



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to LAFAYETTE MANOR INC LMI
LEGAL ENTITY

To operate BEECHWOOD COURT AT LAFAYETTE MANOR
NAME OF FACILITY OR AGENCY

Located at 145 LAFAYETTE MANOR ROAD, UNIONTOWN, PA 15401
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ 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 64
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 23
(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 May 7, 2019 until November 7, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **409611**

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



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: MAY 07 2019

Ms. Diana L. McGregor
Administrator
Lafayette Manor, Inc., LMI
145 Lafayette Manor Road
Uniontown, Pennsylvania 15401

**RE: Beechwood Court at Lafayette Manor
Certificate #: 409611**

Dear Ms. McGregor:

As a result of the Department’s Bureau of Human Services Licensing annual inspection on January 29, 2019; January 30, 2019 and March 27, 2019, of the above facility, the citations specified on the enclosed violation report were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), your current license # 409610 dated January 1, 2019 to January 1, 2020, is REVOKED. A FIRST PROVISIONAL license is being issued. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated January 1, 2019 to January 1, 2020 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

| 55 Pa.Code Chapter 2600 Section no. | Class of Violation | Census at Inspection | Fine Per resident X Per day | Calculated Fine = Per day | Mandated Correction Date (to avoid Fine) |
|-------------------------------------|--------------------|----------------------|-----------------------------|---------------------------|---|
| 103f | III | 51 | \$3 | \$153 | 15 calendar days from mailing date of this letter |
| 187a | III | 51 | \$3 | \$153 | 15 calendar days from mailing date of this letter |

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Shivani Patel, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Jacqueline L. Rowe
Director

Enclosures
License
Violation Report

Violation Report: 40961 - 01/29/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 The home did not have a copy of the current licensing inspection summary, dated 1/30/18, posted in a conspicuous and public place in the home.

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

The administrator immediately replaced a current copy of inspection report . The Administrator or designee will do weekly checks to ensure that reoprt has not been removed from designated area in lobby.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana McGregor*

| | |
|--|------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Diana McGregor | Date 03/15/19 |
|--|------------------|

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

| | |
|--|--|
| The above plan of correction is approved as of <u>4/24/19</u> (Date) The above plan of correction was approved by <u><i>LM</i></u> (Initials) | Plan of correction implementation status as of <u>4/24/19</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 |
|--|--|

Violation Report: 40961 - 01/29/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

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
 Direct care staff person A, hired on 7/5/10, did not receive training on the following topics during the 2018 training year:
 * Medication self-administration
 * Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation, and 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.

Administrator and/or designee will now use Training form from DHS website to document all trainings beginning January 2019. Also a new training sign off sheet will be used to ensure that no staff misses any mandatory annual trainings. See Attachment #1
 The home's new training sign off sheet shall be reviewed during the quality management review to ensure all direct care staff persons receive training on all topics specified in 2600.65f during each established training year.

LM
 4/24/19

See Page 3A of 22

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana McGregor*

| | |
|--|------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Diana McGregor | Date 03/05/19 |
|--|------------------|

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

| | |
|--|--|
| The above plan of correction is approved as of <u>4/24/19</u> (Date) The above plan of correction was approved by <u><i>LM</i></u> (Initials) | Plan of correction implementation status as of <u>4/24/19</u> (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |
|--|--|

Violation Report: 40961 - 01/29/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

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

Direct care staff person A, hired on 7/5/10, did not receive training on the following topics during the 2018 training year:

- * Medication self-administration
- * Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation, and 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.

Immediately: Direct care staff person A shall receive training on medication-self administration training and instructions on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan. Documentation of the education shall be kept and made available to the Department immediately upon request.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana McGregor*

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

Date 04/24/19

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

| | |
|--|--|
| The above plan of correction is approved as of _____ (Date) | Plan of correction implementation status as of _____ (Date) |
| The above plan of correction was approved by _____ (Initials) | <input 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: 40961 - 01/29/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

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 staff person A, hired on 7/5/10, did not receive training on the following topics during the 2018 training year:

- * Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert
- * Emergency preparedness procedures and recognition and response to crises and emergency situations
- * The Older Adult Protective Services 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.

Administrator and/or designee has implemented new form for 2019 trainings to ensure that no staff misses annual mandated trainings. See Attachment #1

The home's new training sign off sheet shall be reviewed during the quality management review to ensure all direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers receive training on all topics specified in 2600.65g during each established training year.

DM
4/24/19

See Page 4A of 22

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

Signature of Legal Entity Representative *Diana McGregor*
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Diana McGregor Date 03/05/19

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

The above plan of correction is approved as of 4/24/19
 (Date)

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

Plan of correction implementation status as of 4/24/19
 (Date)

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

Violation Report: 40961 - 01/29/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

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 staff person A, hired on 7/5/10, did not receive training on the following topics during the 2018 training year:
 * Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert
 * Emergency preparedness procedures and recognition and response to crises and emergency situations
 * The Older Adult Protective Services 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.
 Immediately: Direct care staff person A shall receive training on Fire safety completed by a fire safety expert or by a staff person training by a fire safety expert, emergency preparedness procedures and the Older Adult Protective Services Act. Documentation of the education shall be kept and made available to the Department immediately upon request.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana McGregor*

| | |
|--|---------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Diana McGregor | Date 04/24/19 |
|--|---------------|

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

| | |
|--|--|
| The above plan of correction is approved as of _____ (Date) | Plan of correction implementation status as of _____ (Date) |
| The above plan of correction was approved by _____ (Initials) | <input 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: 40961 - 01/29/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

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 record for training on the topic of resident rights, held on 10/29/18, did not include the length of the 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.

Administrator and /or Designee will now use Record of Training form from DHS website to ensure length of training is clearly indicated. See Attachment #2 All training documents shall be reviewed during the quality management review to ensure completion. *JM*
 Administrator and/or Designee well also be adding a certificate for all trainings to indicate length of training. See Attachment #3 *4/24/19*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana McGregor*

| | |
|--|------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Diana McGregor | Date 03/05/19 |
|--|------------------|

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

| | |
|--|--|
| The above plan of correction is approved as of <u>4/24/19</u> (Date) The above plan of correction was approved by <u><i>JM</i></u> (Initials) | Plan of correction implementation status as of <u>4/24/19</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 |
|--|--|

Violation Report: 40961 - 01/29/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

On 1/29/19 at 11:40 am, a metal 2-door cabinet, located at the secured dementia care unit's nurse's station, was unlocked, unattended and accessible and contained numerous bins of residents' toiletries, to include the following items, with manufacturers' labels indicating, "If swallowed, get medical help or consult a Poison Control Center right away":

- * (2) 8 oz. tubes, nearly full, of AloeVesta protective ointment
- * (1) 4 oz. tube, full, of Soothe and Cool INZO Barrier Cream
- * (1) 10 fl. oz. tube of Dermasil dry skin treatment

All residents in the secured dementia care unit are assessed unsafe to use or avoid poisonous materials.

