



January 7, 2019

Mr. Eric Roadman  
Administrator  
Presbyterian Homes, Inc.  
1155 Indian Springs Road  
Indiana, Pennsylvania 15701

RE: The Village House  
License #: 427290

Dear Mr. Roadman:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 11, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

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

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock", is written over a faint, larger version of the signature.

Kevin Hancock  
Deputy Secretary  
Office of Long Term Living

Enclosure  
Violation Report

# Violation Report

## Facility Information

Name: *THE VILLAGE HOUSE*  
Address: *1155 INDIAN SPRINGS ROAD,, INDIANA, PA 15701*  
County: *INDIANA*                      Region: *WESTERN*

License Number: *42729*

## Administrator

Name: *Eric Roadman*                      Phone: *7244641600*                      Email: *EROADMAN@PSL.ORG*

## Legal Entity

Name: *PRESBYTERIAN HOMES INC*  
Address: *1155 INDIAN SPRINGS ROAD, INDIANA, PA, 15701*

## Certificate(s) of Occupancy

Type: *C-1*                      Date: *08/24/1999*                      Issued By: *Dept of Health*

## Staffing Hours

Resident Support Staff: *0*                      Total Daily Staff: *27*                      Waking Staff: *20*

## Inspection

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

**RECEIVED**

## Inspection Dates and Department Representative

*09/11/2019 - On-Site: Amy Duncan, Desmond Grace*

*10/1/2019*

*Western Region Field Office  
Bureau of Human Services Licensing*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *42*                      Residents Served: *25*

### Secured Dementia Care Unit

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

### Hospice

Current Residents: *0*

### Number of Residents Who:

Receive Supplemental Security Income: *0*                      Are 60 Years of Age or Older: *25*  
Diagnosed with Mental Illness: *0*                      Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *2*                      Have Physical Disability: *0*

*Eric Roadman* PC Administrator *10-1-19*  
*09/11/2019*

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

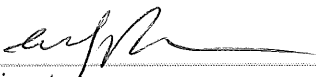
At 10:05 am, the resident privacy coding document, containing the names of multiple residents, including residents #1 and #2, was attached to the license inspection summary, dated 9/21/18, and was posted on the bulletin board next to the laundry room in the main hallway.

Plan of Correction (POC)

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

See attached page 2A of 13


Legal Entity Representative

  
Signature

Eric Roadman PC Administrator 9/11/19  
Printed Name and Title Date

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

The above plan of correction is approved as of 10/7/19  
(Date)

The above plan of correction was approved by   
(Initials)

Plan of correction implementation status as of 10/7/19  
(Date)

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

## 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 10:05 am, the resident privacy coding document, containing the names of multiple residents, including residents #1 and #2, was attached to the license inspection summary, dated 9/21/18, and was posted on the bulletin board next to the laundry room in the main hallway.

### 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.)

#### Change Made:

Privacy coding page was immediately removed. Bulletin board containing required postings was reviewed and reorganized to ensure there was no additional information posted.

#### Responsible Person:

Administrator

#### Date Change Will be Made:

Item immediately removed on 9/11/19

Reorganized the postings on 9/26/19

#### How the Change Will Be Made

Administrator reviewed and reorganized the bulletin board with postings to ensure no additional privacy concerns were noted. Administrator will remove privacy coding document prior to posting violation reports and POC for all future postings.

#### System to ensure ongoing compliance

Administrator will complete a monthly review and audit of postings to ensure required postings are present and there are no privacy concerns related to the postings. See attachment A for checklist.

#### Training Provided

Executive Director provided education to Administrator, who then provided education and reviewed compliance with Personal Care staff through written communication on 9/30/19 and will review at mandatory staff training on 10/2/19 to note privacy information to prevent reoccurrence.

Administrator and Personal Care LPN will review each subsequent violation report prior to posting, to ensure all confidential information has been removed



Eric Roadman PC Admin. 10-1-19

page 2A of 13

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 #4's resident-home contract, dated 4/11/16, is not signed by the administrator or the resident.

Resident #5's resident-home contract, dated 4/24/19, is not signed by the administrator or the resident.

