



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

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

To operate HORIZON PERSONAL CARE HOME, INC.
NAME OF FACILITY OR AGENCY

Located at 9 SOUTH MORGANTOWN STREET, FAIRCHANCE, PA 15436
(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 28
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller
(MAXIMUM CAPACITY)

Restrictions: _____

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

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

and shall remain in effect from September 6, 2019 until March 6, 2020,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **413831**

Robert E. Robinson
ISSUING OFFICER

[Signature]
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: September 6, 2019

Ms. Michelle Grimm
Owner/Administrator
Horizon Personal Care Home, Inc.
9 South Morgantown Street
Fairchance, Pennsylvania 15436

RE: Horizon Personal Care Home
Certificate #: 413831

Dear Ms. Grimm:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 1, 2019 and July 12, 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 # 413830 dated March 1, 2019 to March 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 March 1, 2019 to March 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.

Ms. Grimm

2

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
17	III	15	\$3	\$45	15 calendar days from mailing date of this letter
65f	III	15	\$3	\$45	15 calendar days from mailing date of this letter
82c	II	15	\$5	\$75	5 calendar days from mailing date of this letter
141a	II	15	\$5	\$75	5 calendar days from mailing date of this letter
141b1	II	15	\$5	\$75	5 calendar days from mailing date of this letter
183b	II	15	\$5	\$75	5 calendar days from mailing date of this letter
183d	II	15	\$5	\$75	5 calendar days from mailing date of this letter
191	III	15	\$3	\$45	15 calendar days from mailing date of this letter
225a	II	15	\$5	\$75	5 calendar days from mailing date of this letter
225c	II	15	\$5	\$75	5 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:

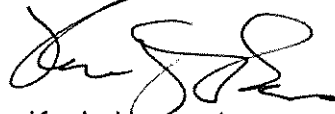
Ms. Grimm

3

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,



Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosures
License
Violation Report

JUL 02 2019

Violation Report

WEST REGION FIELD OFFICE
Human Services Licensing

License Number: 413830

Facility Information

Name: *HORIZON PERSONAL CARE HOME INC*
Address: *9 SOUTH MORGANTOWN STREET, FAIRCHANCE, PA 15436*
County: *FAYETTE* Region: *WESTERN*

Administrator

Name: *Michelle Grimm* Phone: *7245640352* Email: *michellerae67@yahoo.com*

Legal Entity

Name: *HORIZON PERSONAL CARE HOME INC*
Address: *9 SOUTH MORGANTOWN STREET, PA, 15436*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/10/2011* Issued By: *Dept L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *25* Waking Staff: *19*

Inspection

Type: *Full* Reason: *Renewal* BHA Docket #: Notice: *Unannounced*

Inspection Dates and Department Representative

05/01/2019 - On-Site: Amy Duncan, Laurie Garrigan

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *28* Residents Served: *17*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *17*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *8* Have Physical Disability: *0*

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HORIZON PERSONAL CARE HOME INC

JUL 02 2019

413830

3c - Post Current License

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

A copy of 55 Pa. code Chapter 2600 is not posted in a conspicuous and public place in the home.

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.)

A copy of 55 Pa. code Chapter 2600 was posted immediately. Administrator will complete weekly checks to ensure compliance.

See Page 2A of 38

Legal Entity Representative

Michelle R. Grimm RN
Signature

Michelle R. Grimm 8/24/19
Printed Name and Title Date

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

The above plan of correction is approved as of 8/2/19
(Date)

Plan of correction implementation status as of 8/2/19
(Date)

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

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

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HORIZON PERSONAL CARE HOME INC

JUL 02 2019

413830

WEST REGION FIELD OFFICE
Human Services Licensing

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

At 9:55 a.m., there were unlocked, unattended and accessible resident records in a drawer in the upstairs kitchen to include:

- * Physician orders for residents #1, #2 and #3, as well as 7 other residents
- * A transfer/discharge report for resident #4

Repeat Violation - 5/8/2018

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.)

Records were immediately locked up & will be kept locked up at all times. All staff will be made aware of this regulation. Administration or designee will monitor the home daily to ensure compliance.

See Page 3A of 38

Legal Entity Representative

Michelle Grimm
Signature

Michelle Grimm
Printed Name and Title

8/24/19
Date

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

The above plan of correction is approved as of 8/2/19
(Date)

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

Plan of correction implementation status as of 8/2/19
(Date)

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

RECEIVED

HORIZON PERSONAL CARE HOME INC

AUG 02 2019

413830

17 - Record Confidentiality

WEST REGION FIELD OFFICE
Human Services Licensing

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

At 9:55 a.m., there were unlocked, unattended and accessible resident records in a drawer in the upstairs kitchen to include:

* Physician orders for residents #1, #2 and #3, as well as 7 other residents

* A transfer/discharge report for resident #4

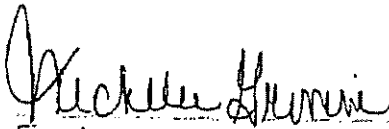
Repeat Violation - 5/8/2018

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 the requirement that all resident records shall be kept in an area that is locked. Documentation of the education shall be kept.

Legal Entity Representative


Signature

Michelle Grimm
Printed Name and Title

8/2/19
Date

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

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

HORIZON PERSONAL CARE HOME INC

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413830

18 - Compliance With Laws

JUL 02 2019

Regulations

WEST REGION FIELD OFFICE
Human Services Licensing

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 Influenza poster is not posted in a conspicuous and public place in the home in accordance with the Influenza Awareness Act, enacted in July 2016.

Repeat Violation - 5/8/2018

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.)

Influenza poster was printed & immediately posted.
Administrators will complete weekly checks for compliance.

Legal Entity Representative

Michelle Grimm
Signature

Michelle Grimm
Printed Name and Title

6/24/19
Date

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

The above plan of correction is approved as of 8/2/19
(Date)

Plan of correction implementation status as of 8/2/19
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

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

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HORIZON PERSONAL CARE HOME INC

JUL 09 2019

413830

WEST REGION FIELD OFFICE
Human Services Licensing

25b - Contract Signatures

Regulations

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #6's resident-home contract, dated 1/5/19, is not signed by the resident.

Plan of Correction (POC) Repeat Violation - 5/8/2018

(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.)

Contract was immediately signed by resident.
upon admission administrator will review each resident contract to signed in accordance with 2600.25(b)
Within 30 days administrator or designee will audit all residents contracts for compliance with 2600.25(b).

Legal Entity Representative

Michelle R. Grimm
Signature

Michelle R. Grimm
Printed Name and Title
8/2/19
Date

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

The above plan of correction is approved as of 8/2/19
(Date)

Plan of correction implementation status as of 8/2/19
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

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

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HORIZON PERSONAL CARE HOME INC

JUL 02 2019

413830

25c4 - Payment Responsibility

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

25.c. At a minimum, the contract must specify the following:

- 4. The party responsible for payment.

Description of Violation

Resident #7's resident-home contract, dated 2/11/18, does not specify the party responsible for payment

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 home contract responsible party was immediately documented on 5-1-19.

Upon admission administrative will review each resident contract responsible party is documented in accordance with 2600.25(c)

Within 30 days administrative will review will audit all resident contracts for compliance of 2600.25(c).

Legal Entity Representative

Michelle R. Grimm
Signature

Michelle R. Grimm
Printed Name and Title

6/21/19
Date

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

The above plan of correction is approved as of 8/2/19
(Date)

Plan of correction implementation status as of 8/2/19
(Date)

The above plan of correction was approved by *[Handwritten initials]*
(Initials)

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

HORIZON PERSONAL CARE HOME INC

JUL 02 2019

413830

WEST REGION FIELD OFFICE
Human Services Licensing

26a - Quality Management Plan

Regulations

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home's most recent quality management review was completed on 2/27/15.

Plan of Correction (POC)

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

Quality management meeting was held on 5/3/19. We discussed previous violations from last year.

Administration will ensure yearly Quality management meeting is held in April to ensure compliance is 2600.26(a).

See Page 7A of 38

Legal Entity Representative

Michelle Green

Signature

6/24/19

Printed Name and Title

Date

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

The above plan of correction is approved as of

8/2/19

(Date)

Plan of correction implementation status as of

8/2/19

(Date)

The above plan of correction was approved by

MG

(Initials)

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

HORIZON PERSONAL CARE HOME INC

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26a - Quality Management Plan

Regulations

2600.

26.a. The home shall establish and implement a quality management plan.

AUG 02 2019
WEST REGION FIELD OFFICE
Human Services Licensing

Description of Violation

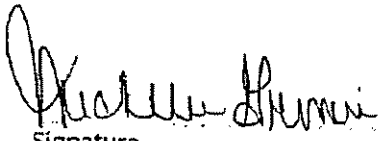
The home's most recent quality management review was completed on 2/27/15.

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 quality management review, which covers all topics specified in 2600.26b. Documentation of the review shall be kept, which includes the date/time of the review, who was in attendance and the topics discussed.

Legal Entity Representative


Signature

Michelle Grimm adm
Printed Name and Title

8/1/19
Date

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

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

05/01/2019

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HORIZON PERSONAL CARE HOME INC

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JUL - 02 - 2019

65e - 12 Hours Annual Training

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person A, hired on 6/17/16, and direct care staff person B, hired on 5/22/16, did not receive any annual training during the 2018 training year.

Repeat Violation - 5/8/2018

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.)

Direct care staff person (A) & (B) did receive trainings. They were rescheduled on day of inspection. Copy supplied.

See Page 8A of 38

Legal Entity Representative

[Signature]
Signature

Michelle R. Grimm
Printed Name and Title

8/24/19
Date

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

The above plan of correction is approved as of 8/2/19
(Date)

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

Plan of correction implementation status as of 8/2/19
(Date)

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

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HORIZON PERSONAL CARE HOME INC

AUG 02 2019

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65e - 12 Hours Annual Training

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person A, hired on 6/17/16, and direct care staff person B, hired on 5/22/16, did not receive any annual training during the 2018 training year.

Repeat Violation - 5/8/2018

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 review all training documents to ensure each direct care staff person receives at least 12 hours of annual training. Documentation of all trainings shall be kept in accordance with 2600.65i, which includes the length of each course.