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.

Administrator and Designee held a mandatory staff meeting on 2/8/19 to address the issue. All staff were present and made aware of the necessity of having that cabinet locked. Also made all staff aware of where key is kept for access to cabinet.

Immediately: A designated staff person shall inspect the home daily, including the secured dementia care unit's nurses station, to ensure all poisonous materials are kept in an area or container that is locked.

JM
4/24/19

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana McGregor*

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

Date 03/05/19

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

| | |
|--|--|
| The above plan of correction is approved as of <u>4/24/19</u> (Date) The above plan of correction was approved by <u><i>JM</i></u> (Initials) | Plan of correction implementation status as of <u>4/24/19</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 |
|--|--|

Violation Report: 40961 - 01/29/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

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

2a. DESCRIPTION OF VIOLATION
 Resident #5's glucometer was used to test resident #4's blood sugar on 1/23/19 at approximately 7:00 am.

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.

Glucometers for both residents were immediately destroyed and new ones ordered and delivered on same day. Administrator and Designee held a staff meeting on 2/8/19. to explain the importance of not using same glucometer on other resident. Staff member did admit to possibly using wrong meter for that day, they were kept together in top drawer of med cart and mistake may have been made. Glucometers are no longer kept in top drawer they are now kept in Resident med drawer and clearly marked.

See attached sheet for

See Page 7A of 22

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana McGregor*

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

Date 03/05/19

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

| | |
|--|--|
| The above plan of correction is approved as of <u>4/24/19</u> (Date) The above plan of correction was approved by <u><i>DM</i></u> (Initials) | Plan of correction implementation status as of <u>4/24/19</u> (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |
|--|--|

Violation Report: 40961 - 01/29/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

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

2a. DESCRIPTION OF VIOLATION
 Resident #5's glucometer was used to test resident #4's blood sugar on 1/23/19 at approximately 7:00 am.

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

Immediately: The home will review all of the glucometers to assure that each glucometer is labeled to identify the specific resident it is to be used upon.

Immediately: 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) should 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.

Immediately: A designated staff person shall observe each staff responsible for diabetic care perform blood glucose checks. Each staff will be observed once per week for a period of 3 months, then once per month for a period of 3 months. Documentation of the observations shall be maintained by the home for Department review.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana McGregor*

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

Date 04/24/19

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

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

Violation Report: 40961 - 01/29/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 55 Pa. Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 1/29/19, the right lid of the home's dumpster was open and the dumpster was 1/2 full of trash. Also, approximately 45 strips of potato peels were lying on the ground in front of the dumpster.

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 meeting was held on 2/8/19 where staff was retrained on the purpose of keeping the lid of dumpster closed at all times. Staff indicated it is hard for some to hold lid up and dispose of bag of garbage at the same time. Administrator is working with maintenance for a possible solution.

Kitchen Staff was also informed by administrator of importance of cleaning up spilled garbage.

See Page 8A of 22

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana McGregor*

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

Date 03/05/19

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

The above plan of correction is approved as of 4/24/19
 (Date)

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

Plan of correction implementation status as of 4/24/19
 (Date)

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

Violation Report: 40961 - 01/29/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 1/29/19, the right lid of the home's dumpster was open and the dumpster was 1/2 full of trash. Also, approximately 45 strips of potato peels were lying on the ground in front of the dumpster.

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

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

Immediately: A designated staff person shall inspect the outside of the home, including the area where the dumpster is kept, to ensure no trash is present on the grounds.

Immediately: The home shall have the dumpster repaired or replaced so that the lids are able to be securely closed.

Immediately: A designated staff person shall inspect the home daily, including the area where the dumpster is kept, to ensure all trash is kept in covered receptacles.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana McGregor*

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

Date 04/24/19

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

| | |
|--|--|
| The above plan of correction is approved as of _____ (Date) | Plan of correction implementation status as of _____ (Date) |
| The above plan of correction was approved by _____ (Initials) | <input 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: 40961 - 01/29/2019 - Duncan, Amy
PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 55 Pa.Code §2600
2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION
On 1/29/19 at approximately 11:00 am, a thin coating of ice was present on the sidewalks outside of the exits to the courtyard from the secured dementia care unit.

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 courtyard off of dementia unit is not used as egress, it is within a fenced in courtyard. The maintenance staff was called immediately and salt was applied. Maintenance now salts the walk as needed and will continue to do so.

Immediately, then weekly thereafter: A designated staff person shall inspect the outside of the home to ensure ice, snow and other obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

JM
4/24/19

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Diana McGregor*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Diana McGregor Date 03/05/19

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

The above plan of correction is approved as of 4/24/19
(Date)

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

Plan of correction implementation status as of 4/24/19
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 40961 - 01/29/2019 - Duncan, Amy
PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 55 Pa. Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 1/29/19 at 9:55 am, no thermomter was present in the second floor kitchenette freezer.

On 1/29/19 at 10:40 am, the temperature in the upright stainless steel freezer, located in the personal care kitchen, was 10 degrees Fahrenheit.

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

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

Adminisrator and/or Designee has implemented a weekly check for termometers in all refridgerators and freezers, New form is in place to sign off weekly. See Attachment # 4

Recheck that day and the next indicated -10 degrees on freezer in personal care kitchen. Staff did indicate that she had just been stocking that freezer before it was checked

See Page 10A of 22

Repeat Violation: Yes

Date(s) of Previous Violation(s):

01/30/2018

Signature of Legal Entity Representative

(Required on EVERY Page)

Diana McGregor

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Diana McGregor

Date

03/005/19

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

The above plan of correction is approved as of

4/24/19

(Date)

Plan of correction implementation status as of 4/24/19

(Date)

The above plan of correction was approved by

LM
(Initials)

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

Violation Report: 40961 - 01/29/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 On 1/29/19 at 9:55 am, no thermomter was present in the second floor kitchenette freezer.

 On 1/29/19 at 10:40 am, the temperature in the upright stainless steel freezer, located in the personal care kitchen, was 10 degrees Fahrenheit.