Plan of Correction (POC)

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

See attached page 3A of 13

Legal Entity Representative

  
Signature

Eric Roadman PCA Admin.  
Printed Name and Title

10-1-19  
Date

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The above plan of correction is approved as of 10/7/19  
(Date)

Plan of correction implementation status as of 10/7/19  
(Date)

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

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

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 #4's resident-home contract, dated 4/11/16, is not signed by the administrator or the resident.  
Resident #5's resident-home contract, dated 4/24/19, is not signed by the administrator or the resident.

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.)

Change Made:

Administrator signed contract on 9/26/19. Resident #5 was educated and signed contract including exhibits A-H on 9/26/19.

Administrator and Resident #4 reviewed & signed contract and exhibits A-H on 9/26/19.

Responsible Person:

Administrator

Date Change Will be Made:

Admissions checklist will be used for all future admissions as of 9/26/19.

How the Change Will Be Made

Administrator audited all other resident charts to ensure compliance on 9/25/19.

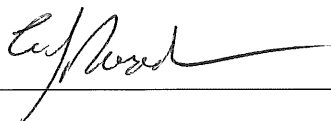
Administrator has reviewed contracts and exhibits with each affected resident. Administrator will utilize admission checklist and review with Executive Director who will cosign the checklist upon admission to ensure completion of contract.

System to ensure ongoing compliance

Administrator will utilize admission checklist (attachment B) to ensure contracts and all required notices are reviewed, signed by resident and payers, and responsible person if requested by resident and placed in the resident chart as of 9/26/19.

Training Provided

Administrator reviewed the checklist process with PC LPN, Executive Director and Marketing Director to ensure admissions process includes utilizing checklist to ensure staff obtain signatures, educate residents to required information and file in appropriate location in resident chart.



Eric Roadman PC Admin. 10-1-19

25c2 - Fee Schedule

Regulations

2600.

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

- 2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

Resident #5's resident-home contract, dated 4/24/19, indicates the fee schedule is included in the resident-home contract as "attachment C"; however, there is no attachment C attached to resident #5's resident-home contract.

Plan of Correction (POC)

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

See attached page 4A of 13

Legal Entity Representative

  
Signature

Eric Roadman PC Admin  
Printed Name and Title

10-1-19  
Date

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(Date)

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(Date)

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

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- Partially Implemented - Inadequate Progress
- Not Implemented

25c2 - Fee Schedule  
Regulations 2600.

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

2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

Resident #5's resident-home contract, dated 4/24/19, indicates the fee schedule is included in the resident-home contract as "attachment C"; however, there is no attachment C attached to resident #5's resident-home contract.

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.)

Change Made:

Exhibits A-H for Resident #5 that were originally signed by POA were immediately placed in the correct location in the chart. Administrator signed contract on 9/26/19. Resident was educated and signed contract including exhibits A-H on 9/26/19.

Responsible Person:

Administrator

Date Change Will be Made:

Admissions checklist will be used for all future admissions as of 9/26/19.

How the Change Will Be Made

Administrator has reviewed contracts and exhibits with Resident #5. Administrator will utilize admission checklist and review with Executive Director upon admission to ensure completion of contract and review and provide new residents with the attachment C / fee schedule.


System to ensure ongoing compliance

Administrator reviewed all other resident charts for compliance on 9/25/19.

Administrator will utilize admission checklist (attachment B) to ensure contracts and all required notices are reviewed, signed by resident and payers, and responsible person if requested by resident and placed in the resident chart as of 9/26/19.

Training Provided

Administrator reviewed the checklist process with PC LPN, Executive Director and Marketing Director to ensure admissions process includes utilizing checklist to ensure staff obtain signatures, educate residents to required information and file in appropriate location in resident chart.

 Eric Boardman PC Admin. 10-1-19

25c8 - Smoking

Regulations

2600.

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

- 8. The home's rules related to home services, including whether the home permits smoking.

Description of Violation

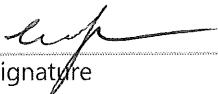
Resident #5's resident-home contract, dated 4/24/19, indicates the home rules are included in the resident-home contract as "attachment F"; however, there is no attachment F attached to resident #5's resident-home contract.

