85.00 in a bank deposit envelope being held by the home, but no record as to the source of this money. The home does not maintain a record of the financial transactions for Resident #1.

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

To correct this violation, A financial transaction record has been created for this resident and all finances accounted for.

To prevent this from happening again. The administrator will record and manage the residents accounts on the 4th of every month and have the resident sign out any transactions.

*Immediately, all residents, for whom the home holds money, will be provided a copy of their current financial account status. BAS 4/29/19

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Stephene Russell*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Stephene Russell Administrator</i>	Date <i>04/15/19</i>
---	----------------------

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

The above plan of correction is approved as of 4/29/19
 (Date)

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

Plan of correction implementation status as of 5/30/19
 (Date)

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

Violation Report: 32407 - 03/05/2019 - Showers, Michael
 PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(6) - If a home is holding more than \$200 for a resident for more than two consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

2a. DESCRIPTION OF VIOLATION
 The home held money for Resident #2 from 1/10/2018 thru 3/6/2019. During this period of time the balance of those funds did not fall below \$200.00. Resident #2's current balance at the home is \$480.00. The home has not offered Resident #2 assistance in establishing an interest-bearing account.

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

To correct this violation, the resident has been offered to open an interest-bearing account and has declined. The administrator and the resident have a signed a document stating this.

To prevent this violation, the administrator will conduct a review of each resident funds and if over two hundred dollars will offer residents the assistance to get a interest bearing account.

* The administrator will review the residents financial accounts on a monthly basis. The home will inform a resident and offer assistance in establishing an interest bearing account for any account found to be in excessive of two hundred dollars for at least two consecutive months.
 BAS 4/29/19

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Stephene Russell*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Stephene Russell Administrator</i>	Date <i>04/15/19</i>
---	----------------------

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

The above plan of correction is approved as of <u>4/29/19</u> (Date)	Plan of correction implementation status as of <u>5/30/19</u> (Date)
The above plan of correction was approved by <u>BAS</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

Violation Report: 32407 - 03/05/2019 - Showers, Michael
 PCH Name: REBECCA S AT EVERETT

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 D received only 6 hours of annual training in training year 2018.
 Direct Care Staff Person C received only 8 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.

*Staff Person D will have 18 hours of training during the 2019 training year to compensate for the missed hours during 2018. BAS 4/29/19

*Staff Person C will have 16 hours of training during the 2019 training year to compensate for the missed hours during 2018. BAS 4/29/19

To correct this violation the direct care staff have been trained in each of the 12 training topics for the year.

To prevent this violation from occurring again, the administrator has put in effect a new system to keep track of all training for each person. This is kept by having mandatory monthly meeting that all staff attend. And also, must sign their chart that they are receiving these trainings. In case of emergency where a worker cannot attend this meeting, a makeup day is then schedule. This is ensuring that all staff get their 12 hours trainings each year.

*The administrator will review each staff members training on a monthly basis to identify any missed trainings and assure that the staff member has received the requisite number of annual training hours. BAS 4/29/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Stephen Russell			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Stephanie Russell Administrator			04/15/19
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of		4/29/19 (Date)	Plan of correction implementation status as of
The above plan of correction was approved by		BAS (Initials)	5/30/19 (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	

Violation Report: 32407 - 03/05/2019 - Showers, Michael
 PCH Name: REBECCA S AT EVERETT

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

Staff Person D did not receive annual training in "Care for residents with dementia and cognitive impairments", "Infection control and general principles of cleanliness...", "Safe management techniques", "Medication self-administration training", and "Care for residents with mental illness or mental retardation..." during training year 2018

Staff Person C did not receive annual training in "Safe management techniques" and "Medication self-administration training" 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.

To correct this violation, Staff person C and D have completed these training for this year.

To prevent this violation from occurring again, the administrator has put in effect a new system to keep track of all training for each person. This is kept by having mandatory monthly meeting that all staff attend. And also, must sign their chart that they are receiving these trainings. In case of emergency where a worker cannot attend this meeting, a makeup day is then schedule.

