



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to LAFHEY HEALTH CARE SERVICES LLC
LEGAL ENTITY

To operate VICTORIA MANOR PERSONAL CARE HOME
NAME OF FACILITY OR AGENCY

Located at 100 ROSE COURT, OAKDALE, PA 15071
(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 38
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 13, 2019 until March 13, 2020,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **446421**

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



CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: September 13, 2019

Ms. Kathleen Krise
 Administrator
 Laffey Healthcare Services, LLC
 801 Elm Spring Road
 Pittsburgh, Pennsylvania 15243

RE: Victoria Manor Personal Care Home
 100 Rose Court
 Oakdale, Pennsylvania 15071
 Certificate #: 446421

Dear Ms. Krise:

As a result of the Department’s Bureau of Human Services Licensing inspection on February 13, 2019; March 1, 2019; May 6, 2019 and May 31, 2019, of the above facility, the violations specified on the enclosed violation report were found.

A PROVISIONAL license is being issued based on the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

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

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

| 55 Pa.Code Chapter 2600 Section no. | Class of Violation | Census at Inspection | Fine Per resident X Per day | Calculated Fine = Per day | Mandated Correction Date (to avoid Fine) |
|-------------------------------------|--------------------|----------------------|-----------------------------|---------------------------|--|
| 89b | II | 31 | \$5 | \$155 | 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:

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

Violation Report: 44842 - 02/13/2019 - Cutter, Jen
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On 2/13/2019 at 9:45 am, the privacy coding document attached to the licensing inspection summary (LIS), dated 3/2/9/2019, was unlocked and accessible in a binder on the front desk. The LIS included the names of resident #1 and #2.

On 2/13/2019 at 10:20 am, the computer on top of the medication cart in the TV lounge was unlocked and unattended. It was possible to access the medication records of every current resident including residents #3 and #4.

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

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

Upon discovery the administrator immediately removed LIS page from the binder to maintain confidentiality. The administrator immediately locked the medication cart and logged out of the computer.

The Administrator reeducated all med-tech's on HIPAA and State Regulation 55 Pa. Code 2600.17 on 4-12-19

The staff will be trained yearly on HIPAA and Confidentiality.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Kruse*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Kruse / Admin* Date *4/12/19*

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

The above plan of correction is approved as of 4/22/19 (Date)

Plan of correction implementation status as of 8/9/19 (Date)

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

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

Violation Report: 44642 - 02/13/2019 - Cutter, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 66 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

Resident #5 did not sign his/her contract, dated 1/7/2019.
Resident #6 did not sign his/her contract, dated 1/2/2019;
Resident #7 did not sign his/her contract, dated 5/2/2018.

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

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

Upon discovery the Administrator immediately checked the contracts. Resident #5, #6 & #7 had their designee sign the contract due to the resident being unable to sign.

The administrator had resident make a mark on the contract to indicate knowledge of contract to be in compliance with Regulation 2600.25(b)

A check list will Added to Admission papers to Remind Administrator/designee to get all paperwork is signed.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Kise*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Kise / Admin* Date *4/12/19*

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

The above plan of correction is approved as of 4/22/19 (Date)

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

Plan of correction implementation status as of 8/9/19 (Date)

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

Violation Report: 44642 - 02/13/2019 - Cutter, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION
The home does not have a quality management plan.

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

Upon discovery the Administrator immediately located the quality management plan and returned it to the policy book.

The administrator made 2 policy books so there is always current policies available.

The administrator will do yearly checks to ensure all the policies are in the book and updated to remain in compliance with state Regulation 2600.26

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/29/2018 et al

Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen Krise*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Krise / Admin* Date *4/12/19*

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

The above plan of correction is approved as of 4/22/19
(Date)

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

Plan of correction implementation status as of 8/9/19
(Date)

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

Violation Report: 44642 - 02/13/2019 - Cutter, Jan
FCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.28(e) - In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P.S. §§ 10226.101 - 10226.107). The home shall keep documentation of the refund in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #8, who was over the age of 60 and passed away while a resident, had his/her room cleared of personal belongings on 10/2/2018. The home did not refund the resident's previously paid rent of \$2,400.00 to the resident's estate in accordance with the Elder Care Payment Restitution Act.

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

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

Upon discovery the administrator immediately called the owner of Victoria Manor about the Refund for Resident #8.

The owner of Victoria Manor will Refund the Family of resident #8 the \$2,400⁰⁰ owed.