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

Immediately: A designated staff person shall inspect all refrigerators and freezers to ensure an operable thermometer is present.

Immediately: A designated staff person shall check the temperatures of all refrigerators and freezers on a daily basis to ensure food is stored at proper temperatures in accordance with 2600.103f. Documentation of all temperatures shall be kept.

Immediately: All staff persons shall be educated on the proper food storage temperatures in accordance with 2600.103f. Documentation of the education shall be kept.

| | | | |
|-----------------------|-----------------------------------|------------|--|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 01/30/2018 | |
|-----------------------|-----------------------------------|------------|--|

Signature of Legal Entity Representative *Diana McGregor*
 (Required on EVERY Page)

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

Date 04/24/19

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

| | |
|--|--|
| The above plan of correction is approved as of _____ (Date) | Plan of correction implementation status as of _____ (Date) |
| The above plan of correction was approved by _____ (Initials) | <input 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: 40961 - 01/29/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

On 1/29/19 at approximately 10:15 am, an approximate 1/8" accumulation of lint was present in the lint trap of the white Maytag dryer, located in the first floor laundry room.

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

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

Administrator and Designee had a staff meeting on 2/08/19 where all staff was retrained on the importance of removing lint from dryers after each load. At the time the dryer was checked a load of towels had just finished drying and were still in dryer.

Immediately: A designated staff person shall inspect the lint trap of all dryers on a daily basis to ensure an accumulation of lint is not present. *LM*

4/24/19

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana McGregor*

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

Date 03/05/19

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

| | |
|---|--|
| The above plan of correction is approved as of <u>4/24/19</u> (Date) The above plan of correction was approved by <i>LM</i> (Initials) | Plan of correction implementation status as of <u>4/24/19</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 |
|---|--|

Violation Report: 40961 - 01/29/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 55 Pa. Code §2800
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
 The home regularly schedules 3 staff persons in the home between 11:00 pm and 7:00 am; however, the home has not conducted a fire drill with 3 staff persons within the past year.

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.

Administrator has in the past held fire drills for night shift at 5 am for 11pm to 7am shift. We do have a staff member who starts to work at 5am.
 Administrator will now have all 11pm to 7am fire drills before the 5am staff member reports for duty. That way there will only be the 3 nightshift staff on duty.

These will be indicated on the fire drill logs for 2019

See Page 13A of 22

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana McGregor*

| | |
|--|------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Diana McGregor | Date 03/05/19 |
|--|------------------|

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

| | |
|--|--|
| The above plan of correction is approved as of <u>4/24/19</u> (Date) The above plan of correction was approved by <u><i>DM</i></u> (Initials) | Plan of correction implementation status as of <u>4/24/19</u> (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented |
|--|--|

Violation Report: 40961 - 01/29/2019 - Duncan, Amy
PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 55 Pa.Code §2600
2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
The home regularly schedules 3 staff persons in the home between 11:00 pm and 7:00 am; however, the home has not conducted a fire drill with 3 staff persons within the past year.

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

Immediately: The home shall conduct a fire drill with the minimum number of staff persons scheduled in the home. Documentation of the fire drill shall be kept in accordance with 2600.132c.

Immediately: The home shall develop and implement a system to ensure fire drills are regularly held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Diana McGregor*

| | |
|--|---------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Diana McGregor | Date 04/24/19 |
|--|---------------|

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

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

Violation Report: 40961 - 01/29/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 55 Pa. Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 Resident #1's medical evaluation, dated 10/14/18, does not include the medical professional's signature or his/her medical license number. These sections of the form are blank.

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 did go to Dr. Patnam after she was admitted and he did sign the med eval. upon her return the med eval was missplaced or misfiled. Another copy of med eval was printed from tabula pro and has since been signed by Dr. Patnam.

Administrator will from now on be sure to file med evals as soon as they are recieved.

See attached sheet

See Page 14A of 22

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana McGregor*

| | |
|--|------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Diana McGregor | Date 03/05/19 |
|--|------------------|

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

| | |
|--|--|
| The above plan of correction is approved as of <u>4/24/19</u> (Date) The above plan of correction was approved by <u><i>DM</i></u> (Initials) | Plan of correction implementation status as of <u>4/24/19</u> (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented |
|--|--|

Violation Report: 40961 - 01/29/2019 - Duncan, Amy
PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 55 Pa.Code §2600
2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
Resident #1's medical evaluation, dated 10/14/18, does not include the medical professional's signature or his/her medical license number. These sections of the form are blank.

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

Immediately: Resident #1's medical evaluation shall be returned to the physician to be updated.

Within 5 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has a medical evaluation, completed in its entirety, within 60 days prior to admission or within 30 days after admission. Copies of current medical evaluations shall be kept in each resident's record and made available to the Department immediately upon request.

Immediately: The home shall develop and implement a system to ensure each newly admitted resident has a medical evaluation, completed in its entirety, within 60 days prior to admission or within 30 days after admission.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Diana McGregor*

| | |
|---|---------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Diana McGregor | Date 04/24/19 |
|---|---------------|

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

| | |
|--|--|
| The above plan of correction is approved as of _____ (Date) | Plan of correction implementation status as of _____ (Date) |
| The above plan of correction was approved by _____ (Initials) | <input 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: 40961- 01/29/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #2's most recent medical evaluation was completed on 7/25/18; however, the previous medical evaluation was completed on 7/6/17.

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

Administrator and/or designee has retrained staff who does Med Evals on how to check dates in tabula pro system and be sure they are correct. Staff member had gone by a submission date which is not a good indicator of when eval was done and/or signed, its only function is to give a date for the next year which if you do not submit eval on date it is done but may submit on later date the later date will show in calendar as next needed date.

A binder with all med evals is now kept in SCU office to check for dates instead of going by possible wrong dates in tabula pro system.

See Page 15A of 22

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana McGregor*

| | |
|--|------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Diana McGregor | Date 03/05/19 |
|--|------------------|

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

| | |
|--|--|
| The above plan of correction is approved as of <u>4/24/19</u> (Date) The above plan of correction was approved by <u><i>LM</i></u> (Initials) | Plan of correction implementation status as of <u>4/24/19</u> (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented |
|--|--|

Violation Report: 40961 - 01/29/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #2's most recent medical evaluation was completed on 7/25/18; however, the previous medical evaluation was completed on 7/6/17.

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

Within 5 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has a medical evaluation, completed in its entirety, at least annually. Copies of current medical evaluations shall be kept in each resident's record and made available to the Department immediately upon request.