*The administrator will review each staff members training on a monthly basis to identify any missed trainings and assure that the staff member has received the requisite number of annual training hours. BAS 4/29/19

Training is available.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Stephen Russell*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Stephen Russell Administrator* Date *04/15/19*

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

The above plan of correction is approved as of 4/29/19 (Date) Plan of correction implementation status as of 5/30/19 (Date)

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

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

Violation Report: 32407 - 03/05/2019 - Showers, Michael
 PCH Name: REBECCA S AT EVERETT

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

Staff Person C and D did not receive annual training in the Older Adult Protective Services Act during training year 2018.

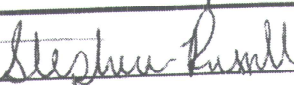
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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.

To correct this violation staff Person C and D have had trainings in Older Adult protection Services Act for this year.

To prevent this violation from occurring again, the administrator has put in effect a new system to keep track of all training for each person. This is kept by having mandatory monthly meeting that all staff attend. And also, must sign their chart that they are receiving these trainings. In case of emergency where a worker cannot attend this meeting, a makeup day is then schedule.

*The administrator will review each staff members training on a monthly basis to identify any missed trainings and assure that the staff member has received the requisite number of annual training hours. BAS 4/29/19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/13/2018	
Signature of Legal Entity Representative (Required on EVERY Page)			
			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Stephenie Russell			04/15/19
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of		<u>4/29/19</u> (Date)	Plan of correction implementation status as of
The above plan of correction was approved by		BAS (Initials)	<u>5/30/19</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			

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

2a. DESCRIPTION OF VIOLATION

A blood sugar reading of 148 was recorded on Resident 3's Electronic Medication Administration Record (EMAR) for the measurement taken on 3/5/2019 at 8:19 am. However, the measured reading of 148 for this date and time was stored in the memory of Resident 4's glucometer.

A blood sugar reading of 385 was recorded on Resident 5's Electronic Medication Administration Record (EMAR) for the measurement taken on 3/1/2019 at 9:07 pm. However, the measured reading of 385 for this date and time was stored in the memory of Resident 3's glucometer.

During an interview, Direct Care Staff Person A stated that it is a common practice for the staff person to randomly choose a glucometer when performing a resident's blood sugar check.

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

To correct this violation, each resident has their name on each blood glucose meter kit and meter. We have also had a meeting with our medication Technicians about the importance of individual meter kits and the harm that it can bring when sharing meters kits.

To prevent this violation from happening, the administrator has done monthly checks on all meter kits and the sugar readings make sure they match up and are on the correct date and time. and will continue this monthly.

(Continued on Page 8A)

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Stephanie Russell</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Stephanie Russell Administrator</i>			Date <i>04/15/19</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>4/29/19</u> (Date)		Plan of correction implementation status as of <u>5/30/19</u> (Date)	
The above plan of correction was approved by <u>BAS</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	

2600.85(a)

Each resident's physician (for those that receive blood sugar testing) will be notified of the possibility of shared glucometer use and all recommendations made by the physician (i.e. testing for blood borne pathogen) will be followed. Documentation of the notification to the physician, the recommendations of the physician, and the home's follow-up based on the recommendations shall be maintained by the home for Department review. The notification to the physician(s) shall be completed within 5 days from the receipt of this plan. BAS 4/29/19

The Administrator will audit the actual readings on a resident's glucometer as compared with the documented readings on the resident's Medication Administration Record. This shall be done on a weekly basis for the residents who receive blood glucose testing and shall consist of a review of all readings for the previous week. The weekly audits shall occur for a period of 8 weeks from the receipt of this plan, and then monthly for a period of two months. BAS 4/29/19

Violation Report: 32407 - 03/05/2019 - Showers, Michael PCH Name: REBECCA S AT EVERETT
1. REGULATION 55 Pa.Code §2600 2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.
2a. DESCRIPTION OF VIOLATION The emergency light box in the common area does not illuminate when test button is activated.
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>

To correct this violation, the emergency light box has been taken down and replaced with a different light system.

