



July 10, 2019

Tri M. Tran
Vice President, Treasurer and Secretary
Williamsport AID II OPCO LLC
330 North Wabash Avenue, Suite 3700
Chicago, Illinois 60611

RE: Leighton Place
1251 Rural Avenue
Williamsport, Pennsylvania 17701
License #: 226600

Dear Tri M. Tran:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 19, 2019 and April 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".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 22660 - 03/19/2019 - Novak, Ryan
PCH Name: LEIGHTON PLACE

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 3/12/19 The Department of Aging conducted a caregiver neglect investigation at Leighton Place, the home failed to submit a reportable incident form to the Department.

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.

CSM and ED will be educated about the proper reporting process per guidelines in section 2600.16. An inservice for current staff on reporting incidents to CSM or ED will be conducted by 6/1/19. Education will include reportable incident reasons will be covered as well as the system in place to comply with the 24 hour required reporting time frame, including nights, weekends, and holidays. The sign in sheet will be kept in education binder.

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

Printed Name and Title of Legal Entity Representative *Christopher Murphy* Date *5-24-19*
 (Required on EVERY Page) *Acting Executive Director*

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

The above plan of correction is approved as of <u>6-3-19</u> (Date)	Plan of correction implementation status as of <u>6-3-19</u> (Date)
The above plan of correction was approved by <u>AG</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: 22660 - 03/19/2019 - Novak, Ryan
PCH Name: LEIGHTON PLACE

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Resident # 8 was admitted to the home on 2/17/19. During this time the resident would routinely refuse to shower for staff. On 3/11/19 staff from Elder Care Solutions came to Leighton Place to escort resident # 8 to a court hearing when they found resident # 8 in his room with a strong urine and feces odor coming from the resident. The resident was wearing two sweaters over five T-shirts and two pair of underwear covered in urine and feces. When the staff from Elder Care Solutions removed the resident's socks they found the resident's feet covered in a black substance. Resident # 8 agreed to take a shower for the staff from Elder Care Solutions and after showering the resident, staff found a 0.5 cm round open wound on the resident's great right toe.

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

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

The administrator or designated staff member will provide training to current direct care staff on the procedure of proper showering of residents 2x a week and will report to the CSM if there is a refusal. CSM or other licensed staff member will document the refusal in the resident record, notify the physician and notify the responsible party. Education signs in sheet will be kept in education binder.

The Administrator will broaden the training to include ALL staff to learn (or relearn) the types of abuse: abuse, abandonment, neglect and exploitation. The training will also include what to report, who to report to, and when to report. The Adm will ensure there is a process in place to report allegations of abuse immediately to the local AAA and to the Northeast Regional licensing office. The home will retain a copy of the training provided and the sign in sheets. This training will be implemented within 10 days of the receipt of this Plan of Correction, and completed within 35 days of the date of implementation. 6-3-19

AG

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) Christopher Murray, Acting Executive Director Date 5-24-19

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Violation Report: 22660 - 03/19/2019 - Novak, Ryan
 PCH Name: LEIGHTON PLACE

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

55 residents resided in the home on 3/15-3/17/19, at a minimum the home is required to have at least 2 staff members trained in first aid and CPR at all times. On 3/15/19 only one staff member was certified in first aid and CPR from 11p-7a. On 3/16 and 3/17/19 no staff member was certified in first aid and CPR from 11p-7a.

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.

Within 30 days current staff will be trained in CPR and first aid. The staffing schedule will be revised to ensure there are 2 staff members trained in first aid and CPR schedule. The executive director will review the schedule weekly x12 weeks to ensure compliance. Monitoring will be ongoing.

Repeat Violation: No

Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative
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Violation Report: 22660 - 03/19/2019 - Novak, Ryan
 PCH Name: LEIGHTON PLACE

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 member A, hired on 1/18/19, completed the online direct care competency course on 3/19/19.
 Direct care staff member B, hired on 2/12/19, did not complete the online direct care competency course.

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

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

The direct care competency course for direct care staff member A can not be corrected.
 Direct care staff member B is no longer employed at the community.
 The ED will audit new hire files within 5 days of hire to ensure the direct care competency courses are completed prior to providing direct care to residents, x12 weeks. Monitoring will be ongoing.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christopher Murray
 Acting Executive Director Date 5-24-19

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Violation Report: 22660 - 03/19/2019 - Novak, Ryan
PCH Name: LEIGHTON PLACE

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

The first aid kit located in the home's Dodge van contained 5 packets of Burnaid Burn Gel that expired 11/2018.