Immediately: A designated staff person shall develop and implement a system to ensure each direct care staff person receives at least 12 hours of annual training during each established training year. Documentation of all trainings shall be kept in accordance with 2600.65i. Staff training shall be reviewed during the home's quality management review.

Legal Entity Representative

[Handwritten Signature]
Signature

Michelle Grimm adm
Printed Name and Title

8/2/19
Date

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

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

05/01/2019

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HORIZON PERSONAL CARE HOME INC

JUL 02 2019

413830

65f - Training Topics

WEST REGION FIELD OFFICE
Human Services Licensing

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

Direct care staff person A, hired on 6/17/16, and direct care staff person B, hired on 5/22/16, did not receive annual training on any of the topics indicated in 2600.65f during the 2018 training year.

Repeat Violation - 5/8/2018

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.)

Direct staff person (A) & (B) did receive training. They were reemployed in day of inspection Copy supplied.

See Page 9A of 38

Legal Entity Representative

Michael R. Gamm

Signature

Michael R. Gamm

Printed Name and Title

8/2/19
Date

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

The above plan of correction is approved as of 8/2/19
(Date)

Plan of correction implementation status as of 8/2/19
(Date)

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

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

HORIZON PERSONAL CARE HOME INC

AUG 03 2018

413830

65f - Training Topics

WEST REGION FIELD OFFICE
Human Services Licensing

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

Direct care staff person A, hired on 6/17/16, and direct care staff person B, hired on 5/22/16, did not receive annual training on any of the topics indicated in 2600.65f during the 2018 training year.

Repeat Violation - 5/8/2018

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 persons A and B shall receive training on the following topics: Medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan and personal care service needs of the residents. Documentation of all trainings shall be kept in accordance with 2600.65i.

Immediately: A designated staff person shall develop and implement a system to ensure each direct care staff person receives training on all topics specified in 2600.65f during each established training year. Documentation of all trainings shall be kept in accordance with 2600.65i. Staff training shall be reviewed during the home's quality management review.

Legal Entity Representative

Michelle Humen
Signature

Michelle Grimm Adm
Printed Name and Title

8/6/19
Date

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

The above plan of correction is approved as of

(Date)

Plan of correction implementation status as of

(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

(Initials)

HORIZON PERSONAL CARE HOME INC

JUL 02 2019

413830

WEST REGION FIELD OFFICE
Human Services Licensing

66a - Staff Training Plan

Regulations

2600.

66.a. A staff training plan shall be developed annually.

Description of Violation

The home does not have a staff training plan for the 2019 training year.

Repeat Violation - 5/8/2018

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 training plan was implemented immediately & written down. Copy enclosed.

By 12/1/19: A designated staff person shall develop a staff training plan for the following training year. *RM* 7/31/19

Legal Entity Representative

Michael R. Grimm
Signature

Michael R. Grimm
Printed Name and Title

6/24/19
Date

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

The above plan of correction is approved as of 8/2/19
(Date)
RM
(Initials)

Plan of correction implementation status as of 8/2/19
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

HORIZON PERSONAL CARE HOME INC

07 02 2019

413830

82c - Locking Poisonous Materials

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

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.

Description of Violation

At 10:30 a.m. and at 11:15 a.m., the laundry room was unlocked, unattended and accessible. The following items, with manufacturers' labels indicating to call a physician or poison control center if swallowed, were found on the floor of the laundry room:

- * A 56 oz. bottle of Fabuloso All Purpose Cleaner, approximately 1/3 full
- * A gallon bottle of Clorox Cleaner with Bleach, which was full
- * A gallon Professional Disinfectant Cleaner, approximately 1/3 full
- * A 1.33 gallon jug of Ortho Home Defense insect killer, approximately 3/4 full

Not all the residents of the home, including residents #7, #8 and #9, have been assessed as capable of recognizing and using poisons safely.

Repeat Violation - 5/8/2018

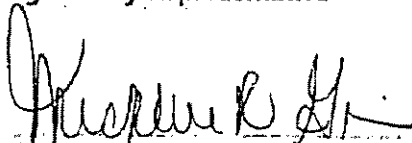
Plan of Correction (POC)

(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 door was locked immediately. All staff will be made aware of this regulation 2600.82(c)
Administrative assistance will monitor daily to ensure compliance is 2600.82(c)

Legal Entity Representative

See Page 12A of 38


Signature

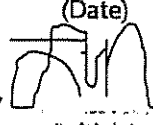
Michelle R Grimm
Printed Name and Title

6/24/19
Date

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

The above plan of correction is approved as of 8/2/19
(Date)

Plan of correction implementation status as of 8/2/19
(Date)

The above plan of correction was approved by 
(Initials)

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

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HORIZON PERSONAL CARE HOME INC

AUG 09 2019

413830

82c - Locking Poisonous Materials

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

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.

Description of Violation

At 10:30 a.m. and at 11:15 a.m., the laundry room was unlocked, unattended and accessible. The following items, with manufacturers' labels indicating to call a physician or poison control center if swallowed, were found on the floor of the laundry room:

- * A 56 oz. bottle of Fabuloso All Purpose Cleaner, approximately 1/3 full
- * A gallon bottle of Clorox Cleaner with Bleach, which was full
- * A gallon Professional Disinfectant Cleaner, approximately 1/3 full
- * A 1.33 gallon jug of Ortho Home Defense insect killer, approximately 3/4 full

Not all the residents of the home, including residents #7, #8 and #9, have been assessed as capable of recognizing and using poisons safely.

Repeat Violation - 5/8/2018

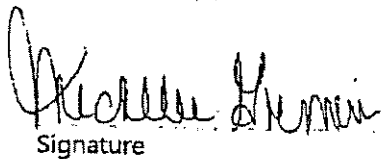
Plan of Correction (POC)

(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 all poisonous materials shall be kept in an area that is locked. Documentation of the education shall be kept.

Immediately: A designated staff person shall monitor the home each shift to ensure all poisonous materials are kept in an area that is locked. Documentation of the checks shall be kept.

Legal Entity Representative


Signature

Michelle Grimm adm
Printed Name and Title

8/1/19
Date

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

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
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- Not Implemented

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JUL 02 2019

413830

WEST REGION FIELD OFFICE
Human Services Licensing

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

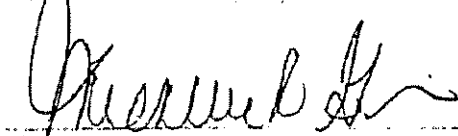
At 10:52 a.m., no paper towels, mechanical blower, individual cloth towels or other sanitary means of hand drying was present in the shared bathroom of bedroom #7.

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.)

Paper towels were immediately put in these bathrooms
Staff made swab up & cleaning the bathroom to inspect
for paper towels daily.
Administration will check daily compliance of abto. 85(A)

Legal Entity Representative



Signature

Michelle R. Gamm

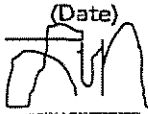
Printed Name and Title

Date

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The above plan of correction is approved as of 8/2/19

Plan of correction implementation status as of 8/2/19

The above plan of correction was approved by 
(Initials)

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

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WEST REGION FIELD OFFICE
Human Services Licensing

85d - Trash Receptacles

Regulations

2600.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 10:05 a.m., no garbage can was present in the 2nd floor common bathroom.

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.)

Garbage can was immediately placed in restroom upstairs.
Staff made aware & are to check during routine cleaning
to insure compliance of 2600.85(d)

Immediately: A designated staff person shall inspect the home daily to ensure all trash in kitchens and bathrooms are kept in covered trash receptacles. *RM* 7/31/19

Violation Withdrawn - 9/3/2019 - SMP

Legal Entity Representative

Michelle Grimm
Signature

Michelle Grimm
Printed Name and Title

6/24/19
Date

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

The above plan of correction is approved as of 8/2/19
(Date)

Plan of correction implementation status as of 8/2/19
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

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

HORIZON PERSONAL CARE HOME INC

JUL 02 2019

413830

88a - Surfaces

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The carpet on 11 of the steps leading to the 2nd floor is ripped and threadbare.

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.)

Carpet will be replaced by 7/25/19.

See Page 15A of 38

Legal Entity Representative

Michelle Grimm

Signature

Michelle Grimm

Printed Name and Title

6/24/19

Date

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

The above plan of correction is approved as of 8/2/19 (Date)

Plan of correction implementation status as of 8/2/19 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

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

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HORIZON PERSONAL CARE HOME INC

413830

AUG 02 2019

88a - Surfaces

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The carpet on 11 of the steps leading to the 2nd floor is ripped and threadbare.

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.)

As of 7/12/19, the carpeting has been removed and an estimate/measurement for new carpeting has been completed.

Within 15 days of receipt of the plan of correction: The carpeting on the steps leading to the 2nd floor shall be replaced.

Immediately, then weekly thereafter: A designated staff person shall inspect the home to ensure all floors, walls, ceiling, windows, doors and other surfaces are clean, in good repair and free of hazards.

Legal Entity Representative

Michelle Grimm
Signature

Michelle Grimm
Printed Name and Title

8/6/19
Date

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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

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HORIZON PERSONAL CARE HOME INC

413830

JUL 02 2019

WEST REGION FIELD OFFICE
Human Services Licensing

94b - Non-Skid Surface

Regulations

2600.

94.b. Interior stairs, exterior steps and ramps must have nonskid surfaces.

Description of Violation

A nonskid surface is not present on the outside wooden ramp outside of bedroom #9, which wraps around the corner of the building.

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.)

A nonskid paint will be applied to the ramp outside which wraps around the corner of the building. by 7/25/19

See Page 16A of 38

Legal Entity Representative

Michael R. Stone

Signature

Michelle Brimmer

Printed Name and Title

6/24/19

Date

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

The above plan of correction is approved as of 8/2/19
(Date)

Plan of correction implementation status as of 8/2/19
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

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

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HORIZON PERSONAL CARE HOME INC

413830

94b - Non-Skid Surface

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

94.b. Interior stairs, exterior steps and ramps must have nonskid surfaces.

Description of Violation

A nonskid surface is not present on the outside wooden ramp outside of bedroom #9, which wraps around the corner of the building.

