



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

July 26, 2019

Ms. Erin Garcia  
Administrator  
Phoebe Berks Health Care Center, Inc.  
1 Heidelberg Drive  
Wernersville, Pennsylvania 19565

RE: Phoebe Berks Village  
1 Reading Drive  
Wernersville, Pennsylvania 19565  
License #: 205360

Dear Ms. Garcia:

As a result of the Department's Bureau of Human Services Licensing annual inspection on June 3, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

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

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

Sincerely,

A handwritten signature in black ink that reads "Carolyn K. Ellison".

Carolyn K. Ellison  
Deputy Secretary, Office Administration  
Shared Services for Health and  
Human Services

Enclosure  
Violation Report

## Violation Report

## Facility Information

Name: *PHOEBE BERKS VILLAGE*License Number: *205360*Address: *1 READING DRIVE, WERNERSVILLE, PA 19565*County: *BERKS*Region: *NORTHEAST*

## Administrator

Name: *Erin Garcia*Phone: *6109278200*Email: *EGARCIA@PHOEBE.ORG*

## Legal Entity

Name: *PHOEBE BERKS HEALTH CARE CENTER INC*Address: *1 HEILDELBERG DRIVE, WERNERSVILLE, PA, 19565*

## Certificate(s) of Occupancy

Type: *C-2 LP*Date: *08/04/1994*Issued By: *L & I*

## Staffing Hours

Resident Support Staff: *0*Total Daily Staff: *104*Waking Staff: *78*

## Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*Reason: *Renewal*

## Inspection Dates and Department Representative

*06/03/2019 - On-Site: Amy Deluca, Vanessa Mendez*

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: *91*Residents Served: *79*

## Secured Dementia Care Unit

In Home: *Yes*Area: *Village Gardens*Capacity: *25*Residents Served: *24*

## Hospice

Current Residents: *1*

## Number of Residents Who:

Receive Supplemental Security Income: *0*Are 60 Years of Age or Older: *79*Diagnosed with Mental Illness: *0*Diagnosed with Intellectual Disability: *0*Have Mobility Need: *25*Have Physical Disability: *0*

PHOEBE BERKS VILLAGE

205360

17 - Record Confidentiality

Regulations

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.

Description of Violation

The License inspection summary dated 6/22/2017 was posted on a bulletin board with the resident privacy coding sheet attached, exposing confidential resident information.

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

Legal Entity Representative

*Elena Garcia*

Signature

Elena Garcia Administrator

Printed Name and Title

7/15/19

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7-11-19  
(Date)

Plan of correction implementation status as of 7-11-19  
(Date)

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

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

**Regulation 2600.17 Record Confidentiality – Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the residents 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 the health care or health care proxy or a resident’s designated person, or if a court orders disclosure.**

**Description of Violation:** The license inspection summary dated 6/22/2017 was posted on a bulletin board with the resident’s privacy coding sheet attached, exposing confidential resident information.

Regulation PA Code 2600	Target Date by Which Correction will be completed	Plan of correction
17		
	6/3/19	Resident’s privacy coding sheet was removed immediately upon identification.
	7/1/19 and ongoing	An audit of the bulletin board’s located on each floor will be added to the Safety check monthly audits.
	7/1/19 and ongoing	Monthly safety check audits will be reviewed monthly with the safety team, including facility Administrator, for non compliance or areas of opportunity.

Legal Entity Representative

Signature *Erin McGarvey RHA*

Printed name and Title  
*ERIN GARCIA Administrator*

Date *7/5/2019*

7-11-19  
MM

PHOEBE BERKS VILLAGE

205360

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home has a carbon monoxide monitor hard wired into the ceiling above the 2 gas fired hot water heaters in the mechanical room. The CO monitor was not installed a minimum of 15 feet from the hot water heaters as required by the Care Facility Carbon Monoxide Monitoring act.