To prevent this violation from occurring again the administrator has implemented a monthly inspection of the buildings looking for anything that need repairs. If finding any things that need repair, the administrator will then have them repaired in a timely manner.

Repeat Violation: No	Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative (Required on EVERY Page) <i>Stephen Russell</i>				
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Stephen Russell Administrator</i>			Date <i>04/15/19</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!				
The above plan of correction is approved as of <u>4/29/19</u> (Date)		Plan of correction implementation status as of <u>5/30/19</u> (Date)		
The above plan of correction was approved by <u>BAS</u> (Initials)		<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> ...		

Violation Report: 32407 - 03/05/2019 - Showers, Michael PCH Name: REBECCA S AT EVERETT
1. REGULATION 55 Pa.Code §2600 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.
2a. DESCRIPTION OF VIOLATION Eleven ceiling tiles in the homes laundry room are heavily bowed and have brown discoloration from moisture.
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>

To correct this violation, the eleven ceiling tiles have been taken down and replaced. We have also put on a new roof on the care home to stop any leaks.

To prevent this violation the administrator will conduct a monthly inspection of the home and look for anything that needs repair and have it repaired in a timely manner.

photo Attached.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Stephanie Russell</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Stephanie Russell Administrator</i>		Date <i>01/15/19</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>4/29/19</u> (Date)		Plan of correction implementation status as of <u>5/30/19</u> (Date)	
The above plan of correction was approved by <u>BAS</u> (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: 32407 - 03/05/2019 - Showers, Michael PCH Name: REBECCA SAT EVERETT	
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 The grate on the electric baseboard heater, in the bathroom off of the lounge area, has come off posing a potential safety and burn hazard to residents of the home. The toilet seat in the bathroom of bedroom 5 has a vinyl covered foam seat with a four inch crack and exposed foam.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	

To correct this violation, the grate on the heater has been restored and the toilet seat in the bathroom has been replaced.

To prevent this violation from happening, the administrator will conduct an inspection of the facility monthly to look for anything that need repairs. If finding anything the administrator will get them repaired in a timely manner.

Photo Attached.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/13/2018
Signature of Legal Entity Representative (Required on EVERY Page) <i>Stephanie Russell</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Stephanie Russell Administrator</i>		Date <i>04/15/19</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of <u>4/29/19</u> (Date)	Plan of correction implementation status as of <u>5/30/19</u> (Date)	
The above plan of correction was approved by <u>BAS</u> (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: 32407 - 03/05/2019 - Showers, Michael PCH Name: REBECCA S AT EVERETT
1. REGULATION 55 Pa.Code §2600 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.
2a. DESCRIPTION OF VIOLATION The boiler room located at the back of the home contained a full five gallon can of fuel. The fuel can was located in close proximity to the the boiler unit. Upon interview, the home's administrator stated that when the fuel line from the fuel tank (located outside the home) to the boiler becomes frozen, the adminstrator will disconnect the fuel line inside the boiler room and draw fuel from the fuel can to operate the boiler until the outside line thaws.
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>

To correct this violation, the fuel can have been removed form around the facility. Staff have been notified that this cannot happen again.

To prevent this form happening again we have posted signs and informed the staff about this in our monthly meetings.

photo Attached.

*The home will contact a local contractor to establish a plan to safely address the freezing of the fuel line from the fuel tank to the boiler. The contractor will be contacted within 30 days from this plan's receipt.

The plan to address the freezing fule line will be provided to the Department and will include the date of anticipated completion of the remedy.

The home will notify the Department upon completion of the remedy. The remedy will be completed within 90 days from the receipt of this plan.