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 10 days of receipt of the plan of correction: A designated staff person shall add a nonskid surface to the outside wooden ramp outside of bedroom #9.

Immediately, then monthly thereafter: A designated staff person shall inspect all interior stairs, exterior steps and ramp to ensure a nonskid surface is present.

Legal Entity Representative

Michelle Grimm
Signature

Michelle Grimm adm
Printed Name and Title

8/1/19
Date

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

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

05/01/2019

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JUL 02 2019

95 - Furniture and Equipment

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The grab bar on the toilet in the shared bathroom of bedroom #7 was loose and missing a screw on the left side, posing a safety hazard. Also, the grab bar, which is attached to the toilet, is not the proper design for the elongated seat. Additionally, the entire bar is rusted.

Plan of Correction (POC)

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

new grab bar was installed in bathroom #7.
When cleaning the bathroom staff will inspect for compliance
of regulation 2600.95
Admin describe will do weekly checks to ensure compliance

Legal Entity Representative

Michelle R Grimm
Signature

Michelle R Grimm
Printed Name and Title

6/25/19
Date

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

The above plan of correction is approved as of

8/2/19

(Date)

Plan of correction implementation status as of

8/2/19

(Date)

The above plan of correction was approved by

MRG
(Initials)

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

HORIZON PERSONAL CARE HOME INC

JUL 02 2019

413830

96a - First Aid Kit

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.
96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The home's first aid kit does not contain adhesive tape.

Repeat Violation - 5/8/2018

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.)

Adhesive tape was immediately put in first aid kit
Staff made aware of this regulation
adm w describe will check weekly for compliance of 2600.96(a)

Legal Entity Representative

[Handwritten Signature]
Signature

Michelle R. Grimm
Printed Name and Title

6/25/19
Date

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

The above plan of correction is approved as of 8/2/19
(Date)

The above plan of correction was approved by *[Handwritten Initials]*
(Initials)

Plan of correction implementation status as of 8/2/19
(Date)

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

HORIZON PERSONAL CARE HOME INC

JUL 02 2019

413830

101j6 - Mirror

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

101j. Each resident shall have the following in the bedroom:

6. A mirror.

Description of Violation

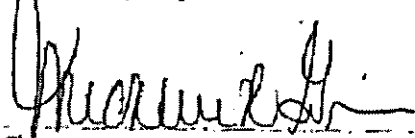
No mirror is present in bedroom #11.

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.)

Mirror was put in back of the door on 5/3/19.
Administration ^{is} will monitor weekly for compliance of 2600.101(j).

Legal Entity Representative


Signature


Michelle R. Griem
Printed Name and Title

6/25/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX

The above plan of correction is approved as of 8/2/19
(Date)

Plan of correction implementation status as of 8/2/19
(Date)

The above plan of correction was approved by 
(Initials)

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

HORIZON PERSONAL CARE HOME INC

JUL 02 2019

413830

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

There is no grab bar, hand rail or assist bar at the toilet in the 2nd floor common bathroom.

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.)

Assist bar was applied to upstairs bathroom.
Staff made aware of regulation.
When clearing bathroom staff will respect for compliance of regulation 2600.102(d).
Admin redesigner will do weekly checks to ensure compliance

Legal Entity Representative

Michelle R. Grimm
Signature

Michelle R. Grimm
Printed Name and Title

6/25/19
Date

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

The above plan of correction is approved as of 8/2/19
(Date)

Plan of correction implementation status as of 8/2/19
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

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

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HORIZON PERSONAL CARE HOME INC

413830

JUL 02 2019

102h - Toilet Paper

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

102.h. Toilet paper shall be provided for every toilet.

Description of Violation

At 10:41 a.m., no toilet paper was present in the 1st floor common bathroom next to bedroom #4.

At 10:52 a.m., no toilet paper was present in the shared bathroom of bedroom #7.

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.)

Toilet paper was immediately placed in these bathrooms
Staff made aware upon cleaning the bathrooms to be placed
if toilet paper replaced if needed to ensure compliance of
2600.85(a)

Legal Entity Representative



Signature

Michelle R. Grimm

Printed Name and Title

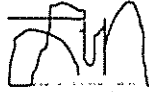
6/25/19

Date

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(Date)

Plan of correction implementation status as of 8/2/19
(Date)

The above plan of correction was approved by 
(Initials)

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

HORIZON PERSONAL CARE HOME INC

JUL 02 2019

413830

103f - Refrigerator/Freezer Temps

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

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.

Description of Violation

At 10:50 a.m., no thermometer was present in the freezer, located in the dry storage room. At 2:57 p.m., the thermometer, which was placed in the freezer earlier in the day, indicated the freezer temperature was 22 degrees Fahrenheit.

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.)

Freezer to MD Insured release

See Page 22A of 38

Legal Entity Representative

[Handwritten Signature]

MICKEL R. GRIMM

6/25/19

Signature

Printed Name and Title

Date

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

The above plan of correction is approved as of 8/2/19 (Date)

Plan of correction implementation status as of 8/2/19 (Date)

The above plan of correction was approved by *[Handwritten Initials]* (Initials)

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

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HORIZON PERSONAL CARE HOME INC

AUG 09 2019

413830

103f - Refrigerator/Freezer Temps

WEST HORIZON FIELD OFFICE
Nursing Services Licensing

Regulations

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.

Description of Violation.

At 10:50 a.m., no thermometer was present in the freezer, located in the dry storage room. At 2:57 p.m., the thermometer, which was placed in the freezer earlier in the day, indicated the freezer temperature was 22 degrees Fahrenheit.

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 daily thereafter: A designated staff person shall check all refrigerators and freezers to ensure an operable thermometer is present and that temperatures are maintained in accordance with 2600.103f. Documentation of the checks shall be kept, to include the date/time of the checks and the thermometer readings for each refrigerator and freezer.

Legal Entity Representative

Michelle Gamm
Signature

Michelle Gamm adm
Printed Name and Title

8/1/19
Date

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

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

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HORIZON PERSONAL CARE HOME INC

JUL 02 2019

413830

132b - Safety Inspection/Fire Drill

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The most recent fire safety inspection and supervised fire drill conducted by a fire safety expert was completed on 12/8/17.

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.)

fire safety inspection was conducted on 12-3-18.
Copy provided.

Immediately: A designated staff person shall develop and implement a system to ensure a fire safety inspection and fire drill conducted by a fire safety expert is completed at least annually.

7/31/19
EM

Legal Entity Representative

[Handwritten Signature]

Signature

Michael P. Gamm

Printed Name and Title

6/25/19

Date

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

The above plan of correction is approved as of 8/2/19 (Date)

Plan of correction implementation status as of 8/2/19 (Date)

The above plan of correction was approved by *[Handwritten Initials]* (Initials)

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

RECEIVED

HORIZON PERSONAL CARE HOME INC

413830

JUL 02 2019

141a 1-10 Medical Evaluation Information

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

141.a. 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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #6's initial medical evaluation, dated 1/3/19, does not include the medical professional's signature or his/her medical license number. These sections of the form are blank.

Resident #7 was admitted on 2/11/18; however, no medical evaluation was completed for the resident.

Resident #8 was admitted on 1/15/19; however, the resident's medical evaluation was completed on 2/21/19. Also, the medical evaluation indicates "see attached" for the resident's medications; however, nothing is attached. Additionally, the allergy assessment section of the form is blank.

Repeat Violation - 5/8/2018

See Pages 25A and 25B of 38

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.)

A new medical was to being completed on resident #6.
 Resident #7 medical was was misplaced - copy provided.
 Resident #8 med list was & allergy assessment was blank. Med list & allergy assessment completed.
 Adm will do chart audits within 30 days to ensure compliance of 2600.141.(a)
 also on all new admits.

Legal Entity Representative

Michelle R. Grimm
Signature

Michelle R. Grimm
Printed Name and Title

6/25/19
Date

HORIZON PERSONAL CARE HOME INC

JUL 02 2019

413830

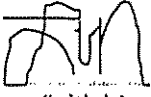
141a 1-10 Medical Evaluation Information (continued)

WEST REGION FIELD OFFICE
Human Services Licensing

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

The above plan of correction is approved as of 8/2/19
(Date)

Plan of correction implementation status as of 8/2/19
(Date)

The above plan of correction was approved by 
(Initials)

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

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141a 1-10 Medical Evaluation Information

AUG 02 2019

WEST BECKON FIELD OFFICE
Human Services Licensing

Regulations

2600.

141.a. 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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #6's initial medical evaluation, dated 1/3/19, does not include the medical professional's signature or his/her medical license number. These sections of the form are blank.

Resident #7 was admitted on 2/11/18; however, no medical evaluation was completed for the resident.

Resident #8 was admitted on 1/15/19; however, the resident's medical evaluation was completed on 2/21/19. Also, the medical evaluation indicates "see attached" for the resident's medications; however, nothing is attached. Additionally, the allergy assessment section of the form is blank.

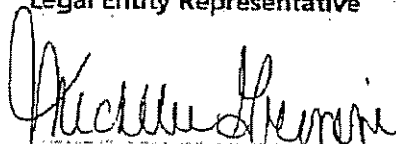
Repeat Violation - 5/8/2018

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 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. Documentation of the system shall be kept. All current medical evaluations shall be kept in each resident's record.

Legal Entity Representative


Signature

Michelle Grimm adm
Printed Name and Title

8/1/19
Date

05/01/2019

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JUL 02 2019

141b1 - Annual Medical Evaluation

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #7 was admitted on 2/11/18; however, no medical evaluation has been completed for the resident since admission, including the annual.

Repeat Violation - 5/8/2018

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.)

Medical evaluation was misplaced from admission - copy enclosed.
Annual medical evaluation was completed on 2-21-19 - copy enclosed.