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

Legal Entity Representative

*Erin Garcia*

Signature

ERIN GARCIA  
Administrator

Printed Name and Title

7/5/2019

Date

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(Date)

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(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

**Regulation 2600.18 Compliance with Laws – Applicable Health and Safety Laws- A home shall comply with the applicable federal, state and local laws, ordinances and regulations.**

**Description of Violation:** the home has a Carbon monoxide monitor hard wired into the ceiling above the 2 gas fired hot water heaters in the mechanical room. The CO monitor was not installed a minimum of 15 feet from the hot water heaters as required by the Care Facility Carbon monoxide monitoring act

Regulation PA Code 2600	Target Date by Which Correction will be completed	Plan of correction
18		
	6/3/19	Simplex the company that provides carbon monoxide equipment and integrates into the fire monitoring system was called to move the carbon monoxide detector
	7/12/19	The Carbon monoxide monitor will be moved to a minimum of 15 feet from the hot water heaters.
	7/1/19 and ongoing	An audit of the Carbon Monoxide detectors will be conducted monthly by maintenance staff.
	7/1/19 and ongoing	Simplex completes an annual device inspection. Those results will be reviewed at Safety Team meeting.
	7/1/19 and ongoing	The carbon monoxide signal detector is monitored by the fire alarm system. Any alarms or detection of carbon monoxide along with plan of correction will be reviewed at monthly safety committee meeting.

Legal Entity Representative

Signature *Emin Garcia PEHA*

Printed name and Title  
*Emin GARCIA, Administrator*

*7/5/2019*

7-11-19  
MM

PHOEBE BERKS VILLAGE

205360

54a - Direct Care Staff

Regulations

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Staff person A was hired as a direct care aide on 9/11/2017 and provided direct care to residents until 2/21/2019. Staff person A does not have a high school diploma from the United States. The home did not have a waiver to allow staff person A, who has a high school diploma from Haiti, to provide direct care to residents.

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

Legal Entity Representative

*Erin Garcia*  
Signature

*Erin Garcia / Administrator* 7/5/2019  
Printed Name and Title Date

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(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

**Regulation 2600.54.a Direct care Staff- Direct Care staff persons shall have the following qualifications: 2. Have a high school diploma, GED, or active registry status on the PA nurse aide registry.**

**Description of Violation:** Staff person A was hired as a direct care aide on 9/11/17 and provided direct care to residents until 2/21/19. Staff person A does not have a high school diploma from the United States. The home did not have a waiver to allow staff person A, who has a high school diploma from Hait, to provide direct care to residents.

Regulation PA Code 2600	Target Date by Which Correction will be completed	Plan of correction
54 a		
	6/3/19	Employee A is not working as a direct care employee until waiver is obtained.
	7/1/19	HR department received inservicing on the requirements of Direct Care Staff person qualifications.
	6/10/19	HR initiated an application through World Education Services, application #4113668.
	6/10/19	The diploma and supporting documents have been sent to University Language for translation from French to
	6/18/19	The official, certified, notarized translation from University Language received.
	6/18/19	Forwarded the official translation to World Education Services for final verification of authenticity
	Awaiting verification	<b>Once the verification of authenticity has been completed, I can apply for the waiver</b>

Legal Entity Representative

*Elin M Garcia*

Signature

Printed name and Title

*Elin Garcia Administrator  
7/5/2019*

7-11-19

*MM*

PHOEBE BERKS VILLAGE

205360

65f - Training Topics

Regulations

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 an intellectual disability, or both, if the population is served in the home.