The Administrator will keep a Record of when a resident passes away and when the refund is sent to remain in compliance with state Regulation 2600.28 (e)

See page 5a of 32

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise/Admin* Date *4/16/19*

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

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|---|---|
| The above plan of correction is approved as of <u>8/6/19</u> (Date) | Plan of correction implementation status as of <u>8/9/19</u> (Date) |
| The above plan of correction was approved by <u><i>JW</i></u> (Initials) | <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

AUG 06 2019

Violation Report: 44842 - 02/13/2019 - Cutter, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.28(e) - In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P.S. §§ 10226.101 - 10226.107). The home shall keep documentation of the refund in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #8, who was over the age of 60 and passed away while a resident, had his/her room cleared of personal belongings on 10/2/2018. The home did not refund the resident's previously paid rent of \$2,400.00 to the resident's estate in accordance with the Elder Care Payment Restitution Act.

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

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

- Immediately: The administrator or designee shall refund the remainder of previously paid charges to the estate or designated person for resident #8. Documentation of the refund shall be kept.
- Within 5 days of receipt of the plan of correction: The administrator or designee shall develop and implement a tracking system to ensure refunds are issued to the resident's estate in accordance with 2600.28e and the Elder Care Payment Restitution Act.
- Within 5 days of receipt of the plan of correction: The administrator or designee will review the records of all residents who have passed away in the past 12 months to ensure the remainder of previously paid charges are refunded to the resident's estate or designated person in accordance with 2600.28e and the Elder Care Payment Restitution Act. Documentation of all refunds shall be kept.

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| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
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Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen Krise*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Krise / Admin* Date *8/6/19*

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

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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) | <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

Violation Report: 44642 - 02/13/2019 - Cutter, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, whose first day of work was 5/23/2018, did not receive orientation in general fire safety and emergency preparedness that includes the following:

- 1). Evacuation procedures
- 2). Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable
- 3). The designated meeting place outside of the building or within the fire safe area in the event of a fire
- 4). Smoking safety procedures, the home's smoking policy and location of smoking area, if applicable,
- 6). The location and use of fire extinguishers
- 6). Smoke detectors and fire alarms
- 7). Telephone use and notification of emergency services

Direct care staff person A, whose first day of work was 3/28/18, had orientation in general fire safety and emergency preparedness that was not dated, therefore, it cannot be determined if this orientation was completed timely.

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

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

The Administrator immediately had staff A+B complete orientation in general fire safety and emergency preparedness.

The Administrator will complete a check list prior to employee starting work.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise / Admin* Date *4/12/19*

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

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|---|---|
| <p>The above plan of correction is approved as of <u>4/22/19</u> (Date)</p> <p>The above plan of correction was approved by <u><i>JW</i></u> (Initials)</p> | <p>Plan of correction implementation status as of <u>8/9/19</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p> |
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Violation Report: 44642 - 02/13/2019 - Cutter, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 3/28/2018, did not receive orientation training in the following required topics:

- 1) Resident rights
- 2) Emergency medical plan
- 3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act
- 4) Reporting of reportable incidents and conditions

Direct care staff person B, hired 5/23/2018, received orientation in the topics required under 2600.65b which was not dated, therefore, it cannot be determined if this orientation was completed timely.

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.

Upon discovery the administrator immediately had staff person A & B complete the orientation needed to work at Victoria Manor.

The administrator will use the check list to ensure all documentation is completed as well as orientation and training.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise / Admin* Date *4/12/19*

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|---|---|
| <p>The above plan of correction is approved as of <u>4/22/19</u> (Date)</p> <p>The above plan of correction was approved by <u><i>JW</i></u> (Initials)</p> | <p>Plan of correction implementation status as of <u>8/9/19</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p> |
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Violation Report: 44642 - 02/13/2019 - Cutter, Jan
FCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A was hired on 3/28/2018 and began providing unsupervised ADL services on 3/28/2018; however, this staff person did not complete the Department-approved direct care training course or pass the competency test.

Direct care staff person B was hired on 5/23/2018 and began providing unsupervised ADL services on 5/23/2018; however, this staff person did not complete the Department-approved direct care training course or pass the competency test.