Adm or disagee will audit all files within 30 days for compliance of 2600. 141. b. (1)

See Page 26A of 38

Legal Entity Representative

Michelle Grimm

Signature

Michelle Grimm

Printed Name and Title

8/25/19
Date

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The above plan of correction is approved as of 8/2/19 (Date)

Plan of correction implementation status as of 8/2/19 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

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

HORIZON PERSONAL CARE HOME INC

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141b1 - Annual Medical Evaluation

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AUG 02 2019

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

WEST REGION FIELD OFFICE
Human Services LICENSING

Description of Violation

Resident #7 was admitted on 2/11/18; however, no medical evaluation has been completed for the resident since admission, including the annual

Repeat Violation - 5/8/2018

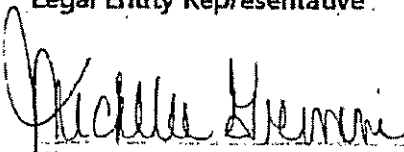
Plan of Correction (POC)

(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 body positioning/movement and ability to self-administer medications sections of resident #7's most recent medical evaluation, dated 2/21/19, shall be updated to include the LPN/RN initials of the person who updated the medical evaluation, and document the date, time and person spoken to regarding the correction to the medical evaluation.

Immediately: A designated staff person shall develop and implement a system to ensure each resident has a medical evaluation, completed in its entirety, at least annually. Documentation of the system shall be kept. All current medical evaluations shall be kept in each resident's record.

Legal Entity Representative



Signature

Michelle Green adm

Printed Name and Title

8/1/19

Date

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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

HORIZON PERSONAL CARE HOME INC

JUL 02 2019

413830

183d - Prescription Current

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #6 was prescribed Meclizine 25 mg-Take 1 tablet by mouth 3 times a day for 10 days, which was filled on 10/22/15 and indicates to discard after 10/21/16. However, on 5/1/19, the medication was still present in the home.

Repeat Violation - 5/8/2018

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.)

family brought in this medication - It was immediately removed from med cart.

All medications will have MD order before placing in the med cart & expiration dates will be checked at admission.

See Page 27A of 38

Legal Entity Representative

Michelle Grimm

Signature

Michelle Grimm

Printed Name and Title

6/25/19

Date

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

The above plan of correction is approved as of 8/2/19 (Date)

Plan of correction implementation status as of 8/2/19 (Date)

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

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

05/01/2019

HORIZON PERSONAL CARE HOME INC

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183d - Prescription Current

AUG 09 2019

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #6 was prescribed Meclizine 25 mg-Take 1 tablet by mouth 3 times a day for 10 days, which was filled on 10/22/15 and indicates to discard after 10/21/15. However, on 5/1/19, the medication was still present in the home.

Repeat Violation - 5/8/2018

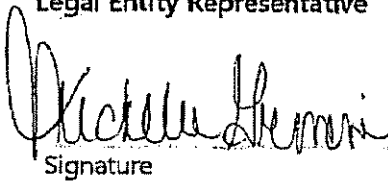
Plan of Correction (POC)

(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 all medication storage areas to ensure only current prescription, PTC, sample and CAM for individuals living in the home are present.

Immediately: The home shall develop and implement procedures for the immediate removal of all expired and discontinued prescription medications, OTC, sample and CAM's, and for residents no longer living in the home. All medication shall be destroyed in accordance with the home's procedures and in accordance with 2600.183f. All staff persons qualified to administer medications shall be educated on the new procedures. Documentation of the education shall be kept.

Legal Entity Representative


Signature

Michelle Gamm adm
Printed Name and Title

8/1/19
Date

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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

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184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #6 is prescribed Pradaxa 75 mg-Take 1 capsule twice a day by mouth; however, no pharmacy label is present on the medication.

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.)

Yarnery brought in samples from RW MP.
All medications will have pharmacy labels present before administering medication.
Adm in discipline will do a audit ^{to med cart} within 30 days of compliance 2600.184(a)

Legal Entity Representative

Michael B. Grimm
Signature

Michael Grimm
Printed Name and Title

8/25/19
Date

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

The above plan of correction is approved as of 8/2/19 (Date)

Plan of correction implementation status as of 8/2/19 (Date)

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

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

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186a - Authorized Prescriber

JUL 02 2019

WEST REGION FIELD OFFICE
Human Services Oversight

Regulations

2600.

186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

Description of Violation

Resident #6 is prescribed Pradaxa 75 mg-Take 1 capsule twice a day by mouth; however, the home does not have a copy of the current prescriber's order.

Resident #7's May 2019 medication administration record (MAR) indicates the resident is prescribed Arthritis pain (APAP 650 mg) -Take 2 tablets by mouth every 4 hours as needed for mild pain/fever; however, the pharmacy label indicates Acetaminophen (MAPAP) 325 mg-Take 2 tablets by mouth every 4 hours as needed for mild pain/fever. The home does not have a copy of the current prescriber's order, so it is unable to be determined which is correct.

Repeat Violation - 5/8/2018

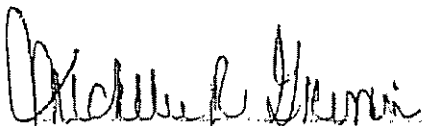
Plan of Correction (POC)

(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 #6 family brought in samples upon admission. Order obtained on day of inspection.
Resident #7 Order obtained on 5-1-19 - Copy enclosed.
all MAR's will be reviewed within 30 days to ensure compliance of 2600.186(A)

Immediately: The home shall develop and implement a system to ensure written prescribers' orders are obtained and present in the home for all new, discontinued or changes to medications. 7/31/19

Legal Entity Representative


Signature


Mitchell R. Grimm
Printed Name and Title

6/25/19
Date

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

The above plan of correction is approved as of 8/2/19
(Date)

Plan of correction implementation status as of 8/2/19
(Date)

The above plan of correction was approved by 
(Initials)

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

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413830

187a - Medication Record

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

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).

Description of Violation

The May 2019 MAR for resident #6 does not include a diagnosis or purpose for numerous medications, to include: Flomax-0.4 mg, Coenzyme Q-10-100 mg, Meclizine-25 mg and Pradaxa-75 mg. Also, the resident's MAR does not include the month or year.

Resident #6 is prescribed Vitamin C 500 mg-Take by mouth twice daily, and Calcium 500 + D-Take by mouth twice daily; however, these medications are not indicated on the resident's May 2019 MAR.

Resident #6's May 2019 MAR has 2 entries for the same medication: Tamsulosin 0.4 mg-Take one capsule by mouth at bedtime, as well as Flomax 0.4 mg-Take one capsule by mouth at bedtime.

Repeat Violation - 5/8/2018

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 #6 diagnosis obtained & included in MAR. Month/year also included. Flomax is the brand name of tamsulosin 0.4mg - It was on MAR by mistake.

All MARs will be reviewed within 30 days to ensure compliance of 2600. 187(a)

Administrator and designer will do weekly checks to ensure compliance

See Pages 31A, 31B and 31C of 38

HORIZON PERSONAL CARE HOME INC

413830

187a - Medication Record (continued)

Legal Entity Representative

Michelle R. Grimm
Signature

Michelle R. Grimm
Printed Name and Title

6/25/19
Date

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

The above plan of correction is approved as of 8/2/19
(Date)

Plan of correction implementation status as of 8/2/19
(Date)

The above plan of correction was approved by

MR
(Initials)

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

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WEST REGION FIELD OFFICE
Human Services Licensing

HORIZON PERSONAL CARE HOME INC

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187a - Medication Record

AUG 09 2019

Regulations

WEST REGION FIELD OFFICE
Human Services Licensing

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).

Description of Violation

The May 2019 MAR for resident #6 does not include a diagnosis or purpose for numerous medications, to include: Flomax-0.4 mg, Coenzyme Q-10-100 mg, Meclizine-25 mg and Proxaxa-75 mg. Also, the resident's MAR does not include the month or year.

Resident #6 is prescribed Vitamin C 500 mg-Take by mouth twice daily, and Calcium 500 + D-Take by mouth twice daily; however, these medications are not indicated on the resident's May 2019 MAR.

Resident #6's May 2019 MAR has 2 entries for the same medication: Tamsulosin 0.4 mg-Take one capsule by mouth at bedtime, as well as Flomax 0.4 mg-Take one capsule by mouth at bedtime.

Repeat Violation - 5/8/2018

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 10 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be educated on procedures for updating resident MAR's immediately upon receipt of new medication orders from the prescriber. The education shall also include a review of resident MAR's to ensure all items indicated in 2600.187a(1) through 2600.187a(12) are present on each resident's MAR. Documentation of the education shall be kept.

05/01/2019

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HORIZON PERSONAL CARE HOME INC

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187a - Medication Record (continued)

Legal Entity Representative

WEST REGION FIELD OFFICE
MOUNTAIN VIEW, MISSOURI

Michelle Gorman

Michelle Gorman

8/1/19

Signature

Printed Name and Title

Date

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

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

HORIZON PERSONAL CARE HOME INC

JUL 02 2019

413830

187b - Date/Time of Medication Admin.

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #9 is prescribed Metoclopramide 5 mg tablet-Take one tablet by mouth 3 times a day before meals; however, the noon dose on 5/1/19 was not initialed as administered on the resident's May 2019 MAR.

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.)

On 5/1/19 staff administered the noon dose of metoclopramide 5 mg tablet but failed to initial it was given.

Staff members made aware.

Admins describe will check MAR for compliance daily for compliance 2600.187 (6).

Legal Entity Representative

Michelle R. Grimm
Signature

Michelle R. Grimm
Printed Name and Title

Date

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

The above plan of correction is approved as of 8/2/19
(Date)

Plan of correction implementation status as of 8/2/19
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

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

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HORIZON PERSONAL CARE HOME INC

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JUL 02 2019

WEST REGION FIELD OFFICE
Human Services (0001-000)

191 - Resident Right to Refuse

Regulations

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

The following residents had not been educated on the resident's right to refuse medication if the resident believes that there may be a medication error:

- *Resident #6, admitted 1/5/19
- *Resident #7, admitted 2/11/18
- *Resident #8, admitted 1/15/19

Repeat Violation - 5/8/2018

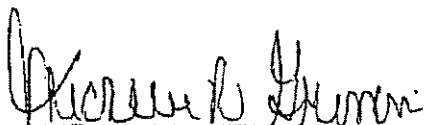
Plan of Correction (POC)

(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 right to refuse form was signed immediately on 5-1-19.
 Administration will audit resident files within 30 days of completion of 2600.191

See Page 33A of 38

Legal Entity Representative



 Signature

Michael R. Grimm
 Printed Name and Title

8/2/19
 Date

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

The above plan of correction is approved as of 8/2/19
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 8/2/19
 (Date)

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

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AUG 02 2019

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191 - Resident Right to Refuse

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

The following residents had not been educated on the resident's right to refuse medication if the resident believes that there may be a medication error:

- *Resident #6, admitted 1/5/19
- *Resident #7, admitted 2/11/18
- *Resident #8, admitted 1/15/19

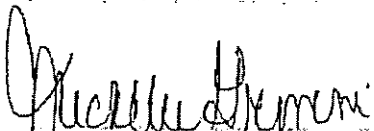
Repeat Violation - 5/8/2018

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 develop and implement a system to ensure each newly-admitted resident has been educated, in writing, of their right to refuse or question a medication if the resident believes there is a medication error. Documentation of the system shall be kept.