Immediately: The home shall develop and implement a system to ensure each resident has a medical evaluation, completed in its entirety, at least annually.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana McGregor*

| | |
|--|---------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Diana McGregor | Date 04/24/19 |
|--|---------------|

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

| | |
|--|--|
| The above plan of correction is approved as of _____ (Date) | Plan of correction implementation status as of _____ (Date) |
| The above plan of correction was approved by _____ (Initials) | <input 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: 40961 - 01/29/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 The menus posted on the bulletin board in the personal care dining room are undated and indicate "week 1", "week 2", "week 3", and "week 4".

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

Dietician was made aware of the need for menus to be dated.
 All menus have since been redone to indicate the dates

See Page 17A of 22

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana McGregor*

| | |
|--|------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Diana McGregor | Date 03/05/19 |
|--|------------------|

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

| | |
|--|--|
| The above plan of correction is approved as of <u>4/24/19</u> (Date) The above plan of correction was approved by <u><i>DM</i></u> (Initials) | Plan of correction implementation status as of <u>4/24/19</u> (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented |
|--|--|

Violation Report: 40961 - 01/29/2019 - Duncan, Amy
PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 55 Pa.Code §2600
2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
The menus posted on the bulletin board in the personal care dining room are undated and indicate "week 1", "week 2", "week 3", and "week 4".

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

Immediately, then weekly thereafter: A designated staff person shall ensure menus, stating the specific food being served at each meal, are prepared and posted in a conspicuous and public place in the home for the current week, as well as 1 week in advance. All posted menus shall be dated.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Diana McGregor*

| | |
|--|---------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Diana McGregor | Date 04/24/19 |
|--|---------------|

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

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

Violation Report: 40961 - 01/29/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

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 the following dates, resident #2's blood sugar readings on her glucometer did not match the blood sugar readings documented on the resident's January 2019 blood glucose monitoring log:

| Date/Time | Glucometer reading | Log |
|--------------|--------------------|-----|
| 1/22 1:50 pm | 206 | 209 |
| 1/25 8:53 am | 187 | 148 |
| 1/26 4:19 am | 194 | 195 |
| 1/26 9:08 am | 148 | 205 |
| 1/26 1:51 pm | 205 | 231 |

Resident #2's glucometer is not calibrated to the correct time.

On the following dates, resident #4's blood sugar readings on his glucometer did not match the blood sugar readings documented on the resident's January 2019 blood glucose monitoring log:

| Date/Time | Glucometer reading | Log |
|--------------|--------------------|-----|
| 1/15 7:02 am | 220 | 253 |
| 1/16 6:42 am | 253 | 245 |
| 1/26 4:31 pm | 245 | 234 |

On 1/9/19 at 7:00 am, resident #4's blood glucose reading of 157 was recorded on resident #5's blood glucose log; and resident #5's blood glucose reading of 236 was recorded on resident #4's blood glucose log.

Resident #5's glucometer is 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.

Administrator is in the process of setting up a training with Certified Medical Assistant to train staff on a one on one basis. She will train staff on how to calibrate glucometers to correct date and time and how to better keep records of glucose readings. Documentation of the education shall be kept.

All training of staff is expected to be complete by April 2019

LM
4/24/19

See Page 18A of 22

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana McGregor*

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

Date 03/05/19

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

The above plan of correction is approved as of 4/24/19
 (Date)

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

Plan of correction implementation status as of 4/24/19
 (Date)

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

Violation Report: 40961 - 01/29/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

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 the following dates, resident #2's blood sugar readings on her glucometer did not match the blood sugar readings documented on the resident's January 2019 blood glucose monitoring log:

| Date/Time | Glucometer reading | Log |
|--------------|--------------------|-----|
| 1/22 1:50 pm | 206 | 209 |
| 1/25 8:53 am | 187 | 148 |
| 1/26 4:19 am | 194 | 195 |
| 1/26 9:08 am | 148 | 205 |
| 1/26 1:51 pm | 205 | 231 |

Resident #2's glucometer is not calibrated to the correct time.

On the following dates, resident #4's blood sugar readings on his glucometer did not match the blood sugar readings documented on the resident's January 2019 blood glucose monitoring log:

| Date/Time | Glucometer reading | Log |
|--------------|--------------------|-----|
| 1/15 7:02 am | 220 | 253 |
| 1/16 6:42 am | 253 | 245 |
| 1/26 4:31 pm | 245 | 234 |

On 1/9/19 at 7:00 am, resident #4's blood glucose reading of 157 was recorded on resident #5's blood glucose log; and resident #5's blood glucose reading of 236 was recorded on resident #4's blood glucose log.

Resident #5's glucometer is 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.

Immediately, then monthly thereafter: A designated staff person shall inspect each resident's glucometer to ensure they are calibrated to the current date and time.

Immediately: A designated staff person shall review all resident medication administration records weekly for 1 month then monthly thereafter, for those residents prescribed blood sugar checks, to ensure accurate blood sugar documentation in accordance with resident blood sugar readings indicated on their glucometers. Documentation of the audits shall be kept.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana McGregor*

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

Date 04/24/19

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

| | |
|--|---|
| The above plan of correction is approved as of _____ (Date) The above plan of correction was approved by _____ (Initials) | Plan of correction implementation status as of _____ (Date) <input 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: 40961 - 01/29/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

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

The January 2019 MAR for resident #2 does not include a diagnosis or purpose for Zyrtec-10 mg tab.

The January 2019 MAR for resident #3 does not include a diagnosis or purpose for Synthroid-125 mcg or for Lasix-20 mg.

Resident #4 is prescribed triple antibiotic cream; however, this medication is not indicated on the resident's January 2019 MAR.

The January 2019 MAR for resident #4 indicates Ativan 0.5 mg tablet-Take 1 tablet by mouth/under the tongue/rectally every 4 hours as needed for anxiety/agitation, as well as Dulcolax suppository 10 mg-Insert 1 suppository rectally once a day as needed for constipation; however, these medications were discontinued.

Resident #4 is prescribed Ondansetron 4 mg tablets-Take 1 by mouth sublingually or rectally every 6 hours as needed for nausea or vomiting; however, the medication is not indicated on the resident's January 2019 MAR.

Resident #6 is prescribed Voltaren Gel 1%- Apply topically to joints every 12 hours as needed. However, the dosage for this medication is not indicated on the resident's January 2019 MAR.