Plan of Correction (POC)

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

See attached p 5 A of 13

Legal Entity Representative

  
Signature

Eric Roadman PC Admin 10-1-19  
Printed Name and Title Date

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

The above plan of correction is approved as of	<u>10/7/19</u>	Plan of correction implementation status as of	<u>10/7/19</u>
	(Date)		(Date)
The above plan of correction was approved by	<u>ER</u>	<input type="checkbox"/> Fully Implemented	
	(Initials)	<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress	
		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

25c8 - Smoking  
Regulations 2600.

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

8. The home's rules related to home services, including whether the home permits smoking.

Description of Violation

Resident #5's resident-home contract, dated 4/24/19, indicates the home rules are included in the resident-home contract as "attachment F"; however, there is no attachment F attached to resident #5's resident-home contract.

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.)

Change Made:

Exhibit F for Resident #5 that were originally signed by POA were immediately placed in the correct location in the chart on 9/11/19. Administrator educated resident #5 and signed contract including exhibits A-H on 9/26/19.

Responsible Person:

Administrator

Date Change Will be Made:

Admissions checklist will be used for all future admissions as of 9/26/19.

How the Change Will Be Made

Administrator reviewed all other resident charts for compliance on 9/25/19.

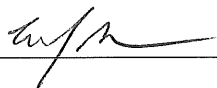
Administrator has reviewed contracts and exhibits with Resident #5. Administrator will utilize admission checklist and review with executive director upon admission to ensure completion of contract and education on fee schedule.

System to ensure ongoing compliance

Administrator will utilize admission checklist (attachment B) to ensure contracts and all required notices are reviewed, signed by resident and payers, and responsible person if requested by resident and placed in the resident chart as of 9/26/19.

Training Provided

Administrator reviewed the checklist process with PC LPN, Executive Director and Marketing Director to ensure admissions process includes utilizing checklist to ensure staff obtain signatures, educate residents to required information and file in appropriate location in resident chart.



Eric Roadman PC Admin

10-1-19

p 5A of 13

25c13 - Complaint Procedure

Regulations

2600.

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

- 13. Written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of rights and complaint procedures).

Description of Violation

Resident #5's resident-home contract, dated 4/24/19, indicates the resident rights and complaint procedures are included in the resident-home contract as "attachment D and attachment E"; however, there is no attachment D or attachment E attached to resident #5's resident-home contract.

Plan of Correction (POC)

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

See attached p6A of 13

Legal Entity Representative

  
Signature

Eric Roadman PL Admin.  
Printed Name and Title

10-1-19  
Date

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The above plan of correction is approved as of 10/7/19  
(Date)

Plan of correction implementation status as of 10/7/19  
(Date)

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

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

25c13 - Complaint Procedure  
Regulations 2600.

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

13. Written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of rights and complaint procedures).

Description of Violation

Resident #5's resident-home contract, dated 4/24/19, indicates the resident rights and complaint procedures are included in the resident-home contract as "attachment D and attachment E"; however, there is no attachment D or attachment E attached to resident #5's resident-home contract.

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.)

Change Made:

Exhibit D & E for Resident #5 that were originally signed by POA were immediately placed in the correct location in the chart. Administrator educated resident #5 and signed contract including exhibits A-H on 9/26/19.

Responsible Person:

Administrator

Date Change Will be Made:

Admissions checklist will be used for all future admissions as of 9/26/19.

How the Change Will Be Made

Administrator reviewed all other resident charts for compliance on 9/25/19.

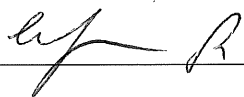
Administrator has reviewed contracts and exhibits with Resident #5. Administrator will utilize admission checklist and review with executive director upon admission to ensure completion of contract and education on fee schedule.

System to ensure ongoing compliance

Administrator will utilize admission checklist (attachment B) to ensure contracts and all required notices are reviewed, signed by resident and payers, and responsible person if requested by resident and placed in the resident chart as of 9/26/19.

Training Provided

Administrator reviewed the checklist process with PC LPN, Executive Director and Marketing Director to ensure admissions process includes utilizing checklist to ensure staff obtain signatures, educate residents to required information and file in appropriate location in resident chart.