BAS 4/29/19

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
Stephanie Russell Administrator			04/15/19

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

The above plan of correction is approved as of	<u>4/29/19</u> (Date)	Plan of correction implementation status as of	<u>5/30/19</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	
The above plan of correction was approved by	<u>BAS</u> (Initials)		

Violation Report: 32407 - 03/05/2019 - Showers, Michael PCH Name: REBECCA S AT EVERETT
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 home's maximum fire drill evacuation time is 3 min and 15 seconds as established by the fire safety expert. It took 3 minutes and 18 seconds for the residents to evacuate during the drill conducted on 11/6/2018.
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>

To correct this violation, the staff and the residents have been informed that we must be out of the home by three minutes and fifteen seconds in a fire drill. Also, they were informed that we will have to redo the fire drills until we are able to get out of the buildings at three minutes and fifteen seconds.

To prevent this violation, the administrator has had a meeting with the staff and resident explaining the importance of fire drills and the time that set. We have also established a test that goes through the emergency exit and how to get everyone out in our monthly meeting.

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

Signature of Legal Entity Representative (Required on EVERY Page)	<i>Stephemi Russell</i>
--	-------------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Stephemi Russell Administrator</i>	<i>04/15/19</i>

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

The above plan of correction is approved as of	<u>4/29/19</u> (Date)	Plan of correction implementation status as of	<u>5/30/19</u> (Date)
The above plan of correction was approved by	<u>BAS</u> (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: 32407 - 03/05/2019 - Showers, Michael PCH Name: REBECCA SAT EVERETT
1. REGULATION 55 Pa.Code §2600 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.
2a. DESCRIPTION OF VIOLATION A sleeping hours fire drill was held on 11/6/2018. There was no sleeping hours drill held during the nine months prior to 11/6/2018.
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>

To correct this violation, a night fire drill was held on 04/17/2019. This is 6 months from the previous night fire drill.

To prevent this violation from happening again, the administrator has a care suite system that remind the administrator. When the fire drills are to happen. We have also devised a monthly meeting book where we go over the fire drill of the previous month.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Stephan Russell</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Stephanie Russell Administrator</i>		Date <i>04/15/19</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>4/29/19</u> (Date)		Plan of correction implementation status as of <u>5/30/19</u> (Date)	
The above plan of correction was approved by <u>BAS</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	

Violation Report: 32407 - 03/05/2019 - Showers, Michael PCH Name: REBECCA S AT EVERETT
1. REGULATION 55 Pa.Code §2600 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)
2a. DESCRIPTION OF VIOLATION The medical evaluation for Resident 6, dated 10/9/18, is blank in regards to the resident's allergies and medical information pertinent to diagnosis and treatment in case of an emergency.
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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</i>

To correct this violation, the administrator has gone through and made sure that all the DME are fully filled out.

To prevent this from happening again, the administrator will fill out as much as possible on the DME and before sending this to the doctor and then reviewing them before they are placed in a file.

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

Signature of Legal Entity Representative (Required on EVERY Page) <i>Stephen Russell</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Stephanie Russell Administrator</i>	Date <i>04/18/19</i>

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

The above plan of correction is approved as of <u>4/29/19</u> (Date)	Plan of correction implementation status as of <u>5/30/19</u> (Date)
The above plan of correction was approved by <u>BAS</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

Violation Report: 32407 - 03/05/2019 - Showers, Michael PCH Name: REBECCA S AT EVERETT
1. REGULATION 55 Pa.Code §2600 2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.
2a. DESCRIPTION OF VIOLATION Numerous cigarette butts of various brands and varieties were observed on the ground outside the front door of the home. This is not the home's designated smoking area.
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>

To correct this violation Rebecca's has implemented a designated smoking area with signs directing the residents to the smoking area. The staff have been informed to write up any residents that isn't abiding by these rules.

To prevent this from happening again, All resident who smoke were asked to sign a document that states that they have read the smoking rules and that if they do not comply with these orders Rebecca's will become a nonsmoking facility.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Steph Russell</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Stephene Russell</i>			Date <i>04/15/19</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>4/29/19</u> (Date)		Plan of correction implementation status as of <u>5/30/19</u> (Date)	
The above plan of correction was approved by <u>BAS</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"/>	

Violation Report: 32407 - 03/05/2019 - Showers, Michael
PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600
 2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:
 (1) Identify the correct resident.
 (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
 (3) Remove the medication from the original container.
 (4) Crush or split the medication as ordered by the prescriber.
 (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
 (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
 (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION
 On 3/6/2019, a representative of the Department observed Staff Person A provide Resident 8 her noon medications, but the staff person did not watch the resident ingest the medications as required for proper administration. Resident 8 walked away with the cup of medications and Staff Person A continued to administer medications to other residents of 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.