Description of Violation

Staff persons A, B, and C did not have training in the required training topic Meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

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

Legal Entity Representative

*E. Garcia*  
Signature

Elin Garcia Administrator 7/5/2019  
Printed Name and Title Date

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Regulation 2600.65 f Training Topics; 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 residents
6. Safe management techniques
7. Care for residents with mental illness or an intellectual disability, or both if the population is served in the home

Description of Violation: Staff persons A, B and C did not have training in the required training topic meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Regulation PA Code 2600	Target Date by Which Correction will be completed	Plan of correction
65 f		
	6/4/19	Staff development was inserviced on the training topics required for annual training of direct care staff
	6/4/19 and ongoing	A training on the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan. Was added to Relias annual training to be completed annually by all direct care staff.
	6/4/19 and ongoing	A training attendance record for needs of the residents will be audited by the administrator annually

Legal Entity Representative

Signature

*Erin M Garcia RCHA*

Printed name and Title

ERIN GARCIA ADMINISTRATOR

Date

7/5/2019

PHOEBE BERKS VILLAGE

205360

89a - Water Pressure

Regulations

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

There was no water pressure in the bathroom sink located in room 283.

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

Legal Entity Representative

*Erin Maloney*

Signature

*Erin Garcia Administrator 7/5/2019*

Printed Name and Title

Date

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(Date)

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(Initials)


- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not implemented

**Regulation 2600.89 a Water Pressure- the home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.**

**Description of Violation:** There was no water pressure in the bathroom sink located in the room 283.

Regulation PA Code 2600	Target Date by Which Correction will be completed	Plan of correction
89 a		
	6/3/19	Maintenance checked water pressure in room 283. Toilet and shower had pressure. Faucet aerator was removed and was found to be blocked. New aerator was installed and faucet demonstrated proper water pressure.
	6/4/19 and ongoing	Maintenance staff will audit water pressure with weekly hot water checks. Findings will be presented to Administrator weekly.
	6/4/19 and ongoing	Any mechanical issues such as water pressure will immediately be reported to maintenance staff and tracked through a "work order" to assure mechanical issues are fixed immediately or within a reasonable timeframe.

**Legal Entity Representative**

Signature  PCCHA

Printed name and Title **ERIN GARCIA Administrator** 7-11-19

Date **7/5/2019** MM

PHOEBE BERKS VILLAGE

205360

89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

The temperature of the water in the bathroom sink of room 72 measured 128° F.

The temperature of the water in the bathroom sink of room 70 measured 124.5° F.

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

Legal Entity Representative

*Erin Condeker*

Signature

*Erin Garcia* Administrator

Printed Name and Title

7/15/2019

Date


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(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

<b>Regulation 2600.89 b Hot water temperature- hot water temperature in areas accessible to the resident may not exceed 120 degrees F.</b>		
<b>Description of Violation:</b> The temperature of the water in the bathroom sink of room 72 measured 128 degrees F. The water in the bathroom sink in room 70 measured 124.5 degrees F.		
Regulation PA Code 2600	Target Date by Which Correction will be completed	Plan of correction
89 b		
	6/3/19	Maintenance Director immediately brought down water temperature in the effected area.
	6/4/19 and ongoing	Maintenance staff will audit water temperature with weekly hot water checks. Findings will be presented to Administrator weekly.
	7/8/19	Administrator will review at resident council the requirements for water temperatures for those residents in the effected hallway who now feel their water temperatures are too cold.
	6/4/19	Inservicing was provided for the Maintenance staff in regards to the requirements in regulation 89 b for water temperatures.
Legal Entity Representative		
Signature 		
Printed name and Title Elin Garcia Administrator		
Date 7/5/2019		

7-11-19  
MM

PHOEBE BERKS VILLAGE

205360

109b - Rabies Vaccination

Regulations

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

Residents #1 and #2 both have cats residing in their bedrooms. Pet records for both cats indicate vaccinations were overdue.

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

Legal Entity Representative

*E. Garcia*  
Signature

*E. Garcia Administrator 7/5/19*  
Printed Name and Title Date

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- Partially Implemented - Inadequate Progress
- Not Implemented

**Regulation 2600.109 b Rabies Vaccinations- Cats and Dogs present at the home shall have a current rabies vaccination. A Current certificate of rabies vaccination from a licensed veterinarian shall be kept.**

**Description of Violation:** Residents #1 and # 2 both have cats residing in their bedrooms. Pet records for both cats indicate vaccinations were overdue.