Legal Entity Representative


Signature

Michelle Groom
Printed Name and Title

8/1/19
Date

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

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

05/01/2019

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HORIZON PERSONAL CARE HOME INC

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224a - Preadmission Screen Form

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

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

Description of Violation

No preadmission screening was completed for resident #6, who was admitted on 1/5/19.

Repeat Violation - 5/8/2018

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.)

Preadmission screening was completed immediately on 5-1-19. Administration or designee will audit resident files within 30 days of completion.

Immediately: The home shall develop and implement a system to ensure a preadmission screening is completed for each newly-admitted resident within 30 days prior to admission.

LM 7/31/19

Legal Entity Representative

Michael R Grimm

Signature

Michael R. Grimm

Printed Name and Title

Date

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

The above plan of correction is approved as of 8/2/19 (Date)

Plan of correction implementation status as of 8/2/19 (Date)

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

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

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HORIZON PERSONAL CARE HOME INC

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JUN 02 2019

225a - Assessment 15 Days

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

No assessment was completed for resident #6, who was admitted on 1/5/19.

Resident #7 was admitted on 2/11/18; however the resident's initial assessment is undated; therefore, it is unable to be determined if it was completed within 15 days after admission. Also, no diagnoses are indicated on the assessment. According to the resident's May 2019 MAR, the resident has numerous diagnoses to include GERD, Hypertension and Hyperlipidemia. Additionally, no assessment of the resident's recreational needs was completed. This section of the assessment is blank.

Resident #8's most recent assessment, dated 1/30/19, does not include an assessment of the resident's short-term and long-term memory. These sections of the assessment are blank.

Repeat Violation - 5/8/2018

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 assessment completed on 5-1-19.
Resident #8 assessment of short term & long term memory was completed on 5-1-19.
All resident files will be reviewed within 30 days to ensure compliance of 2600.225(a)
Adm or designee will do weekly checks to ensure compliance with 2600.225(a).

See Pages 36A and 36B of 38

Legal Entity Representative

Michelle R Grimm
Signature

Michelle R Grimm
Printed Name and Title

6/25/19
Date

HORIZON PERSONAL CARE HOME INC

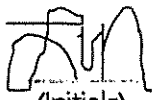
413830

225a - Assessment 15 Days (continued)

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

The above plan of correction is approved as of 8/2/19
(Date)

Plan of correction implementation status as of 8/2/19
(Date)

The above plan of correction was approved by 
(Initials)

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

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JUL 02 2019

WEST REGION FIELD OFFICE
Human Services Licensing

HORIZON PERSONAL CARE HOME INC

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225a - Assessment 15 Days

AUG 09 2019

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

No assessment was completed for resident #6, who was admitted on 1/5/19.

Resident #7 was admitted on 2/11/18; however the resident's initial assessment is undated; therefore, it is unable to be determined if it was completed within 15 days after admission. Also, no diagnoses are indicated on the assessment. According to the resident's May 2019 MAR, the resident has numerous diagnoses to include GERD, Hypertension and Hyperlipidemia. Additionally, no assessment of the resident's recreational needs was completed. This section of the assessment is blank.

Resident #8's most recent assessment, dated 1/30/19, does not include an assessment of the resident's short-term and long-term memory. These sections of the assessment are blank.

Repeat Violation - 5/8/2018

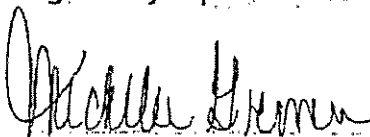
Plan of Correction (POC)

(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.)

An assessment was completed for resident #6 on 5/2/19.

Immediately: The home shall develop and implement a system to ensure each newly-admitted assessment has an assessment completed in its entirety, within 15 days of admission. Documentation of the system shall be kept.

Legal Entity Representative


Signature

Michelle Gram adm
Printed Name and Title

8/6/19
Date

HORIZON PERSONAL CARE HOME INC

RECEIVED

413830

JUL 02 2019

225c - Additional Assessment

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident #7 was admitted on 2/11/18; however, the only assessment completed for the resident was the initial assessment, which is undated.

Resident #9's most recent assessment was completed on 3/5/18.

Repeat Violation - 5/8/2018

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 assessment completed on 5-1-19. copy included.
 Resident #9 assessment ~~copy~~ will be completed immediately.
 will send copy once completed.
 All resident files will be reviewed within 30 days to
 ensure compliance of 2600.225(c).
 Admin or designee will do weekly checks to ensure compliance of
 2600.225(c).

Legal Entity Representative

See Page 37A of 38

Richard B. Gremm

Signature

Michelle R. Gremm

Printed Name and Title

6/25/19
Date

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

The above plan of correction is approved as of

8/2/19

(Date)

Plan of correction implementation status as of

8/2/19

(Date)

The above plan of correction was approved by

RM

(Initials)

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

HORIZON PERSONAL CARE HOME INC

413830

225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident #7 was admitted on 2/11/18; however, the only assessment completed for the resident was the initial assessment, which is undated.

Resident #9's most recent assessment was completed on 3/5/18.

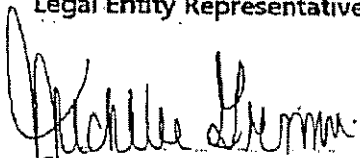
Repeat Violation - 5/8/2018

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 develop and implement a system to ensure each resident has an assessment completed in its entirety, at least annually. Documentation of the system shall be kept.

Legal Entity Representative


Signature

Michelle Grimm adm
Printed Name and Title

8/1/19
Date

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

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

HORIZON PERSONAL CARE HOME INC

RECEIVED

413830

227a - Support Plan 30 Days

18 JUL 2019

Regulations

WEST REGION FIELD OFFICE
Human Services Licensing

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

No support plan was completed for resident #6, who was admitted on 1/5/19.

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.)

Support was completed immediately on 5-1-19.
Copy enclosed.

All resident files will be audited within 30 days to ensure compliance with 2600.227(a).

Admin or designee will do weekly checks to ensure compliance with 2600.227(a).

See Page 38A of 38

Legal Entity Representative

Michelle R. Grimm
Signature

Michelle R. Grimm
Printed Name and Title

6/25/19
Date

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

The above plan of correction is approved as of

8/2/19

(Date)

Plan of correction implementation status as of

8/2/19

(Date)

The above plan of correction was approved by

MRG
(Initials)

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

HORIZON PERSONAL CARE HOME INC

RECEIVED

413830

227a - Support Plan 30 Days

AUG 09 2019

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

No support plan was completed for resident #6, who was admitted on 1/5/19.

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 develop and implement a system to ensure each newly-admitted assessment has a support plan completed in its entirety, within 30 days of admission. Documentation of the system shall be kept.

Legal Entity Representative

Signature

Michelle Grimm adm

Printed Name and Title

8/1/19

Date

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

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

05/01/2019

RECEIVED

JUL 30 2019

Violation Report

WEST REGION FIELD OFFICE
Human Services Licensing

License Number: 41383

Facility Information

Name: HORIZON PERSONAL CARE HOME INC
Address: 9 SOUTH MORGANTOWN STREET, FAIRCHANCE, PA 15436
County: FAYETTE Region: WESTERN

Administrator

Name: Michelle Grimm Phone: 7245640352 Email: michellerae67@yahoo.com

Legal Entity

Name: HORIZON PERSONAL CARE HOME INC
Address: 9 SOUTH MORGANTOWN STREET, FAIRCHANCE, PA, 15436

Certificate(s) of Occupancy

Type: C-2 LP Date: Issued By:

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 22 Waking Staff: 17

Inspection

Type: Partial BHA Docket #: Notice: Unannounced
Reason: Monitoring

Inspection Dates and Department Representative

07/12/2019 - On-Site: Amy Duncan, Lauren Spagna

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 28 Residents Served: 75

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 75
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 7 Have Physical Disability: 0

HORIZON PERSONAL CARE HOME INC

RECEIVED

41383

16c - Written Incident Report

JUL 30 2019

Regulations

WEST REGION FIELD OFFICE
Human Services Licensing

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #10 passed away in the home on resident #10's date of death; however, this was not reported to the Department.

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 # 10 death certificate was faxed to Corey Duncan on 7/17/19.
Administration will report deaths within 24 hours to ensure compliance of 2600.16(c).

Legal Entity Representative

Michelle Grimm
Signature

Michelle Grimm adm
Printed Name and Title

7/27/19
Date

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

The above plan of correction is approved as of 8/2/19
(Date)

Plan of correction implementation status as of 8/2/19
(Date)

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

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

HORIZON PERSONAL CARE HOME INC

RECEIVED

41383

17 - Record Confidentiality

JUL 30 2019

Regulations

WEST REGION FIELD OFFICE
Human Services Licensing

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

At 9:28 am, approximately 100 resident narcotic count sheets, including narcotic count sheets for residents #1, #2 and #3, were unlocked, unattended and accessible in the top drawer of the island in the upstairs kitchen.

Repeat violation: 5/8/2018, et. al.

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.)

Records were immediately locked ^{on 7/12/19} & will be kept locked up at all times. All staff will be made aware of regulation 3605.17

Administrators to designate will monitor the home daily to ensure compliance.