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.

Expired burn aid gel was immediately removed from first aid kit following inspection. The maintenance tech will audit first aid kit contents in the van weekly x12 weeks to ensure the kit does not contain expired items. Any expired items will be replaced. Monitoring will be ongoing.

The home will retain copies of the audits, to include the initials of the staff person performing this audit weekly, the date, and any findings and corrective action taken, if necessary. 6-3-19

AG

Repeat Violation: Yes

Date(s) of Previous Violation(s):

04/04/2018

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

*Christopher J Murray
 Acting Executive Director*

Date

5-24-19

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- Not Implemented

Violation Report: 22660 - 03/19/2019 - Novak, Ryan
PCH Name: LEIGHTON PLACE

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident # 1 and # 2's Vitamin C was not labeled with the residents' name.

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

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

Resident #1- vitamin C was labeled with the resident's name and room number on May 7, 2019.
 Resident #2- Vitamin C was labeled with the resident's name and room number on May 7, 2019.
 Med techs will be re-educated by 6/23/2019 regarding over the counter medications are to be labeled with the resident's name and room number prior to placing in the med cart. CSM or designee will conduct med cart audits weekly x12 weeks to ensure compliance. Monitoring will be ongoing.

The Administrator will ensure that the audits are completed, initialed and dated by the person performing the audit and retain a record of these audits. If the audit includes any findings that require action, that action will be recorded as well. 6-3-19

AG

Repeat Violation: Yes	Date(s) of Previous Violation(s): 04/04/2018	
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Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Chris Murawski Acting Executive Director</i>	Date <i>5-24-19</i>
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Violation Report: 22660 - 03/19/2019 - Novak, Ryan
PCH Name: LEIGHTON PLACE

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

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

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

Resident #3-Glucometer was calibrated to the correct date and time on May 7, 2019. Glucometers used by current residents were checked to ensure the meter read the correct date and time prior to first use and with the opening of new glucose monitor test strips by 6/23/2019. The CSM will ensure compliance by checking glucometers monthly x3 months. Monitoring will be ongoing.

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

Printed Name and Title of Legal Entity Representative *Christopher Murney*
 (Required on EVERY Page) *Acting Executive Director* Date *5-24-19*

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Violation Report: 22660 - 03/19/2019 - Novak, Ryan
 PCH Name: LEIGHTON PLACE

1. REGULATION 55 Pa.Code §2600

2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

2a. DESCRIPTION OF VIOLATION

Resident #4's MAR notes furosemide 1.5 tablets on Mon, Wed & Fri. The label to the medication notes 40 mg everyday.
 Resident #4's MAR notes benzonatate 100mg 2 caps every 8 hours PRN, the label notes 1-2 caps every 8 hours.
 Resident #4's MAR notes hydrocodone syrup 5ml every 4 hours PRN, the label notes every 6 hours PRN.
 Resident #4's MAR notes tylenol 650 mg PRN every 4 hours, the label to the medication notes every 8 hours PRN.

Resident #5's MAR notes Warfarin 2 mg M & F and 1 mg all other days. The label to the medication notes 1mg on Tu, Th & Sat, 2 mg all other days.

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.

Resident #4-Furosemide was clarified with order and change of direction sticker placed on medication card directing to see MAR.
 Resident #4-Benzonatate was clarified with order and change of direction sticker placed on medication card directing to see MAR.
 Resident #4- Hydrocodone syrup was clarified with order and change of direction sticker placed on medication card directing to see MAR.
 Resident #4-Tylenol was clarified with order and change of direction sticker placed on medication card directing to see MAR.
 Resident #5-Warfarin was clarified with order and change of direction sticker placed on medication card directing to see MAR.
 The CSM or designee will complete monthly MAR audit x3 months to ensure compliance. Med techs will be re-educated by 6/23/2019 to use change of direction stickers when a physician changes directions for current medications. Monitoring will be ongoing.

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) Christopher Murray Date 5-24-19
Acting Executive Director

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Violation Report: 22660 - 03/19/2019 - Novak, Ryan
PCH Name: LEIGHTON PLACE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident # 4's MAR notes benzonatate 100mg 2 caps PRN every 8 hours, the order is 1 cap PRN every 6 hours.