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

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

The administrator had staff Person A-B complete the Direct Care Staff Training Test.
Check list for employees will be used to ensure all required paperwork is completed.

| | | |
|-----------------------|-----------------------------------|------------------|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 03/29/2018 et al |
|-----------------------|-----------------------------------|------------------|

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise* Date *4/12/19*

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

The above plan of correction is approved as of 4/22/19 (Date)

Plan of correction implementation status as of 8/9/19 (Date)

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

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

Violation Report: 44642 - 02/13/2019 - Cutter, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION §§ Pa.Code §2600
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
Direct care staff person C, hired 10/3/04, received only 3 hours of annual training in the 2018 training year.

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

Upon discovery the Administrator spoke to staff person C to make up annual training missed.

The Administrator will have staff person C take the required annual training

The administrator will provide yearly training for staff to maintain 12 hours of training relating to their job as per Regulation 2600.65(e)

See page 9a of 32

Repeat Violation: No Date(s) of Previous Violation(s): 2

Signature of Legal Entity Representative
(Required on EVERY Page) Kathleen Krise

Printed Name and Title of Legal Entity Representative.
(Required on EVERY Page) Kathleen Krise/Admin Date 4/12/19

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|--|---|
| The above plan of correction is approved as of <u>8/6/19</u> (Date) | Plan of correction implementation status as of <u>8/9/19</u> (Date) |
| The above plan of correction was approved by <u>JW</u> (Initials) | <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

AUG 06 2019

Violation Report: 44642 - 02/13/2019 - Cutter, Jan
 PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person C, hired 10/3/04, received only 3 hours of annual training in the 2018 training year.

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

Immediately and as part of the quality management process: The administrator or designee shall review annual staff training documentation to ensure each direct care staff person receives at least 12 hours of annual training relating to their job duties.

By 12/31/19: Staff person C will complete a total of 21 hours of annual training relating to their job duties, 9 hours of which will be applied to the 2018 training year and 12 hours of which will be applied to the 2019 training year.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kathleen Kruse

| | |
|---|--------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | Date |
| Kathleen Kruse Admin | 8/6/19 |

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

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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) | <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

Violation Report: 44642 - 02/13/2019 - Cutter, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 66 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C, hired 10/3/04, did not receive training in the following required topics in the 2018 training year:

- 1). Medication self-administration
- 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) Safe management techniques

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.

Upon discovery the Administrator had staff person C complete the trainings for the year 2018

The Administrator Reeducated all staff on the importance of attending all inservices and completing all yearly training to maintain compliance with state Regulation 2600.65(f)

The administrator will provide yearly training to all staff to be in compliance with state Regulation 2600.65(f)

See page 10a of 32

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|----------------------|-----------------------------------|--|--|
| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
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Signature of Legal Entity Representative (Required on EVERY Page)

| | |
|--|---------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | Date |
| Kathleen Krise/Admin | 4/16/19 |

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

| | |
|---|---|
| The above plan of correction is approved as of <u>8/6/19</u> (Date) | Plan of correction implementation status as of <u>8/9/19</u> (Date) |
| The above plan of correction was approved by <u>JW</u> (Initials) | <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

Violation Report: 44642 - 02/13/2019 - Cutter, Jan
 PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
 Training Documentation

1. REGULATION 55 Pa.Code §2600
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person C, hired 10/3/04, did not receive training in the following required topics in the 2018 training year:

- 1). Medication self-administration
- 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) Safe management techniques

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

Immediately and as part of the quality management process: The administrator or designee shall review annual staff person training documentation to ensure each direct care staff person receives training in all topics required by 2600.65f.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kathleen Krise*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kathleen Krise / Admin* Date *8/6/19*

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

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

Violation Report: 44642 - 02/13/2019 - Cutter, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas;

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served; if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C, hired 10/3/04, did not receive training in the following required topics in the 2018 training year:

- 1). Fire safety completed by a fire safety expert
- 2). Emergency preparedness procedures and recognition and response to crises and emergency situations
- 3). Resident rights
- 4). The Older Adult Protective Services Act
- 5). Falls and accident prevention

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.

Up on discovery the administrator had staff person C Complete the yearly training for state Regulations.

The administrator Re educated all staff on the State Required training is mandatory for employment

The administrator will provide the state required training to staff yearly to maintain Regulation 2600.65(g)

Documentation of the yearly trainings will be kept. - SMP 9/9/19

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| Repeat Violation: No | Date(s) of Previous Violation(s): | |
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Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Kruse*

| | |
|--|---------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathleen Kruse Admin</i> | Date <i>4/16/19</i> |
|--|---------------------|

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|---|---|
| The above plan of correction is approved as of <u>8/6/19</u> (Date) | Plan of correction Implementation status as of <u>8/9/19</u> (Date) |
| The above plan of correction was approved by <u><i>JW</i></u> (Initials) | <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

APR 16 2019

Violation Report: 44642 - 02/13/2019 - Cutter, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 2/13/2019, resident #9 had 2 enabler bars on the left side of his/her bed. Each enabler bar had an 18 inch by 12 inch uncovered opening which poses an entrapment hazard for the resident.