Eric Roadman PC Admin.

10-1-19

p 6 A of 13

25d - Rent Rebate

Regulations

2600.

25.d. A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P. S. § 4751-1—4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2600.20 (relating to financial management) may apply. There may be no charge for filling out this paperwork.

Description of Violation

Resident #5's resident-home contract, dated 4/24/19, indicates the rent rebate form is included in the resident-home contract as "attachment H"; however, there is no attachment H attached to resident #5's resident-home contract.

Plan of Correction (POC)

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

See attached p 7A of 13


Legal Entity Representative

  
Signature

Eric Roadman PC Admin 10-1-19  
Printed Name and Title Date

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

The above plan of correction is approved as of 10/7/19  
(Date)

The above plan of correction was approved by   
(Initials)

Plan of correction implementation status as of 10/7/19  
(Date)

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

25d - Rent Rebate  
Regulations 2600.

25.d. A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P. S. §§ 4751-1—4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2600.20 (relating to financial management) may apply. There may be no charge for filling out this paperwork.

Description of Violation

Resident #5's resident-home contract, dated 4/24/19, indicates the rent rebate form is included in the resident home contract as "attachment H"; however, there is no attachment H attached to resident #5's resident-home contract.

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.)

Change Made:

Exhibit F for Resident #5 that was originally signed by POA were immediately placed in the correct location in the chart. Administrator educated resident #5 and signed contract including exhibits A-H on 9/26/19.

Responsible Person:  
Administrator

Date Change Will be Made:  
Admissions checklist will be used for all future admissions as of 9/26/19.

How the Change Will Be Made

Administrator reviewed all other resident charts for compliance on 9/25/19. Administrator has reviewed contracts and exhibit H with Resident #5. Administrator will utilize admission checklist and review with executive director upon admission to ensure completion of contract and education on fee schedule.

System to ensure ongoing compliance

Administrator will utilize admission checklist (attachment B) to ensure contracts and all required notices are reviewed, signed by resident and payers, and responsible person if requested by resident and placed in the resident chart as of 9/26/19.

Training Provided

Administrator reviewed the checklist process with PC LPN, Executive Director and Marketing Director to ensure admissions process includes utilizing checklist to ensure staff obtain signatures, educate residents to required information and file in appropriate location in resident chart.



Eric Roadman PC Admin. 10-1-19

p 7 A of 13

### 91 - Telephone Numbers

#### Regulations

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

#### Description of Violation

No emergency telephone numbers were posted on or near the telephone in the bedroom of resident #3.

#### Plan of Correction (POC)

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

See attached p 8A of 13

#### Legal Entity Representative

  
Signature

Eric Roadman PC Admin  
Printed Name and Title

10-1-19  
Date

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(Date)

Plan of correction implementation status as of 10/7/19  
(Date)

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

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

91 - Telephone Numbers

Regulations 2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line. Description of Violation No emergency telephone numbers were posted on or near the telephone in the bedroom of resident #3.

Description of Violation

No emergency telephone numbers were posted on or near the telephone in the bedroom of resident #3.

Plan of Correction (POC)

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

Change Made:

Required emergency phone numbers were immediately placed in residents room directly by the phone on 9/11/19

Responsible Person:

Administrator, Personal Care Aides, PC LPN

Date Change Will be Made:

9/26/19

How the Change Will Be Made

Administrator will audit all resident rooms for placement. Administrator, developed new cards with larger print on bright paper and will affixed them permanently on the wall near all outside lines and also on the back of resident doors in each room. This was completed on 9/30/19. All residents were educated about the requirement to keep this phone list in their room during the Resident Fellowship Meeting on 9/12/19.

System to ensure ongoing compliance

Monthly room Audits and the associated checklist (attachment C) will include placement of emergency telephone numbers.

Training Provided

All Personal Care staff members were provided with written education on 9/30/19 concerning the updated checklist and audit process and Administrator will review in person on 10/2/19 at mandatory staff meeting.



Eric Roadman PC Admin. 10-1-19

p8A of 13

102i - Soap Dispenser

Regulations

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was an unlabeled, used bar of soap at the sink in the shared bathroom of resident #3's bedroom.