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.

see attached sheet for plan of correction

See Pages 19A and 19B of 22

| | | | | |
|-----------------------|-----------------------------------|------------|--|--|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 01/30/2018 | | |
|-----------------------|-----------------------------------|------------|--|--|

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana McGregor*

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

Date 03/05/19

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

| | |
|--|---|
| The above plan of correction is approved as of <u>4/24/19</u> (Date) The above plan of correction was approved by <u><i>LM</i></u> (Initials) | Plan of correction implementation status as of <u>4/24/19</u> (Date) <ul style="list-style-type: none"> <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |
|--|---|

Plan of correction for page 19. Regulation 55 2600.17

Resident #2 zyrtec was discontinued on 1/29/19. And a staff meeting was held on 02/08/19 to re-educate staff to importance of putting diagnosis on mar

Diagnosis was added to mar immediately For Resident # 3 and also discussed at staff meeting.

Resident # 4 triple antibiotic oint. Was discontinued on 1/29/19 and removed from the mar

Resident #6 Voltern gel was discontinued on 1/29/19 and removed from mar.

Resident # 4 Zofran order was obtained on 1/29/19. And added to mar.

Resident #4 was ordered through hospice Ativan (Lorazepam) 0.5 mg. 1 tab by po, sl, pr q 4hrs and it is indicated on mar. The Ativan 0.5 mg was discontinued and is also indicated on mar

Resident #4 Biscodyl sup. 5 mg. was discontinued and removed from mar because he was ordered from hospice Biscodyl 10 mg 1 tab rectally daily as needed for constipation. I have attached copies of order for the last two and mar with proper documentation, do not understand this violation.

Signature Diana McGregor

Printed Name Diana McGregor Date 03/05/19

Violation Report: 40961 - 01/29/2019 - Duncan, Amy
PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

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

The January 2019 MAR for resident #2 does not include a diagnosis or purpose for Zyrtec-10 mg tab.

The January 2019 MAR for resident #3 does not include a diagnosis or purpose for Synthroid-125 mcg or for Lasix-20 mg.

Resident #4 is prescribed triple antibiotic cream; however, this medication is not indicated on the resident's January 2019 MAR.

The January 2019 MAR for resident #4 indicates Ativan 0.5 mg tablet-Take 1 tablet by mouth/under the tongue/rectally every 4 hours as needed for anxiety/agitation, as well as Dulcolax suppository 10 mg-Insert 1 suppository rectally once a day as needed for constipation; however, these medications were discontinued.

Resident #4 is prescribed Ondansetron 4 mg tablets-Take 1 by mouth sublingually or rectally every 6 hours as needed for nausea or vomiting; however, the medication is not indicated on the resident's January 2019 MAR.

Resident #6 is prescribed Voltaren Gel 1%- Apply topically to joints every 12 hours as needed. However, the dosage for this medication is not indicated on the resident's January 2019 MAR.

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

Immediately, then monthly thereafter: A designated staff person shall review all resident medication administration records to ensure accuracy and completion in accordance with physician orders and 2600.187a.

Within 7 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be reeducated by a Department-approved medication Train-the-Trainer on proper medication administration record documentation, ensuring all items indicated in 2600.187a are present for each prescribed medication. Documentation of the education shall be kept and made available to the Department immediately upon request.

Immediately: The home shall develop and implement a system to ensure resident medication administration records are updated immediately upon receipt of written changes from the physician. All staff persons qualified to administer medications shall be educated on the new system. Documentation of the education shall be kept and made available to the Department immediately upon request.

| | | | | |
|-----------------------|-----------------------------------|------------|--|--|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 01/30/2018 | | |
|-----------------------|-----------------------------------|------------|--|--|

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana McGregor*

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

Date 04/24/19

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

Violation Report: 40961 - 01/29/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

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 #1's support plan, dated 9/20/18, indicates "A PNA (Personal Needs Account) account will be made at the facility. Documentation will be kept" under the finances section; however, the home does not assist the resident with finances.

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 PCH does not keep PNA accounts, this being indicated on a rasp was a typographical error. The support plan has been revised to indicate no PNA account.

See Page 21A of 22

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana McGregor*

| | |
|--|------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Diana McGregor | Date 03/05/19 |
|--|------------------|

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

The above plan of correction is approved as of 4/24/19
 (Date)

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

Plan of correction implementation status as of 4/24/19
 (Date)

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

Violation Report: 40961 - 01/29/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

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 #1's support plan, dated 9/20/18, indicates "A PNA (Personal Needs Account) account will be made at the facility. Documentation will be kept" under the finances section; however, the home does not assist the resident with finances.

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 5 days of receipt of the plan of correction: A designated staff person shall review all current resident support plans for accuracy and completion, including that the home does not provide financial assistance.

Immediately: The home shall develop and implement a system to ensure resident support plans are immediately updated as resident care needs change.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana McGregor*

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

Date 04/24/19

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

The above plan of correction is approved as of _____
 (Date)

Plan of correction implementation status as of _____
 (Date)

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

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

Violation Report: 40961 - 01/29/2019 - Duncan, Amy
PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 55 Pa.Code §2600

2600.234(c) - The support plan must identify the individual responsible to address the resident's needs.

2a. DESCRIPTION OF VIOLATION

Resident #3, who resides on the secured dementia care unit, is receiving hospice services; however, this is not indicated in the resident's support plan, dated 1/23/19.

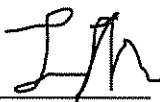
Resident #4, who resides on the secured dementia care unit, is receiving hospice services; however, this is not indicated in the resident's support plan, dated 11/29/18.

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

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

Hospice care has always been indicated on the rasp as a significant change.
It was always indicated at the bottom of the first page.
The rasp will now indicate hospice care in the formal supports and as a significant change

See Page 22A of 22

| | | | | |
|--|-----------------------------------|---|------------------|--|
| Repeat Violation: No | Date(s) of Previous Violation(s): | | | |
| Signature of Legal Entity Representative (Required on EVERY Page) <i>Diana McGregor</i> | | | | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Diana McGregor | | | Date 03/05/19 | |
| DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE! | | | | |
| The above plan of correction is approved as of <u>4/24/19</u> (Date) | | Plan of correction implementation status as of <u>4/24/19</u> (Date) | | |
| The above plan of correction was approved by  (Initials) | | <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented | | |

Violation Report: 40961 - 01/29/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.234(c) - The support plan must identify the individual responsible to address the resident's needs.

2a. DESCRIPTION OF VIOLATION
 Resident #3, who resides on the secured dementia care unit, is receiving hospice services; however, this is not indicated in the resident's support plan, dated 1/23/19.