To correct this violation Staff Person A has been made aware of what she was doing wrong and has gone through a retraining of how to properly administer medication.

To prevent this from happening again the administrator will review the steps of a med administration with the med Techs. She will also conduct a random observation of a med pass for each med tech to ensure that medication administration is being done the proper way.

* The medication administration reeducation will be completed within 10 days from the receipt of this plan. BAS 4/29/19

* The described medication administration observations for all med techs will be completed within 15 days from the receipt of this plan. BAS 4/29/19

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>4/29/19</u> (Date)	Plan of correction implementation status as of <u>5/30/19</u> (Date)
The above plan of correction was approved by	<u>BAS</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

Violation Report: 32407 - 03/05/2019 - Showers, Michael PCH Name: REBECCAS AT EVERETT
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 Staff Person B, the home's administrator and the staff person who developed the support plans did not sign the most recent support plans for Residents 6, 7, 8, or 9.
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>

To correct this violation, the administrator has printed out all of the Rasps for each resident and reviewed them with the resident and have signed off on them.

To prevent this violation, the administrator will print out the last page of each Rasp and make sure that each rasp is signed in every resident file.

* The administrator will review each RASP prior to it being filed to ensure that there is proper documentation of the signatures. BAS 4/29/19

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

Signature of Legal Entity Representative (Required on EVERY Page)	<i>Steph Russell</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Stephens Russell</i>	Date	<i>04/15/19</i>

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

The above plan of correction is approved as of	<u>4/29/19</u> (Date)	Plan of correction implementation status as of	<u>5/30/19</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	
The above plan of correction was approved by	<u>BAS</u> (Initials)		

Violation Report: 32407 - 03/05/2019 - Showers, Michael PCH Name: REBECCA S AT EVERETT
1. REGULATION 55 Pa.Code §2600 2600.253(c) - The home shall keep a log of resident records destroyed on or after October 24, 2005. This log must include the resident's name, record number, birth date, admission date and discharge date.
2a. DESCRIPTION OF VIOLATION The home's "Record Destruction Record" does not contain resident names, record numbers, birth dates, admission dates and discharge dates.
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>

To correct this violation, Rebecca's has implemented a record of destroyed Records logs that is documented to keep the name, number, birth date, admission dates and the discharge date.

To prevent this from happening again the administrator will now be recording all of the destroyed records on the destroyed log system. Many of our records are going paperless as well and will be kept on a file instead of paper.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Stephen Russell</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Stephen Russell</i>		Date <i>04/15/19</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of <u>4/29/19</u> (Date)	Plan of correction implementation status as of <u>5/30/19</u> (Date)	
The above plan of correction was approved by <u>BAS</u> (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: 32407 - 03/05/2019 - Showers, Michael PCH Name: REBECCA S AT EVERETT
1. REGULATION 55 Pa.Code §2600 2600.254(c) - Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.
2a. DESCRIPTION OF VIOLATION Resident records are located in a small black filing cabinet on the floor next to the medication cart. The bottom drawer was unlocked, and it contained medication destruction records including the names of the residents who were prescribed the medications.
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>

To correct this violation, the resident files have been locked away and in a lock file cabinet. The staff have been informed of the importance of record privacy.

To prevent this from happening again, the staff have been trained about privacy of personal records. The administrator will do random checks on her monthly inspection to for resident records out in the open.

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	04/15/16

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

The above plan of correction is approved as of <u>4/29/19</u> (Date)	Plan of correction implementation status as of <u>5/30/19</u> (Date)
The above plan of correction was approved by <u>BAS</u> (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