Plan of Correction (POC)

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

See attached p 9A of 13

Legal Entity Representative

  
Signature

Eric Roadman PC Admin - 10-1-19  
Printed Name and Title Date

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(Date)

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- Not Implemented

102i - Soap Dispenser  
Regulations 2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was an unlabeled, used bar of soap at the sink in the shared bathroom of resident #3's bedroom.

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.)

Change Made:

Soap dish was immediately labeled and sanitized and soap discarded on 9/11/19 for resident #3.

Responsible Person:

PC Aides, Administrator

Date Change Will be Made:

9/27/19

How the Change Will Be Made

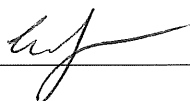
Administrator audited all other rooms for compliance. Administrator updated audit checklist and educated staff on the violation and the use of the updated audit checklist on 9/27/19. All residents were educated about the requirement to label soap and other personal items in their room during the Resident Fellowship Meeting on 9/12/19.

System to ensure ongoing compliance

Audit checklist was updated to include checking (attachment C) for bar soap and if present that it is placed in a labeled container.

Training Provided

All Personal Care staff members provided with written education on 9/29/19 and Administrator will review at mandatory staff meeting on 10/2/19.



Eric Roadman PC Admin. 10-1-19

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162c - Menus Posted

Regulations

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The menus located in a binder outside of the dining room are undated and only indicate "week 1", "week 2", "week 3", and "week 4" and "day 1" through "day 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.)

See attached p 10 A of 13

Legal Entity Representative

  
Signature

Eric Roadman PC Admin. 10-1-19  
Printed Name and Title Date

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The above plan of correction is approved as of 10/7/19  
(Date)

Plan of correction implementation status as of 10/7/19  
(Date)

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

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

162c - Menus Posted  
Regulations 2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The menus located in a binder outside of the dining room are undated and only indicate "week 1", "week 2", "week 3", and "week 4" and "day 1" through "day 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.)

Change Made:

Monthly menus were updated with dates and placed near the daily menus at the entrance to the dining room on 9/27/19

Responsible Person:

Dining Director, Executive Chef, ancillary dietary cooks and servers, Administrator

Date Change Will be Made:

Menus have been placed on 9/27/19; Staff will be educated by 9/29/2019

How the Change Will Be Made

Dining Director and Executive Chef will develop monthly cycle menus that include the dates for which each menu will be in effect and place them in a public location at the entrance to our dining room. See attachment D for updated menu format.

System to ensure ongoing compliance

Dining Director and Dietary staff will check daily that the menus are displayed with dates when they are updating the daily menus.

Training Provided

Dining Director to educate all ancillary dining staff to the process to display menus in public place and complete daily checks to ensure they are accurate and include dates



Eric Roadman PL Admin. 10-1-19

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:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #3 is prescribed Albuterol Sul 0.63 mg/3ml-Give 1 ampule inhaled every 4 hours as needed for shortness of breath; however, the pharmacy label does not indicate the route of administration, which is via a nebulizer.

Repeat violation: 9/21/2018

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.)

See attachment p. 11A of 13

Legal Entity Representative

  
Signature

Eric Roadman PC Admin  
Printed Name and Title

10/1/19  
Date

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The above plan of correction is approved as of 10/7/19  
(Date)

Plan of correction implementation status as of 10/7/19  
(Date)

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

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- Partially Implemented - Inadequate Progress
- Not Implemented

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:  
4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #3 is prescribed Albuterol Sul 0.63 mg/3ml-Give 1 ampule inhaled every 4 hours as needed for shortness of breath; however, the pharmacy label does not indicate the route of administration, which is via a nebulizer.  
Repeat violation: 9/21/2018

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.)

Change Made:

A new Physician order was obtained on 9/26/19 to include route for the affected resident #3. Electronic Medical Administration Record system was updated and a new Label was obtained from the pharmacy 9/27/19.

Responsible Person:

Personal Care LPN, Administrator

Date Change Will be Made:

9/27/2019

How the Change Will Be Made

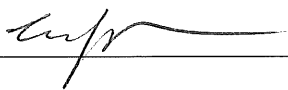
Personal Care LPN will audit all resident orders to ensure full dosage and administration instructions are included by October 11.