 Resident #4, who resides on the secured dementia care unit, is receiving hospice services; however, this is not indicated in the resident's support plan, dated 11/29/18.

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

Immediately: Residents #3 and #4's support plans shall be updated to include the specific services and frequency of services provided by hospice.

Within 5 days of receipt of the plan of correction: A designated staff person shall review all current resident support plans for residents residing in the secured dementia care unit for accuracy and completion, to include the specific services, and frequency of services, residents are receiving.

Immediately: The home shall develop and implement a system for residents residing in the secured dementia care unit to ensure resident support plans are immediately updated as resident care needs change.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana McGregor*

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

Date 04/24/19

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

| | |
|--|--|
| The above plan of correction is approved as of _____ (Date) | Plan of correction implementation status as of _____ (Date) |
| The above plan of correction was approved by _____ (Initials) | <input 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: 40961 - 03/27/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

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

2a. DESCRIPTION OF VIOLATION
 At approximately 9:15 am, Agents of the Department requested access to numerous resident records; however, the records were locked in the administrator's office and the designee did not have access to the resident records for the duration of the inspection.

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 was two hours away at a mandated training and unable to return. The administrative assistant had a death in the family. We are the only two that have keys to administrative office. There will now be a key left with accounts payable at Lafayette Manor to be utilized if this should happen in the future

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana McGregor*

| | |
|--|------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Diana McGregor | Date 04/11/19 |
|--|------------------|

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

| | |
|--|--|
| The above plan of correction is approved as of <u>4/24/19</u> (Date) The above plan of correction was approved by <u><i>DM</i></u> (Initials) | Plan of correction implementation status as of <u>4/24/19</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 |
|--|--|

Violation Report: 40961 - 03/27/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

At approximately 10:25 am, there was unlocked, unattended and accessible resident information on top of the secured dementia care unit's main desk, which included seven binders of patient information reports and medication lists for residents #1, #2, and #3, and an ADL binder, including records for residents #1, #3, and #4.

At approximately 11:38 am, there was unlocked, unattended and accessible resident information on top of the desk at the second floor nurse's station to include resident # 5's patient information report, medication list, blood pressure and weight monitoring charts.

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

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

All the binders were for hospice residents or residents under home health agencies. They were kept there for the use of each agency. They were removed to the SCU office immediately and are to be kept there in the future. Staff was informed that under no circumstances should any personal information be left on any desk in the building.

See Page 3A of 12

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana McGregor*

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

Date 04/11/19

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

| | |
|---|---|
| The above plan of correction is approved as of <u>4/24/19</u> (Date) | Plan of correction implementation status as of <u>4/24/19</u> (Date) |
| The above plan of correction was approved by <u><i>LM</i></u> (Initials) | <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented |

Violation Report: 40961 - 03/27/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

At approximately 10:25 am, there was unlocked, unattended and accessible resident information on top of the secured dementia care unit's main desk, which included seven binders of patient information reports and medication lists for residents #1, #2, and #3, and an ADL binder, including records for residents #1, #3, and #4.

At approximately 11:38 am, there was unlocked, unattended and accessible resident information on top of the desk at the second floor nurse's station to include resident # 5's patient information report, medication list, blood pressure and weight monitoring charts.

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 5 days of receipt of the plan of correction: All staff persons shall be educated on the importance of maintaining resident confidentiality and that all resident records and information shall be kept in an area that is locked. Documentation of the education shall be kept.

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

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana McGregor*

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

Date 04/24/19

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

| | |
|--|--|
| The above plan of correction is approved as of _____ (Date) | Plan of correction implementation status as of _____ (Date) |
| The above plan of correction was approved by _____ (Initials) | <input 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: 40961 - 03/27/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

At 10:19 am, there were 4 undated and peeled hard-boiled eggs, loosely covered with plastic wrap, in the secured dementia care unit's kitchenette.

At 11:28 am, there was an unlabeled and undated bowl of approximately 3 cups of chili in the second floor kitchenette.

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.

Administrator has informed all staff that any and all foods must be clearly marked with date they were opened. An informational sign was posted on both reffridgerators as reminder to date food containers. See attachement 3a. A new labeling system was also put into place. See attachement 3b

Immediately: A designated staff shall inspect all food storage areas daily, including all refrigerators and freezers, to ensure all leftover food items are labeled and dated.

JM
4/24/19

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana McGregor*

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

Date

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

| | |
|---|---|
| The above plan of correction is approved as of <u>4/24/19</u> (Date) | Plan of correction implementation status as of <u>4/24/19</u> (Date) |
| The above plan of correction was approved by <i>JM</i> (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: 40961 - 03/27/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 At 11:28 am, no thermometer was present in the second floor kitchenette refrigerator.

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.

Adminsitrator replaced the thermometer in second floor refridgerator.
 A check list has been hung on the fridge for weekly checking to be sure that thermometer is in place. See attachement 4

See Page 5A of 12


| | | | | |
|-----------------------|-----------------------------------|------------|--|--|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 01/30/2018 | | |
|-----------------------|-----------------------------------|------------|--|--|

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana McGregor*

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

Date 04/11/19

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

| | |
|--|--|
| The above plan of correction is approved as of <u>4/24/19</u> (Date)  The above plan of correction was approved by _____ (Initials) | Plan of correction implementation status as of <u>4/24/19</u> (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |
|--|--|

Violation Report: 40961 - 03/27/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 At 11:28 am, no thermometer was present in the second floor kitchenette refrigerator.

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

Immediately: A designated staff person shall inspect all refrigerators and freezers to ensure an operable thermometer is present.

Immediately: A designated staff person shall check the temperatures of all refrigerators and freezers on a daily basis to ensure food is stored at proper temperatures in accordance with 2600.103f. Documentation of all temperatures shall be kept.

Immediately: All staff persons shall be educated on the proper food storage temperatures in accordance with 2600.103f. Documentation of the education shall be kept.

| | | | |
|-----------------------|-----------------------------------|------------|--|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 01/30/2018 | |
|-----------------------|-----------------------------------|------------|--|

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana McGregor*

| | |
|--|---------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Diana McGregor | Date 04/24/19 |
|--|---------------|

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

| | |
|--|--|
| The above plan of correction is approved as of _____ (Date) | Plan of correction implementation status as of _____ (Date) |
| The above plan of correction was approved by _____ (Initials) | <input 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: 40961 - 03/27/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

At approximately 11:28 am, there was an unsealed ½ lb. stick of margarine in the refrigerator in the second floor kitchenette.