Regulation PA Code 2600	Target Date by Which Correction will be completed	Plan of correction
109 b		
	6/3/19	Resident # 1's cat received updated vaccinations.
	6/4/19	Resident # 2's cat received updated vaccinations
	6/4/19	Community life staff received inservicing education on the requirements of the phoebe pet policy. Community life maintains pet vaccination records.
	6/4/19 and ongoing	Community life lead will mark her calendar with each pet vaccination due date and provide both a written request for updated records 1 month prior to due dates as well as a phone call reminder to families.
	6/3/19	Resident families of #1 and #2 were re-educated on the Phoebe pet policy and pet vaccination requirements.

Legal Entity Representative

Signature

*Elin M Garcia PCHA*

Printed name and Title

*ELIN GARCIA Administrator*

Date

*7/5/2019*

7-11-19

MM

PHOEBE BERKS VILLAGE

205360

121a - Unobstructed Egress

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The key pad installed next to the emergency exit in the "Poppy Place" hallway of the secure dementia unit did not function properly several times when the posted code was entered, preventing immediate egress.

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

Legal Entity Representative

*E. Garcia*

Signature

EAN Garcia Administrator 7/5/19

Printed Name and Title

Date

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(Date)

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(Date)

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(Initials)


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

**Regulation 2600.121 a Unobstructed Egress- Stairways, hallways, doorways, and passageways and egress routes from rooms and from the building must be unlocked and unobstructed**

**Description of Violation:** they key pad installed next to the emergency exit in the "poppy place" hallway of the secure dementia unit did not function properly several times when the posted code was entered, preventing immediate egress

Regulation PA Code 2600	Target Date by Which Correction will be completed	Plan of correction
121 a		
	6/28/19	Keypad at the emergency exit at the end of "poppy place" was replaced and is now functioning properly.
	7/1/19 and ongoing	All doors of the Village Gardens will be added to the monthly safety inspections to determine if keypads are functioning properly.
	7/1/19 and ongoing	Monthly safety inspection audits will be reviewed at monthly Safety Committee meeting (Administrator is a member) for compliance and proper maintenance.

Legal Entity Representative

Signature  ERIN M. GARCIA RCHA

Printed name and Title  
ERIN GARCIA ADMINISTRATOR

Date 7/5/2019

7-11-19  
MM

PHOEBE BERKS VILLAGE

205360

125a - Combustible Storage

Regulations

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

A wash cloth was found behind the dryer located in the laundry room of the secure dementia unit.

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

Legal Entity Representative

*Em McQuinn*

Signature

Em Garcia Administrative Director

Printed Name and Title

5/17/2019  
Date

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(Date)

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(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

**Regulation 2600.125 a Combustible Storage - Combustible and flammable materials may not be located near heat sources or hot water heaters.**

**Description of Violation:** A Wash cloth was found behind the dryer located in the laundry room of the secure dementia unit.

Regulation PA Code 2600	Target Date by Which Correction will be completed	Plan of correction
125 a		
	6/3/19	Wash cloth was immediately removed.
	7/1/19 and ongoing	Laundry room inspection will be added to the monthly safety inspections to assure that no combustible materials are located near heat sources or hot water heaters.
	7/1/19 and ongoing	Monthly safety inspection audits will be reviewed at monthly Safety Committee meeting (Administrator is a member) for compliance
	7/1/19	Direct Care and housekeeping staff were inserviced on assuring that combustible materials are not located near heat sources or hot water heaters.

Legal Entity Representative

Signature

*Erim Garcia Administrator*

Printed name and Title

*ERIM GARCIA Administrator*

Date

*7/5/2019*

7-11-19

MM

PHOEBE BERKS VILLAGE

205360

132c - Fire Drill Records

Regulations

2600.