3. PLAN OF CORRECTION (FOC) (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.

Upon discovery the administrator immediately removed enabler bar from the bed.

The administrator re educated staff on State Regulation 2600.81(b)

The administrator will inform not only staff but families that enabler bars are prohibited due to safety reasons.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Kruse*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Kruse / Admin* Date *4/12/19*

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|---|---|
| The above plan of correction is approved as of <u>4/22/19</u> (Date) | Plan of correction implementation status as of <u>8/9/19</u> (Date) |
| The above plan of correction was approved by <u>JW</u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

APR 16 2019

Violation Report: 44642 - 02/13/2019 - Cutter, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

On 2/13/2019, at 11:50 am, there was a used catheter bag with tubing containing urine on the shower chair in the shared bathroom of bedroom #20.

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.

Upon discovery the administrator immediately removed the catheter bag from the shower and had staff clean it and put away properly to maintain sanitary conditions.

The administrator immediately re educated staff on sanitary conditions to be in compliance with state regulation 2600.85

The administrator will provide yearly training on infection control and sanitary conditions.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen Kuse*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Kuse/Admin* Date *4/12/19*

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

The above plan of correction is approved as of 4/22/19
(Date)

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

Plan of correction implementation status as of 8/9/19
(Date)

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

APR 16 2019

Violation Report: 44642 - 02/13/2019 - Cutter, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
On 2/13/2019, there was an approximately 3" by 2" hole in the ceiling above the shower in bedroom #12.

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.

Upon discovery the administrator immediately called maintenance man and had the hole in the ceiling repaired in Rm #12.

The administrator and maintenance man walked the building to ensure any hazards were addressed.

A monthly check of the home will be done by maintenance man.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen Krise*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Krise / Admin* Date *4/12/19*

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| The above plan of correction is approved as of <u>4/22/19</u> (Date) | Plan of correction implementation status as of <u>8/9/19</u> (Date) |
| The above plan of correction was approved by <u><i>JW</i></u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

APR 16 2019

Violation Report: 44642 - 02/13/2019 - Cutter, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
On 2/13/2019 at 10:10 am, the hot water temperature at the sink in the women's common bathroom measured 128.4 degrees Fahrenheit.
On 2/13/2019 at 10:15 am, the hot water temperature at the sink in the men's common bathroom measured 138.9 degrees Fahrenheit.
On 2/13/2019 at 11:50 am, the hot water temperature at the sink in the shared bathroom of bedroom #20 measured 123.4 degrees Fahrenheit.

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

Upon discovery the administrator immediately checked the thermostat and set the hot water temperature to 120°F.

The administrator and maintenance man will educate the staff on the need to keep hot water temperature at 120°F or below to be in compliance with state regulation 2600.89(b)

The administrator will check thermostat weekly to ensure temperature remains at 120°F or below

Documentation of the staff education and the weekly checks will be kept. - SMP 9/9/19

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/29/2018 et al

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Kruse*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Kruse / Admin* Date *4/12/19*

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

The above plan of correction is approved as of 4/22/19 (Date)
The above plan of correction was approved by *JW* (Initials)

Plan of correction implementation status as of 8/9/19 (Date)

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

Violation Report: 44642 - 02/13/2019 - Cutter, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.
APR 16 2019

2a. DESCRIPTION OF VIOLATION
On 2/13/2019, resident #6's closet door is off the hinges and completely detached from the frame.

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.

Upon discovery the administrator called the maintenance man to repair closet door immediately.

Administrator educated staff on the importance of reporting any and all repairs needed to the maintenance man so repairs are made quickly.

The administrator and maintenance man will do monthly checks for repairs that are needed so they can be done in a timely manner.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen Kruse*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Kruse / Admin* Date *4/12/19*

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

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| The above plan of correction was approved by <u>JW</u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

APR 16 2019

Violation Report: 44642 - 02/13/2019 - Cutter, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 65 Pa. Code §2600

2600.101(i)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

On 2/13/19, residents #6, #10 and #11 do not have an operable source of light that can be turned on/off from bedside.