See Pages 4A and 4B of 27

Legal Entity Representative

Michelle Grimm
Signature

Michelle Grimm adm. 7/27/19
Printed Name and Title Date

HORIZON PERSONAL CARE HOME INC

41383

17 - Record Confidentiality (continued)

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

The above plan of correction is approved as of 8/2/19
(Date)

Plan of correction implementation status as of 8/2/19
(Date)

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

The above plan of correction was approved by [Signature]
(Initials)

RECEIVED

JUL 30 2019

WEST REGION FIELD OFFICE
Human Services Licensing

HORIZON PERSONAL CARE HOME INC

RECEIVED

41383

17 - Record Confidentiality

AUG 02 2019

Regulations

WEST REGION FIELD OFFICE
(Human Services Licensing)

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

At 9:28 am, approximately 100 resident narcotic count sheets, including narcotic count sheets for residents #1, #2 and #3, were unlocked, unattended and accessible in the top drawer of the island in the upstairs kitchen.

Repeat violation: 5/8/2018, et. al

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 the requirement that all resident records shall be kept in an area that is locked. Documentation of the education shall be kept.

Legal Entity Representative

Mickelle Grimm

Signature

Mickelle Grimm adm

Printed Name and Title

8/6/19

Date

HORIZON PERSONAL CARE HOME INC

RECEIVED

41383

82c - Locking Poisonous Materials

JUL 30 2019

Regulations

WEST REGION FIELD OFFICE
Human Services Licensing

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.

Description of Violation

At 9:44 am, the following poisonous materials, with manufacturer's labels indicating, "in case of accidental ingestion, give fluids liberally and consult with local poison control" were unlocked, unattended and accessible in the cabinet to the right of the stove in the upstairs kitchen:

- * 1-10 oz. bottle of nail polish remover, approximately 1/2 full
- * 1-6 oz. bottle of nail polish remover, nearly empty

Not all the residents of the home, including residents #1, #4 and #5, have been assessed capable of recognizing and using poisons safely.

Repeat violation: 5/8/2018, et. al.

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.)

These items were removed immediately and locked in the supply closet on 7/12/19. Verified by Amy Duran on 7/12/19.

All staff made aware of Regulation 2600.82(c)

Administration to describe will monitor weekly to ensure compliance of 2600.82(c)

Residents #1 #4 #5 were assessed immediately. Copies included.

See Page 6A and 6B of 27

Legal Entity Representative

Michelle Humeni
Signature

Michelle Grimm adm
Printed Name and Title

7/27/19
Date

07/12/2019

HORIZON PERSONAL CARE HOME INC

41383

82c - Locking Poisonous Materials (continued)

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

The above plan of correction is approved as of 8/2/19
(Date)

Plan of correction implementation status as of 8/2/19
(Date)

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

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

RECEIVED

JUL 30 2019

WEST REGION FIELD OFFICE
Human Services Licensing

HORIZON PERSONAL CARE HOME INC

RECEIVED

41383

82c - Locking Poisonous Materials

AUG 02 2019

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

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.

Description of Violation

At 9:44 am, the following poisonous materials, with manufacturer's labels indicating, "in case of accidental ingestion, give fluids liberally and consult with local poison control" were unlocked, unattended and accessible in the cabinet to the right of the stove in the upstairs kitchen:

- * 1-10 oz. bottle of nail polish remover, approximately 1/2 full
- * 1-6 oz. bottle of nail polish remover, nearly empty

Not all the residents of the home, including residents #1, #4 and #5, have been assessed capable of recognizing and using poisons safely.

Repeat violation: 5/8/2018, et. al.

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 all poisonous materials shall be kept in an area that is locked. Documentation of the education shall be kept.

Immediately: A designated staff person shall monitor the home each shift to ensure all poisonous materials are kept in an area that is locked. Documentation of the checks shall be kept.

Legal Entity Representative

Michelle Grimm
Signature

Michelle Grimm adm
Printed Name and Title

8/1/19
Date

07/12/2019

HORIZON PERSONAL CARE HOME INC

JUL 30 2019

41383

88a - Surfaces

WEST REGIONAL FIELD OFFICE
Human Services Licensing

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

3 carpet tack strips are exposed on each of the 14 steps leading from the 1st floor to the 2nd floor.

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 carpet tack strips were removed immediately on inspection day 7/12/19.

Administrators in design will monitor weekly for compliance of 2600.88(a)

See Page 7A of 27

Legal Entity Representative

Michelle Grimm
Signature

Michelle Grimm
Printed Name and Title

7/27/19
Date

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

The above plan of correction is approved as of 8/2/19
(Date)

Plan of correction implementation status as of 8/2/19
(Date)

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

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

RECEIVED

HORIZON PERSONAL CARE HOME INC

AUG 02 2019

41383

WEST REGION FIELD OFFICE
Human Services Licensing

88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

3 carpet tack strips are exposed on each of the 14 steps leading from the 1st floor to the 2nd floor.

Plan of Correction (POC)

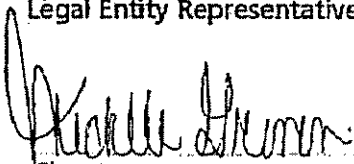
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

As of 7/12/19, the carpeting has been removed and an estimate/measurement for new carpeting has been completed.

Within 15 days of receipt of the plan of correction: The carpeting on the steps leading to the 2nd floor shall be replaced.

Immediately, then weekly thereafter: A designated staff person shall inspect the home to ensure all floors, walls, ceiling, windows, doors and other surfaces are clean, in good repair and free of hazards.

Legal Entity Representative


Signature

Michelle Grimm adm
Printed Name and Title

8/1/19
Date

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

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

07/12/2019

HORIZON PERSONAL CARE HOME INC

41383

101j6 - Mirror

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

6. A mirror.

Description of Violation

No mirrors are present in bedrooms #5 and #15.

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.)

Mirrors were put in room #5 and #15 on 7/25/19.
Administrative as designed will monitor monthly for compliance of 2600.101(g).
Staff made aware of regulation 2600.101(g)

See Page 8A of 27

Legal Entity Representative

Michelle Gromm
Signature

Michelle Gromm
Printed Name and Title

7/27/19
Date

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

The above plan of correction is approved as of 8/2/19
(Date)

Plan of correction implementation status as of 8/2/19
(Date)

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

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

RECEIVED

JUL 30 2019

WEST REGION FIELD OFFICE
Human Services Licensing

HORIZON PERSONAL CARE HOME INC

RECEIVED

41383

101j6 - Mirror

AUG 09 2019

Regulations

WEST VIRGINIA STATE OFFICE
Human Services (1000000)

2600.

101j. Each resident shall have the following in the bedroom:

6. A mirror.

Description of Violation

No mirrors are present in bedrooms #5 and #15.

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 all resident bedrooms to ensure a mirror is present.

Legal Entity Representative

Michelle Grimm
Signature

Michelle Grimm adm
Printed Name and Title

8/1/19
Date

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

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

07/12/2019

HORIZON PERSONAL CARE HOME INC

RECEIVED

41383

103f - Refrigerator/Freezer Temps

JUL 30 2019

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

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.

Description of Violation

At 10:04 am, the thermometer in the main floor kitchen freezer was not operable, and a new thermometer was placed in the freezer. At 3:25 pm, the new thermometer measured 8 degrees Fahrenheit.

At 10:06 am, the temperature in the dry storage area refrigerator measured 44 degrees Fahrenheit, and at 3:25 pm it measured 42 degrees Fahrenheit.

Plan of Correction (POC)

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

At approximately 4:30 pm on day of inspection the main floor kitchen freezer was checked by Amy Duncan. The new thermometer measured 0 degrees Fahrenheit - This was done upon exiting the home.

The food was immediately removed & placed in the upstairs refrigerator on inspection day.

Administrators as designee will monitor weekly to ensure compliance of 2600.103(f)

See Page 10A and 10B of 27

Legal Entity Representative

Michael Hemmi
Signature

Michelle Grimm
Printed Name and Title

7/27/19
Date

HORIZON PERSONAL CARE HOME INC

41383

103f - Refrigerator/Freezer Temps (continued)

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

The above plan of correction is approved as of 8/2/19
(Date)

Plan of correction implementation status as of 8/2/19
(Date)

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

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

RECEIVED

JUL 30 2019

WEST REGION FIELD OFFICE
Human Services Licensing

HORIZON PERSONAL CARE HOME INC

RECEIVED

41383

103f.- Refrigerator/Freezer Temps

AUG 02 2019

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

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.

Description of Violation

At 10:04 am, the thermometer in the main floor kitchen freezer was not operable, and a new thermometer was placed in the freezer. At 3:25 pm, the new thermometer measured 8 degrees Fahrenheit.

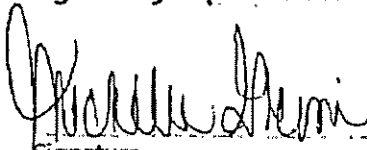
At 10:06 am, the temperature in the dry storage area refrigerator measured 44 degrees Fahrenheit, and at 3:25 pm it measured 42 degrees Fahrenheit.

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 daily thereafter: A designated staff person shall check all refrigerators and freezers to ensure an operable thermometer is present and that temperatures are maintained in accordance with 2600.103E. Documentation of the checks shall be kept, to include the date/time of the checks and the thermometer readings for each refrigerator and freezer.

Legal Entity Representative


Signature

Michelle Grimm adm
Printed Name and Title

8/6/19
Date

HORIZON PERSONAL CARE HOME INC

RECEIVED

41383

141a 1-10 Medical Evaluation Information

JUL 30 2019

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

141.a. 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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #6's most recent medical evaluation, dated 10/29/18, does not include the resident's special health or dietary needs, body positioning/movement or medication dosage for multiple medications in the medication addendum. These sections of the medical evaluation are blank.

No medical evaluation was completed for resident #8, who was admitted to the home on 5/19/19.

Resident #9's most recent medical evaluation, dated 2/21/19, does not include the resident's date of birth, blood pressure, height, weight, pulse rate, temperature, medical diagnoses, special health or dietary needs, allergies or ability to self-administer medications. These sections of the medical evaluation are blank.

Repeat violation: 5/8/2018, et. al.