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

Description of Violation

The number of residents that were evacuated from the home during fire drills were incorrectly recorded on the home's fire drill logs for the following dates and times in the Village Common area:  
On 06/13/18, 55 residents were in the home and 16 were listed as evacuated.  
On 07/27/18, 51 residents were in the home and 16 were listed as evacuated.  
On 08/16/18, 55 residents were in the home and 22 were listed as evacuated.  
On 09/07/18, 55 residents were in the home and 16 were listed as evacuated.  
On 10/25/18, 49 residents were in the home and 21 were listed as evacuated.  
On 10/31/18, 50 residents were in the home and 16 were listed as evacuated.  
On 11/27/18, 56 residents were in the home and 15 were listed as evacuated.

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

Legal Entity Representative

*Erin Laperon*  
Signature

Erin Laperon Administrator 5/7/19  
Printed Name and Title Date

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(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

**Description of Violation:** The number of residents that were evacuated from the home during the fire drills was incorrectly recorded on the home's fire drill logs for the following dates and times in the village commons area:  
 6/13/18 55 residents were in the home and 16 were listed as evacuated  
 7/27/18 51 residents were in the home and 16 were listed as evacuated  
 8/16/18 55 residents were in the home and 22 were listed as evacuated  
 9/7/18 55 residents were in the home and 16 were listed as evacuated  
 10/25/18 49 residents were in the home and 21 were listed as evacuated  
 10/31/18 50 residents were in the home and 16 were listed as evacuated  
 11/27/18 56 residents were in the home and 15 were listed as evacuated

Regulation PA Code 2600	Target Date by Which Correction will be completed	Plan of correction
132 c		
	6/4/19	PCF staff were inserviced on evacuation procedure during a fire drill.
	6/26/19	Fire safety expert conducted a fire drill of the Village Commons and deemed that staff successfully completed the fire drill evacuating all residents.
	7/1/19 and ongoing	Monthly fire drill records will be reviewed at safety committee meeting (Administrator is a member) for compliance.

Legal Entity Representative

Signature

*Eun Garcia PCHA*

Printed name and Title

*Eun Garcia Administrator*

Date

*7/5/19*

7-11-19

*MM*

PHOEBE BERKS VILLAGE

205360

227d - Support Plan Medical/Dental

Regulations

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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #3 began receiving hospice services on 5/2/2019. The home did not update the Resident Assessment and Support Plan (RASP) to reflect this change until 5/15/2019 when a new RASP was completed. The home did not update the RASP within 5 days as required.

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

Legal Entity Representative

*E. Garcia*  
Signature

*Erin Garcia, Administrator* 7/15/19  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7-11-19  
(Date)

Plan of correction implementation status as of 7-11-19  
(Date)

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

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

**Regulation 2600.227 d Support plan medical/dental- 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. The requirement does not require a home to pay for the cost of these medical and behavioral care services.**

**Description of Violation:** Resident #3 began receiving hospice services on 5/2/19. The home did not update the Resident Assessment and Support plan (RASP) to reflect this change until 5/15/19 when a new RASP was completed. The home did not update the RASP within 5 days as required.

Regulation PA Code 2600	Target Date by Which Correction will be completed	Plan of correction
227 d		
	6/4/19	PCF LPN staff were inserviced on regulation 227 d involving support plan medical/dental.
	6/4/19 and ongoing	Administrator will audit RASP's weekly to assure compliance of regulation 227 d. and completion of RASP's within 5 days.
	6/4/19 and ongoing	Reminder sheets called "when to complete a RASP update or significant change" were placed at each nursing station to prompt staff as a reminder of regulation 227 d. and compliance with 5 day updates.
	6/4/19 and ongoing	Compliance with regulation 227 d will be reviewed at quarterly Quality improvement meetings by the Administrator.

Legal Entity Representative

Signature *Elin M Garcia RHA*

Printed name and Title *ELIN GARCIA Administrator*

Date *7/5/2019*