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.

Upon discovery the administrator checked lamps to ensure they were working and the bulbs were changed immediately and lamps at bedside worked.

The administrator and maintenance man will do weekly checks to ensure that all lamps are in proper working order.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Kruse*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Kruse / Admin* Date *4/12/19*

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

The above plan of correction is approved as of 4/22/19 (Date)

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

Plan of correction implementation status as of 8/9/19 (Date)

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

APR 16 2019

Violation Report: 44642 - 02/13/2019 - Curter, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 66 Pa.Code §2600
2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION
On 2/13/2019, the home's and the municipality's emergency procedures were in the administrator's office and not posted in a conspicuous and public place in the home.

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

Upon discovery the administrator immediately put the emergency preparedness procedures in a conspicuous + public place.

The administrator made two books. One for public place and one in the administrator's office.

Weekly checks will be done to ensure that the emergency procedures are posted in a conspicuous and public area in the home. Documentation of the weekly checks will be kept. - SMP 9/9/19

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen Kruse*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Kruse / Admin* Date *4/12/19*

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

The above plan of correction is approved as of 4/22/19
(Date)

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

Plan of correction implementation status as of 8/9/19
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

APR 16 2019

Violation Report: 44842 - 02/13/2019 - Cutter, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
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.

2a. DESCRIPTION OF VIOLATION
Resident #7, admitted 5/2/2018, did not have a medical evaluation completed.

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

The administrator had MD complete a medical evaluation form.

The Administrator will complete an Admission check list to ensure all proper documentation is completed upon residents admission.

Tabula Pro will be used to monitor as a tool when documentation needs completed and updated.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen Kruse*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Kruse / Admin* Date *4/12/19*

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

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| The above plan of correction is approved as of <u>4/22/19</u> (Date) | Plan of correction implementation status as of <u>8/9/19</u> (Date) |
| The above plan of correction was approved by <u><i>JW</i></u> (Initials) | <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

Violation Report: 44642 - 02/13/2019 - Cutter, Jan
FCH Name: VICTORIA MANOR PERSONAL CARE HOME

APR 16 2019

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

2a. DESCRIPTION OF VIOLATION

Resident #12 had a medical evaluation completed on 8/17/2017; however, the next medical evaluation was not completed until 9/25/2018.

Resident #2's most recent medical evaluation was completed on 1/8/2018.

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

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

Upon discovery the administrator called the MD for Resident #2 and had medical evaluation completed. The medical evaluation for resident #12 was late.

The administrator will use Tabula Pro as a tool to keep up with all yearly documentation so it is done in a timely manner

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Kruse*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Kruse / Admin* Date *4/12/19*

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

The above plan of correction is approved as of 4/22/19 (Date)

Plan of correction implementation status as of 8/9/19 (Date)

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

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

APR 16 2019

Violation Report: 44642 - 02/13/2019 - Cutter, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
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.

2a. DESCRIPTION OF VIOLATION
On 2/13/2019 at 12:00 pm, there was a bottle of Lidocaine Hydrochloride oral topical solution unlocked and accessible on resident #12's bedside table.
On 2/13/2019 at 3:45 pm, there was a container of Nystatin 100,000 un/gm powder unlocked and accessible on resident #5's dresser.

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.
upon discovery the administrator immediately removed the medications from Resident's #5 & #12 Room and locked them up in the treatment carts.
The administrator reeducated med tech's on the policies regarding storage of Resident's medications
Yearly training on medication errors and medication storage.
See page 23a of 32

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Rise*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Rise / Admin* Date *4/12/19*

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

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| The above plan of correction was approved by <u>JW</u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

AUG 06 2019

Violation Report: 44642 - 02/13/2019 - Cutter, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.193(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.

2a. DESCRIPTION OF VIOLATION

On 2/13/2019 at 12:00 pm, there was a bottle of Lidocaine Hydrochloride oral topical solution unlocked and accessible on resident #12's bedside table.

On 2/13/2019 at 3:45 pm, there was a container of Nystatin 100,000 un/gm powder unlocked and accessible on resident #5's dresser.

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

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

Immediately and at least weekly thereafter: A designated staff person will check the home to ensure all prescription medications, OTC medications, CAM and syringes are kept in an area or container that is locked.

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| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
| Signature of Legal Entity Representative (Required on EVERY Page) | | | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | | Date | |
| Kathleen Krise / Admin | | 8/6/19 | |

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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) | <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

APR 16 2019

Violation Report: 44642 - 02/13/2019 - Cutter, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

There was no pharmacy label on Resident #10's Humalog Kwikpen 3ml/100u per ml.