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 Pages 12A, 12B and 12C of 27

JUL 30 2019

HORIZON PERSONAL CARE HOME INC

41383

Plan of Correction (POC) (continued)

WEST REGION FIELD OFFICE
Human Services Licensing

Resident #6 medical eval was completed on 7/18/19.

Resident #8 medical eval was completed on 7/23/19 during the Rep
visit with Dr. Paul A. Hanley M.D.

Resident #9 medical eval was completed on 7/29/19.

Adm or designee will audit all charts within 30 days to
ensure compliance of 2600.141(a).
10 plus attached.

Legal Entity Representative

Michelle Grimm
Signature

Michelle Grimm adm
Printed Name and Title

7/29/19
Date

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

The above plan of correction is approved as of 8/2/19
(Date)

Plan of correction implementation status as of 8/2/19
(Date)

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

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

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HORIZON PERSONAL CARE HOME INC

AUG 02 2019

41383

141a 1-10 Medical Evaluation Information

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

141.a. 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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #6's most recent medical evaluation, dated 10/29/18, does not include the resident's special health or dietary needs, body positioning/movement or medication dosage for multiple medications in the medication addendum. These sections of the medical evaluation are blank.

No medical evaluation was completed for resident #8, who was admitted to the home on 5/19/19.

Resident #9's most recent medical evaluation, dated 2/21/19, does not include the resident's date of birth, blood pressure, height, weight, pulse rate, temperature, medical diagnoses, special health or dietary needs, allergies or ability to self-administer medications. These sections of the medical evaluation are blank.

Repeat violation: 5/8/2018, et. al.

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 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. Documentation of the system shall be kept. All current medical evaluations shall be kept in each resident's record.

HORIZON PERSONAL CARE HOME INC
Plan of Correction (POC) (continued)

41383

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AUG 02 2019

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

Legal Entity Representative

Michelle Grimm
Signature

Michelle Grimm
Printed Name and Title

8/1/19
Date

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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

07/12/2019

HORIZON PERSONAL CARE HOME INC

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141b1 - Annual Medical Evaluation

JUL 30 2019

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

WEST REGION FIELD OFFICE
Human Services Licensing

Description of Violation

Resident #2's most recent medical evaluation was completed on 5/11/18.

Resident #4's most recent medical evaluation, dated 2/21/19, does not include body positioning/movement and ability to self-administer medications. These sections of the medical evaluation are blank.

Resident #5's most recent medical evaluation was completed on 7/3/19; however, the previous medical evaluation was completed on 5/11/18.

Repeat violation: 5/8/2018, et. al.

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 #2 medical eval. was completed on 7/18/19.

Resident #4 medical eval was updated on 7/12/19 by Michelle Grimm adm.
Adm will make a list with date of when annual med eval's are due.

Resident #5 passed away.

Adm re designee will audit all charts within 30 days of completion
of 2600.141-b (1)

See Pages 14A, 14B and 14C of 27

HORIZON PERSONAL CARE HOME INC

41383

141b1 - Annual Medical Evaluation (continued)

Legal Entity Representative

Michelle Grimm
Signature

Michelle Grimm adm
Printed Name and Title

7/27/19
Date

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

The above plan of correction is approved as of 8/2/19
(Date)

Plan of correction implementation status as of 8/2/19
(Date)

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

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

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Human Services Licensing

HORIZON PERSONAL CARE HOME INC

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141b1 - Annual Medical Evaluation

AUG 02 2019

Regulations

WEST REGION: FIELD OFFICE
Human Services Licensing

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent medical evaluation was completed on 5/11/18.

Resident #4's most recent medical evaluation, dated 2/21/19, does not include body positioning/movement and ability to self-administer medications. These sections of the medical evaluation are blank.

Resident #5's most recent medical evaluation was completed on 7/3/19; however, the previous medical evaluation was completed on 5/11/18.

Repeat violation: 5/8/2018, et. al.

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 body positioning/movement and ability to self-administer medications sections of resident #4's most recent medical evaluation, dated 2/21/19, shall be updated to include the LPN/RN initials of the person who updated the medical evaluation, and document the date, time and person spoken to regarding the correction to the medical evaluation.

Immediately: A designated staff person shall develop and implement a system to ensure each resident has a medical evaluation, completed in its entirety, at least annually. Documentation of the system shall be kept. All current medical evaluations shall be kept in each resident's record.

HORIZON PERSONAL CARE HOME INC

41383

141b1 - Annual Medical Evaluation (continued)

Legal Entity Representative

Michelle Grimm

Michelle Grimm adm

8/1/19

Signature

Printed Name and Title

Date

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

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

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AUG 02 2019

WEST REGION FIELD OFFICE
Human Services Licensing

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HORIZON PERSONAL CARE HOME INC

JUL 30 2019

41383

183b - Meds and Syringes Locked

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At 9:44 am, a bottle Claritin 10 mg tablets was unlocked, unattended and accessible in the laundry room medicine cabinet.

At 10:23 am, 3 oz bottle of Phytoplex antifungal powder, approximately 1/2 full, was unlocked, unattended and accessible on the windowsill in bedroom #5.

Repeat violation: 5/8/2018, et. al.

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.)

Claritin was removed immediately from the laundry room and disposed of immediately on 7/12/19. Amy Durcan aware notified.

Phytoplex antifungal powder is not a prescription and was ordered by Amelsip hospice - Hospice nurse and aides made aware of regulation 2600.183(b) - Powder disposed of on 7/12/19 by Michelle Grimm.

daily 7/31/19

Adm or designee will check [redacted] to ensure compliance of 2600.183(b).

Legal Entity Representative

Michelle Grimm

Signature

Michelle Grimm adm. 7/27/19

Printed Name and Title

Date

HORIZON PERSONAL CARE HOME INC

41383

183b - Meds and Syringes Locked (continued)

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

The above plan of correction is approved as of 8/2/19
(Date)

Plan of correction implementation status as of 8/2/19
(Date)

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

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

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JUL 30 2019

WEST REGION FIELD OFFICE
Human Services Licensing

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HORIZON PERSONAL CARE HOME INC

41383

JUL 30 2019

183d - Prescription Current

Regulations

WEST REGION FIELD OFFICE
Human Services Licensing

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

The following medications, prescribed for residents no longer living in the home, were found on the medication cart:

*Numerous medications packaged in a blister card, including Metoprolol 25 mg and Risperidone 2 mg, for resident #10, who passed away on resident #10's date of death

*1 box of Equate daytime and nighttime cold and flu gel tabs, prescribed for resident #11, who left the home on 3/22/19

*1 bottle of Anastrozole 1mg tablets, prescribed for resident #12, who left the home on 6/28/19

Repeat violation: 5/8/2018, et. al.

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.)

Lowell Long Term Pharmacy picked up the medication immediately on 7/12/19. The pharmacy made aware of picking up medication in a timely manner.

Equate daytime & nighttime cold & flu gel tabs were disposed of immediately
Anastrozole 1mg tablets were disposed of immediately

Med cart was inspected by Michelle Grimm on 7/19/19 to ensure compliance of 2600.183(d)

See Pages 18A, 18B and 18C of 27

HORIZON PERSONAL CARE HOME INC

41383

183d - Prescription Current (continued)

Legal Entity Representative

Michelle Grimm
Signature

Michelle Grimm adm
Printed Name and Title

7/27/19
Date

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

The above plan of correction is approved as of 8/2/19
(Date)

Plan of correction implementation status as of 8/2/19
(Date)

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

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

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JUL 30 2019

WEST REGION FIELD OFFICE
Human Services Licensing

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HORIZON PERSONAL CARE HOME INC

AUG 02 2019

41383

183d - Prescription Current

WEST REGIONAL PUBLIC OFFICE
Human Services Training

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

The following medications, prescribed for residents no longer living in the home, were found on the medication cart:

*Numerous medications packaged in a blister card, including Metoprolol 25 mg and Risperidone 2 mg, for resident #10, who passed away on resident #10's date of death

*1 box of Equate daytime and nighttime cold and flu gel tabs, prescribed for resident #11, who left the home on 3/22/19

*1 bottle of Anastrozole 1mg tablets, prescribed for resident #12, who left the home on 6/28/19

Repeat violation: 5/8/2018, et. al.

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 all medication storage areas to ensure only current prescription, PTC, sample and CAM for individuals living in the home are present.

Immediately: The home shall develop and implement procedures for the immediate removal of all expired and discontinued prescription medications, OTC, sample and CAM's, and for residents no longer living in the home. All medication shall be destroyed in accordance with the home's procedures and in accordance with 2600.183f. All staff persons qualified to administer medications shall be educated on the new procedures. Documentation of the education shall be kept.

HORIZON PERSONAL CARE HOME INC

41383

183d - Prescription Current (continued)

Legal Entity Representative

Michelle Grimm
Signature

Michelle Grimm Admin
Printed Name and Title

8/1/19
Date

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

Plan of correction implementation status as of _____
(Date)

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

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

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HORIZON PERSONAL CARE HOME INC

41383

JUL 30 2019

187a - Medication Record

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #5's July 2019 medication administration record (MAR) indicates Benzonatate 100mg capsule-Take one capsule by mouth every 8 hours as needed; however, this medication was discontinued on 5/3/19.

Resident #8 is prescribed Omeprazole-40mg capsule-Take one by mouth every day; however, the resident's July 2019 MAR indicates Omeprazole 20mg capsule-Take one capsule by mouth daily. Also, there are no diagnoses or purposes indicated for any of the medications on the resident's July 2019 MAR.

Resident #9 is prescribed and administered Oxycodone HCL 5mg tablet-Take 1/2 tablet by mouth every 6 hours as needed for pain; however, the medication is not indicated on the resident's July 2019 MAR.

Repeat violation: 5/8/2018, et al

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 #5 Benzonatate 100mg capsule was discontinued on the MAR on 7/12/19 by Michelle Grimm RN - Resident #5 passed away.

Resident #8 MAR was updated on 7/12/19 by Michelle Grimm RN
Diagnoses were completed on the MAR on 7/12/19 by Michelle Grimm RN.