Resident # 5's allopurinol does not include a diagnosis or purpose.

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.

Resident #4-Benzonatate order was clarified with physician and corrected.
 Resident #5-Allopurinol order was clarified with physician and diagnosis/purpose placed on MAR.
 The CSM or designee will complete monthly MAR audit x3 months to ensure compliance. Med techs will be re-educated by 6/23/2019 regarding clarifying orders to ensure the MAR matches the order, and medication orders include a diagnosis or purpose. Monitoring will be ongoing.

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) Christopher Muncy
 Acting Executive Director Date 5-24-19

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Violation Report: 22660 - 03/19/2019 - Novak, Ryan
PCH Name: LEIGHTON PLACE

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

2a. DESCRIPTION OF VIOLATION

Resident #3 has an order for blood glucose readings 3 times daily per a sliding scale of insulin. On 3/18/19 at 2pm the reading was not completed.
 Resident #3 has an order for blood glucose readings 3 times daily per a sliding scale call MD if blood glucose is more than 350. On 3/16/19 at 2pm the blood glucose was 372, the home administered 6 units of insulin without contacting the doctor.
 Resident #6 has an order for losarten potassium 25mg tablet daily hold if systolic blood pressure is less than 110. On 3/1/19 the systolic blood pressure was 96/44 and on 3/4/19 109/65. The medication was administered and should have been held.

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.

Resident #3-On 3/18/2019 at 2PM glucose reading not completed and can not be corrected.
 Resident #3-On 3/16/2019 at 2PM glucose reading greater than 372 and no contact with physician can not be corrected.
 Resident #6-On 3/1/2019 and 3/4/2019 medication should have been held and physician notified and can not be corrected.
 CSM or designee will re-educate med techs by 6/24/2019 to follow physician orders and parameters with proper documentation on the MAR. Monitoring will be ongoing.

The Administrator will also ensure there is a process developed and implemented no later than 15 days after the receipt of this Plan of Correction. At a minimum it will include the review of all physicians' orders monthly. A tracking sheet will be developed to document this audit, including information regarding discrepancies between orders and actions taken by staff, and ensuring that change orders from physicians are documented and implemented. The home will retain these documents. 6-3-19

ag

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/04/2018	
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Signature of Legal Entity Representative <i>[Handwritten Signature]</i>	
Printed Name and Title of Legal Entity Representative <i>Christa Hermanson Acting Executive Director</i>	Date <i>5-24-19</i>

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Violation Report: 22660 - 03/19/2019 - Novak, Ryan
 PCH Name: LEIGHTON PLACE

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #7 admitted 11/2/18 did not have a preadmission screening completed.

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.

Resident #7-Preadmission screening can not be corrected.
 CSM will be educated by 6/24/2019 regarding completing a preadmission screening form on new residents within 30 days prior to admission to home.

The Administrator will also ensure that an audit of all current residents Pre Adm Screens have been completed. If not, the staffer conducting the audit may make the corrections, initial and date on the date the audit is being performed. A record of the audit will be retained by the home. 6-3-19

AG

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Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christopher Murray* Date *5-24-19*
Acting Executive Director

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Violation Report: 22660 - 03/19/2019 - Novak, Ryan
 PCH Name: LEIGHTON PLACE

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #8's support plan dated 2/14/19 does not address the resident's wound care treatments.

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.

Resident #8-Support plan was corrected on 3/19/2019 with a RASP addendum. CSM will be educated by 6/24/2019 regarding addressing a resident's wound care treatments on the support plans, including changes that occur. The Executive Director and/or designee will audit resident RASP's for residents who have wound care treatments x12 weeks to ensure compliance. Monitoring will be ongoing.

The Administrator will also ensure that an audit is performed for all current residents regarding their care related to EVERY item named in the regulation. A tracking sheet will be developed for the audit. The audit will be initiated within 10 days of receipt of the Plan of Correction. The home will retain the audit.
 For ongoing compliance the home may use the recommended RASP addendum. 6-3-19

ag

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/04/2018	
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Signature of Legal Entity Representative *[Handwritten Signature]*
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Chris Murrell Acting Executive Director</i>	Date <i>5-24-19</i>
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