At approximately 11:28 am, there was an unsealed, 5 lb. bag of cornmeal, which was half full, on the counter in the second floor kitchenette.

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.

Administrator has spoken to staff about the importance of dating any and all open containers of food. Posted reminders on both refridgerators and began a new label system for labeling foods. See attachments 3a and 3b

See Page 6A of 12


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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana McGregor*

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

Date 04/11/19

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

| | |
|--|--|
| The above plan of correction is approved as of <u>4/24/19</u> (Date)  The above plan of correction was approved by _____ (Initials) | Plan of correction implementation status as of <u>4/24/19</u> (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented |
|--|--|

Violation Report: 40961 - 03/27/2019 - Duncan, Amy
PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

At approximately 11:28 am, there was an unsealed ½ lb. stick of margarine in the refrigerator in the second floor kitchenette.

At approximately 11:28 am, there was an unsealed, 5 lb. bag of cornmeal, which was half full, on the counter in the second floor kitchenette.

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

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

Immediately: All staff persons shall be educated that food must be stored in closed or sealed containers.
Documentation of the education shall be kept.

Immediately: A designated staff person shall check all food storage areas daily, including all refrigerators and freezers, to ensure food is stored in closed or sealed containers.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Diana McGregor*

| | |
|--|---------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Diana McGregor | Date 04/24/19 |
|--|---------------|

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

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

Violation Report: 40961 - 03/27/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

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 the following dates, resident #6's blood sugar readings on her glucometer did not match the blood sugar readings documented on the resident's March 2019 blood glucose monitoring log:

| Date / Time | Glucometer reading | Log |
|--------------|--------------------|----------------|
| 3/1 6:47 am | 134 | not documented |
| 3/13 6:44 am | 108 | 98 |
| 3/15 8:49 am | 120 | 102 |
| 3/18 4:27 pm | 215 | not documented |

On the following dates, resident #7's blood sugar readings on her glucometer did not match the blood sugar readings documented on the resident's March 2019 blood glucose monitoring log:

| Date / Time | Glucometer reading | Log |
|---------------|--------------------|----------------|
| 3/4 4:06 pm | 174 | 179 |
| 3/6 6:19 am | 83 | 88 |
| 3/7 4:03 pm | 195 | not documented |
| 3/15 10:08 am | 172 | not documented |
| 3/22 10:01 am | 219 | not documented |

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 has put into place a training for staff to be better equipped to use glucometers. This training is being done on a one to one basis by the nursing assistant we have on staff. This is an ongoing training and as explained will be completed by the end of April. Nursing assistants credentials are attachment 5.

The training shall include a process to ensure accurate blood sugar readings are documented on resident medication administration records. Documentation of the education shall be kept.

JM
4/24/19

See Page 8A of 12

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

Signature of Legal Entity Representative *Diana McGregor*
 (Required on EVERY Page)

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

Date 04/11/19

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

| | |
|---|---|
| The above plan of correction is approved as of <u>4/24/19</u> (Date) | Plan of correction implementation status as of <u>4/24/19</u> (Date) |
| The above plan of correction was approved by <u><i>JM</i></u> (Initials) | <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

Violation Report: 40961 - 03/27/2019 - Duncan, Amy
PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

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 the following dates, resident #6's blood sugar readings on her glucometer did not match the blood sugar readings documented on the resident's March 2019 blood glucose monitoring log:

| Date / Time | Glucometer reading | Log |
|--------------|--------------------|----------------|
| 3/1 6:47 am | 134 | not documented |
| 3/13 6:44 am | 108 | 98 |
| 3/15 6:49 am | 120 | 102 |
| 3/18 4:27 pm | 215 | not documented |

On the following dates, resident #7's blood sugar readings on her glucometer did not match the blood sugar readings documented on the resident's March 2019 blood glucose monitoring log:

| Date / Time | Glucometer reading | Log |
|---------------|--------------------|----------------|
| 3/4 4:06 pm | 174 | 179 |
| 3/6 6:19 am | 83 | 88 |
| 3/7 4:03 pm | 195 | not documented |
| 3/15 10:08 am | 172 | not documented |
| 3/22 10:01 am | 219 | not documented |

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

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

Immediately, then monthly thereafter: A designated staff person shall inspect each resident's glucometer to ensure they are calibrated to the current date and time.

Immediately: A designated staff person shall review all resident medication administration records weekly for 1 month then monthly thereafter, for those residents prescribed blood sugar checks, to ensure accurate blood sugar documentation in accordance with resident blood sugar readings indicated on their glucometers. Documentation of the audits shall be kept.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Diana McGregor*

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

Date 04/24/19

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

The above plan of correction is approved as of _____
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

Violation Report: 40961 - 03/27/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

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

2a. DESCRIPTION OF VIOLATION
 Resident #7's most recent assessment, dated 7/20/18, does not include an assessment on the resident's need with securing health care. This section of the form is blank.

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 's RASP has been updated to include Resident's need for securing health care. The original error was typographical. Administrator will now go over info on RASP to be sure nothing is missed.
 A copy of the page has been included as proof that the error has been resolved

See Page 10A of 12

| | | | |
|-----------------------|-----------------------------------|------------|--|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 01/30/2018 | |
|-----------------------|-----------------------------------|------------|--|

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana McGregor*

| | |
|--|--------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Diana McGregor | Date 04/11/2019 |
|--|--------------------|

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

| | |
|--|--|
| The above plan of correction is approved as of <u>4/24/19</u> (Date) The above plan of correction was approved by <u><i>DM</i></u> (Initials) | Plan of correction implementation status as of <u>4/24/19</u> (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |
|--|--|

Violation Report: 40961 - 03/27/2019 - Duncan, Amy
PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

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

2a. DESCRIPTION OF VIOLATION
Resident #7's most recent assessment, dated 7/20/18, does not include an assessment on the resident's need with securing health care. This section of the form is blank.

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 5 days of receipt of the plan of correction: A designated staff person shall review all current resident assessments for accuracy and completion, including an assessment on the resident's ability to secure health care.

Immediately: The home shall develop and implement a system to ensure resident assessments are immediately updated as resident care needs change.

| | | | | |
|-----------------------|-----------------------------------|------------|--|--|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 01/30/2018 | | |
|-----------------------|-----------------------------------|------------|--|--|

Signature of Legal Entity Representative
(Required on EVERY Page) *Diana McGregor*

| | |
|--|------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Diana McGregor | Date 04/24/19 |
|--|------------------|

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

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

Violation Report: 40961 - 03/27/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

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 #5's most recent support plan, dated 5/30/18, indicates "A PNA (Personal Needs Account) account will be made at the facility. Documentation will be kept" under the finances section; however, the home does not assist the resident with finances.