System to ensure ongoing compliance

Upon receiving new orders Personal Care Staff will follow the established process of noting and entering orders into the electronic medication administration record, ensuring full dosage and administration instructions are included on order and placed into the electronic medication administration record system. A second Personal Care staff member and also the Personal Care LPN will complete the three-point check of orders for accuracy.

Training Provided

Staff provided written reeducation on 9/29/19 to the correct order check process. In person reviews will be completed upon next scheduled shift by Personal Care LPN.



Eric Roadman PC Admin. 10-1-19

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187a - Medication Record

Regulations

2600.

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

- 7. Route of administration.

Description of Violation

Resident #3 is prescribed Albuterol Sul 0.63 mg/3ml-Give 1 ampule inhaled every 4 hours as needed for shortness of breath; however, the resident's September 2019 medication administration record does not indicate the route of administration, which is via a nebulizer.

Plan of Correction (POC)

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

See attached p 12 A of 13

Legal Entity Representative

  
Signature

Eric Roadman PC Admin. 10-1-19  
Printed Name and Title Date

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The above plan of correction is approved as of 10/7/19  
(Date)

Plan of correction implementation status as of 10/7/19  
(Date)

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

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

187a - Medication Record  
Regulations 2600.

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

7. Route of administration.

Description of Violation

Resident #3 is prescribed Albuterol Sul 0.63 mg/3ml-Give 1 ampule inhaled every 4 hours as needed for shortness of breath; however, the resident's September 2019 medication administration record does not indicate the route of administration, which is via a nebulizer.

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.)

Change Made:

A new physician order was obtained on 9/26/2019 to include Route for the affected resident #3. Electronic Medical Administration Record system was updated and a new Label was obtained from the pharmacy 9/27/19.

Responsible Person:

Personal Care LPN, Administrator

Date Change Will be Made:

9/27/2019

How the Change Will Be Made

Personal Care LPN will audit all resident orders to ensure full dosage and administration instructions are included.

System to ensure ongoing compliance

Upon receiving new orders, the Personal Care Staff will follow the established process of noting and entering orders into electronic medication administration record, ensuring full dosage and administration instructions are included on order and placed into the electronic medication administration record system. A second staff member, and then the Personal Care LPN will complete a triple check of orders for accuracy.

Training Provided

Staff provided written reeducation on 9/29/19 to the correct order check process. In person reviews will be completed upon next scheduled shift by Personal Care LPN.



Eric Roadman

PC Admin. 10-1-19

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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

Resident #5, who was admitted on 4/24/19, has not been educated to the resident's right to question or refuse a medication if the resident believes that there may be a medication error.

Plan of Correction (POC)

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

See attached p 13A of 13

Legal Entity Representative


  
Signature

Eric Roadman PC Admin 10-1-19  
Printed Name and Title Date

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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

Resident #5, who was admitted on 4/24/19, has not been educated to the resident's right to question or refuse a medication if the resident believes that there may be a medication error.

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.)

Change Made:

Listing of Resident Rights including the right to refuse a medication if the resident believes that there may be a medication error for resident #5 that were originally signed by POA were immediately placed in the correct location in the chart on 9/11/19. Administrator educated resident #5 on Resident rights and included copies in resident chart on 9/26/19.

Responsible Person:

Administrator

Date Change Will be Made:

Admissions checklist will be used for all future admissions as of 9/26/19.

How the Change Will Be Made

Administrator reviewed all other resident charts and confirmed compliance on 9/25/19. Administrator has reviewed contracts and exhibits with Resident #5. Administrator will utilize admission checklist and review with Executive Director upon admission to ensure completion of contract and education on fee schedule.

System to ensure ongoing compliance

Administrator will utilize admission checklist (attachment B) to ensure contracts and all required notices are reviewed, signed by resident and payers, and responsible person if requested by resident and placed in the resident chart as of 9/26/19.

Training Provided

Administrator reviewed with Personal Care LPN, Executive Director and Marketing Director the checklist process to ensure admissions process includes utilizing checklist to ensure staff obtain signatures, educate residents to required information and file in appropriate location in resident chart.



PC Administrator  
Eric Roadman 10/1/19