Resident #9 Oxycodone HCL 5mg tablet was written on MAR on 7/12/19 by Michelle Grimm. Notified Annapolis hospice to Nurse to call Laurel Long Term Pharmacy to update the MAR when prescribing new medication.

Adm redesign will monitor the MAR's weekly for compliance. Also, 187(a) - Pictures sent.

See Pages 20A, 20B and 20C of 27

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HORIZON PERSONAL CARE HOME INC

41383

187a - Medication Record (continued)

JUL 30 2019

WEST REGION FIELD OFFICE
Human Services Licensing

Legal Entity Representative

Michelle Gorman
Signature

Michelle Gorman adm
Printed Name and Title

7/27/19
Date

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The above plan of correction is approved as of 8/2/19
(Date)

Plan of correction implementation status as of 8/2/19
(Date)

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

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

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HORIZON PERSONAL CARE HOME INC

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187a - Medication Record

WEST VIRGINIA HEALTH DEPARTMENT
Human Services Licensing

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #5's July 2019 medication administration record (MAR) indicates Benzonatate 100mg capsule-Take one capsule by mouth every 8 hours as needed; however, this medication was discontinued on 5/3/19.

Resident #8 is prescribed Omeprazole-40mg capsule-Take one by mouth every day; however, the resident's July 2019 MAR indicates Omeprazole 20mg capsule-Take one capsule by mouth daily. Also, there are no diagnoses or purposes indicated for any of the medications on the resident's July 2019 MAR.

Resident #9 is prescribed and administered Oxycodone HCL 5mg tablet-Take 1/2 tablet by mouth every 6 hours as needed for pain; however, the medication is not indicated on the resident's July 2019 MAR.

Repeat violation: 5/8/2018, et. al.

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 10 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be educated on procedures for updating resident MAR's immediately upon receipt of new medication orders from the prescriber. The education shall also include a review of resident MAR's to ensure all items indicated in 2600.187a(1) through 2600.187a(12) are present on each resident's MAR. Documentation of the education shall be kept.

HORIZON PERSONAL CARE HOME INC

41383

187a - Medication Record (continued)

Legal Entity Representative

[Handwritten Signature]
Signature

Michelle Grimm
Printed Name and Title

8/1/19
Date

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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

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WEST REGION FIELD OFFICE
Human Services Licensing

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JUL 30 2019

191 - Resident Right to Refuse

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

- 2600.
 - 191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #6, admitted 10/30/18, has not been educated on the resident's right to refuse medication if the resident believes that there may be a medication error.

Repeat violation: 5/8/2018, et. al.

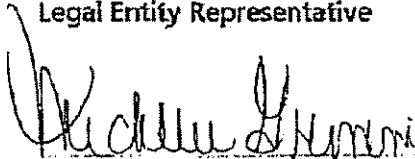
Plan of Correction (POC)

(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 #6 educated on right to refuse medication on 7/26/19.
 Adm to designee will audit all charts within 30 days to measure compliance of 2600.191

See Page 21A of 27

Legal Entity Representative



 Signature

Michelle Grimm adm 7/27/19
 Printed Name and Title Date

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The above plan of correction is approved as of 8/2/19
 (Date)

Plan of correction implementation status as of 8/2/19
 (Date)

The above plan of correction was approved by 
 (Initials)

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

HORIZON PERSONAL CARE HOME INC

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191 - Resident Right to Refuse

AUG 02 2019

Regulations

WEST REGION FIELD OFFICE
Human Services Licensing

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #6, admitted 10/30/18, has not been educated on the resident's right to refuse medication if the resident believes that there may be a medication error.

Repeat violation: 5/8/2018, et. al.

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 develop and implement a system to ensure each newly-admitted resident has been educated, in writing, of their right to refuse or question a medication if the resident believes there is a medication error. Documentation of the system shall be kept.

Legal Entity Representative

Michelle Grimm
Signature

Michelle Grimm adm *8/1/19*
Printed Name and Title Date

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

The above plan of correction is approved as of _____
(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

07/12/2019

21 of 27
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HORIZON PERSONAL CARE HOME INC

41383

JUL 30 2019

225a - Assessment 15 Days

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation



Violation Withdrawn 7/31/19

RM

No assessments were completed for the following residents:

*Resident #8, admitted 5/19/19

*Resident #9, admitted 1/24/19

Repeat violation: 5/8/2018, et. al.

Plan of Correction (POC)

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



*Resident #8 & Resident #9 assessments were completed on 7/21/19
Copy included.
All resident charts will be reviewed within 30 days to ensure compliance w/ 225(a) by administrator or designee.*

See Page 23A of 27

Legal Entity Representative

[Signature]
Signature

Michelle Grimm adm 7/27/19
Printed Name and Title Date

HORIZON PERSONAL CARE HOME INC

41383

225a - Assessment 15 Days (continued)

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The above plan of correction is approved as of 8/2/19
(Date)

Plan of correction implementation status as of 8/2/19
(Date)

The above plan of correction was approved by [Signature]
(Initials)

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

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JUL 30 2019

WEST REGION FIELD OFFICE
Human Services Licensing

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HORIZON PERSONAL CARE HOME INC

41383

225a - Assessment 15 Days

WEST HECOMMUNITY OFFICE
Human Services Department

Regulations

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation



No assessments were completed for the following residents:

- *Resident #8, admitted 5/19/19
- *Resident #9, admitted 1/24/19

Repeat violation: 5/8/2018, et. al.

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 develop and implement a system to ensure each newly-admitted assessment has an assessment completed in its entirety, within 15 days of admission. Documentation of the system shall be kept.

Legal Entity Representative

[Signature]
Signature

Michelle Grimm adm
Printed Name and Title

8/1/19
Date

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HORIZON PERSONAL CARE HOME INC

41383

225c - Additional Assessment

JUL 30 2019

Regulations

WEST REGION FIELD OFFICE
Human Services Licensing

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident #2's most recent assessment was completed on 7/12/19; however, the previous assessment was completed on 5/8/18.

Resident #4's most recent assessment, completed on 5/2/19, does not include an assessment of bowel management and understanding instructions. These sections of the assessment are blank

Resident #5's most recent assessment was completed on 5/8/18.

Repeat violation: 5/8/2018, et. al.

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.)

adm will make a list of when assessments are due to prevent this occurring.

Resident #4 assessment updated on 7/12/19.
Copy attached to previous page.

Resident #5 CTB on [redacted] /19. - Incident report done and faxed on 7/16/19.

Administrators in discipline will review all charts within 30 days to ensure compliance of 2600.225(c).

Resident #2 was updated on inspection 7/12/19.

See Page 25A of 27

Legal Entity Representative

Michelle Grimm
Signature

Michelle Grimm Bdm
Printed Name and Title

7/27/19
Date

HORIZON PERSONAL CARE HOME INC

41383

225c - Additional Assessment (continued)

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The above plan of correction is approved as of 8/2/19 (Date)

Plan of correction implementation status as of 8/2/19 (Date)

The above plan of correction was approved by [Signature] (Initials)

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

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JUL 30 2019

WEST REGION FIELD OFFICE
Human Services Licensing

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HORIZON PERSONAL CARE HOME INC

AUG 02 2019

41383

225c - Additional Assessment

WEST REGIONAL HEALTH OFFICE
Human Services Building

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident #2's most recent assessment was completed on 7/12/19; however, the previous assessment was completed on 5/8/18.

Resident #4's most recent assessment, completed on 5/2/19, does not include an assessment of bowel management and understanding instructions. These sections of the assessment are blank

Resident #5's most recent assessment was completed on 5/8/18.

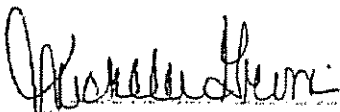
Repeat violation: 5/8/2018, et. al.

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 develop and implement a system to ensure each resident has an assessment completed in its entirety, at least annually. Documentation of the system shall be kept.

Legal Entity Representative


Signature

Michelle Grimm adm
Printed Name and Title

8/1/19
Date

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HORIZON PERSONAL CARE HOME INC

41383

JUL 30 2019

WEST REGION FIELD OFFICE
Human Services Licensing

226a - Mobility Assessment

Regulations

2600.

226.a. The resident shall be assessed for mobility needs as part of the resident's assessment.

Description of Violation

Resident #6's most recent assessment, dated 10/30/18, does not include an assessment of the resident's mobility needs. This section of the assessment is blank.

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 #6 mobility needs updated on 7/12/19 by Michelle Grimm.

Admin designated will audit all charts to ensure compliance of 2600.221 within 30 days.

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

RM 7/31/19

Legal Entity Representative

Michelle Grimm
Signature

Michelle Grimm adm 7/27/19
Printed Name and Title Date

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The above plan of correction is approved as of 8/2/19
(Date)

Plan of correction implementation status as of 8/2/19
(Date)

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

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

HORIZON PERSONAL CARE HOME INC

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227a - Support Plan 30 Days

JUL 30 2019

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

No support plans were completed for the following residents:

*Resident #8, admitted on 5/19/19

*Resident #9, admitted on 1/24/19

Plan of Correction (POC)

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

Resident #8 & Resident #9 Support plans completed on 7/24/19.
adm will make a check list with date you complete to ensure compliance of 2600.227(a)
adm to describe will monitor checks you compliance of 2600.227(a) within 30 days.
copies attached previously your assessments.

See Page 27A of 27

Legal Entity Representative

Michelle Grimm
Signature

Michelle Grimm adm 7/27/19
Printed Name and Title Date

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The above plan of correction is approved as of 8/2/19
(Date)

Plan of correction implementation status as of 8/2/19
(Date)

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

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

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HORIZON PERSONAL CARE HOME INC

41383

227a - Support Plan 30 Days

WEST REGIONAL PUBLIC OFFICE
Human Services Licensing

Regulations

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

No support plans were completed for the following residents:

*Resident #8, admitted on 5/19/19

*Resident #9, admitted on 1/24/19

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 develop and implement a system to ensure each newly-admitted assessment has a support plan completed in its entirety, within 30 days of admission. Documentation of the system shall be kept.

Legal Entity Representative

Signature

Michelle Grimm adm

Printed Name and Title

8/1/19

Date

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

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

07/12/2019

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