Resident #7's most recent support plan, dated 7/20/18, indicates "A PNA (Personal Needs Account) account will be made at the facility. Documentation will be kept" under the finances section; however, the home does not assist the residents with finances.

Resident #8's most recent support plan, dated 1/25/18, indicates "A PNA (Personal Needs Account) account will be made at the facility. Documentation will be kept" under the finances section; however, the home does not assist the residents with finances.

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 above mentioned Rasps are in the process of being redone by the administrative assistant and will be checked by administrator for accuracy. All rasps should be updated by removing PNA accounts by May 1, 2019.

See Page 11A of 12


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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana McGregor*

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

Date 04/12/19

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

| | |
|--|--|
| The above plan of correction is approved as of <u>4/24/19</u> (Date)  The above plan of correction was approved by _____ (Initials) | Plan of correction implementation status as of <u>4/24/19</u> (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented |
|--|--|

Violation Report: 40961 - 03/27/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

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 #5's most recent support plan, dated 5/30/18, indicates "A PNA (Personal Needs Account) account will be made at the facility. Documentation will be kept." under the finances section; however, the home does not assist the resident with finances.

Resident #7's most recent support plan, dated 7/20/18, indicates "A PNA (Personal Needs Account) account will be made at the facility. Documentation will be kept" under the finances section; however, the home does not assist the residents with finances.

Resident #8's most recent support plan, dated 1/25/18, indicates "A PNA (Personal Needs Account) account will be made at the facility. Documentation will be kept" under the finances section; however, the home does not assist the residents with finances.

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 5 days of receipt of the plan of correction: A designated staff person shall review all current resident support plans for accuracy and completion, including that the home does not provide financial assistance.

Immediately: The home shall develop and implement a system to ensure resident support plans are immediately updated as resident care needs change.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana McGregor*

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

Date 04/24/19

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

| | |
|--|--|
| The above plan of correction is approved as of _____ (Date) | Plan of correction implementation status as of _____ (Date) |
| The above plan of correction was approved by _____ (Initials) | <input 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: 40961 - 03/27/2019 - Duncan, Amy
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.234(c) - The support plan must identify the individual responsible to address the resident's needs.

2a. DESCRIPTION OF VIOLATION

Resident #1's most recent support plan, dated 7/25/18, who resides on the secured dementia care unit, was not updated as follows:
 *The resident is receiving hospice services; however, this is not indicated on the resident's support plan.
 *On 1/3/19, the resident was prescribed a pureed diet with thickened liquids; however, the resident's support plan indicates a low salt, heart healthy diet.
 *The support plan indicates "A PNA (Personal Needs Account) account will be made at the facility. Documentation will be kept" under the finances section; however, the home does not assist the resident with finances.

Resident #3's most recent support plan, dated 11/29/18, who resides on the secured dementia care unit, was not updated as follows:
 *On 3/19/19, the resident was prescribed a pureed diet with nectar-thickened liquids; however, the resident's support plan indicates a diet of no concentrated sugars, low sodium.
 *The support plan indicates "A PNA (Personal Needs Account) account will be made at the facility. Documentation will be kept" under the finances section; however, the home does not assist the resident with finances.

Resident #9's most recent support plan, dated 1/21/19, who resides on the secured dementia care unit, was not updated as follows:
 * The resident is receiving hospice services; however, the frequency and responsible party is not indicated on the resident's support plan.
 *The support plan indicates "A PNA (Personal Needs Account) account will be made at the facility. Documentation will be kept" under the finances section; however, the home does not assist the resident with finances.

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 above mentioned rasps are being redone for accuracy ASAP they will be checked by administrator. All rasps are being checked for accuracy and will be redone as necessary. The rechecks should all be finished by May 1, 2009. Hospice services have always been added as a significant change at the bottom of page 1. See attached But going into the future we will be adding name of agency to the top of page one and throughout rasp where indicated

See Page 12A of 12

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

Signature of Legal Entity Representative (Required on EVERY Page) *Diana McGregor*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Diana McGregor Date 04/12/19

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

| | |
|---|---|
| The above plan of correction is approved as of <u>4/24/19</u> (Date) | Plan of correction implementation status as of <u>4/24/19</u> (Date) |
| The above plan of correction was approved by <u><i>LM</i></u> (Initials) | <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented |

Violation Report: 40961 - 03/27/2019 - Duncan, Amy
PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 55 Pa.Code §2600

2600.234(c) - The support plan must identify the individual responsible to address the resident's needs.

2a. DESCRIPTION OF VIOLATION

Resident #1's most recent support plan, dated 7/25/18, who resides on the secured dementia care unit, was not updated as follows:
*The resident is receiving hospice services; however, this is not indicated on the resident's support plan.
*On 1/3/19, the resident was prescribed a pureed diet with thickened liquids; however, the resident's support plan indicates a low salt, heart healthy diet.
*The support plan indicates "A PNA (Personal Needs Account) account will be made at the facility. Documentation will be kept" under the finances section; however, the home does not assist the resident with finances.

Resident #3's most recent support plan, dated 11/29/18, who resides on the secured dementia care unit, was not updated as follows:
*On 3/19/19, the resident was prescribed a pureed diet with nectar-thickened liquids; however, the resident's support plan indicates a diet of no concentrated sugars, low sodium.
*The support plan indicates "A PNA (Personal Needs Account) account will be made at the facility. Documentation will be kept" under the finances section; however, the home does not assist the resident with finances.

Resident #9's most recent support plan, dated 1/21/19, who resides on the secured dementia care unit, was not updated as follows:
* The resident is receiving hospice services; however, the frequency and responsible party is not indicated on the resident's support plan.
*The support plan indicates "A PNA (Personal Needs Account) account will be made at the facility. Documentation will be kept" under the finances section; however, the home does not assist the resident with finances.

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

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

Immediately: Residents #1, #3 and #9's support plans shall be reviewed and updated.

Within 5 days of receipt of the plan of correction: A designated staff person shall review all current resident support plans for residents residing in the secured dementia care unit for accuracy and completion.

Immediately: The home shall develop and implement a system for residents residing in the secured dementia care unit to ensure resident support plans are immediately updated as resident care needs change.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Diana McGregor*

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

Date 04/24/19

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

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