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.

Upon discovery, the administrator immediately had Humalog Kwikpen labeled with a pharmacy label.

The administrator got the label, put the Kwikpen in a bag and put the label on the bag to be in compliance with state Regulation 2600.184(a)

The administrator and med-tech will check medications ^{weekly} to ensure all proper pharmacy labels are on medications when delivered.

Documentation of weekly medication checks will be kept. - SMP 9/9/19

Repeat Violation: Yes

Date(s) of Previous Violation(s):

03/29/2018 et al

Signature of Legal Entity Representative
(Required on EVERY Page)

Kathleen Kruse

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

Kathleen Kruse/Admin

Date

4/12/19

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

The above plan of correction is approved as of

4/22/19
(Date)

Plan of correction implementation status as of 8/9/19.
(Date)

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

The above plan of correction was approved by

JW
(Initials)

APR 16 2019

Violation Report: 44642 - 02/13/2019 - Cutler, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
Alprazolam 0.25 mg was administered to resident #10 on 2/10/19 at 9:00 pm and 2/28/19 at 2:45 pm; however, the resident's February 2019 medication administration record does not include the initials of the staff person who administered the medication.

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.

Upon discovery the administrator immediately pulled the MAR & Staffing Records to see who passed meds. The 28th was signed for. The 10th was not.

The administrator re educated med techs on signing off medications so effectiveness can be determined.

The medication techs. will be having yearly training on medication errors.

See page 25a of 32

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/29/2018 et al

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Kruse*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kathleen Kruse-Admin Date 4/12/19

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

The above plan of correction is approved as of 8/6/19 (Date)

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

- Plan of correction implementation status as of 8/9/19 (Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

AUG 06 2019

Violation Report: 44642 - 02/13/2019 - Cutter, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 Alprazolam 0.25 mg was administered to resident #10 on 2/10/19 at 9:00 pm and 2/28/19 at 2:45 pm; however, the resident's February 2019 medication administration record does not include the initials of the staff person who administered the medication.

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

Within 15 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be re-educated that the documentation of medication administration in the resident's medication administration record (MAR) shall be recorded at the time the medication is administered. Documentation of the education shall be kept.
 Immediately and monthly thereafter: A designated staff person qualified to administer medications shall review resident MARs to ensure the documentation of medication administration is recorded at the time the medication is administered.
 Documentation of monthly reviews will be kept. - SMP 9/9/19

| | | |
|------------------------------|---|--|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): 03/29/2018 et al | |
|------------------------------|---|--|

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kathleen Kase*

| | |
|---|---------------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathleen Kase/Admin</i> | Date <i>8/6/19</i> |
|---|---------------------------|

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

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

APR 16 2019

Violation Report: 44642 - 02/13/2019 - Cutter, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

Resident #8 is prescribed Levothyroxine 75 mcg, take one tablet by mouth daily at 6:00 am. However, the medication was not administered from 2/2/19 through 2/13/19 because it was not available in the home.

Resident #8 is prescribed Oxcarbazine 150 mg, take one tablet by mouth twice a day. However, the medication was not administered from 2/1/19 through 2/7/19 because it was not available in the home.

Resident #9 is prescribed Temazepam 15 mg take one capsule at bedtime as needed; however, the medication is not available in the home.

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

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

Upon discovery the administrator did see that the families provide medications. Resident # 6 family was notified 7 days prior to last dose. Resident # 9 family member also renotified to pick up medication from their pharmacy.

The administrator will institute a policy so if families do not bring medications in before they run out Victoria Manor will order medications from their pharmacy to avoid missed doses of medications.

See page 26a of 32

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Driscoll*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Driscoll Admin* Date *4/12/19*

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

The above plan of correction is approved as of 8/6/19 (Date)

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

Plan of correction implementation status as of 8/9/19 (Date)

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

RECEIVED

Violation Report: 44642 - 02/13/2019 - Culter, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

AUG 06 2019

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #6 is prescribed Levothyroxine 75 mcg, take one tablet by mouth daily at 6:00 am. However, the medication was not administered from 2/2/19 through 2/13/19 because it was not available in the home.

Resident #6 is prescribed Oxcarbazine 150 mg, take one tablet by mouth twice a day. However, the medication was not administered from 2/1/19 through 2/7/19 because it was not available in the home.

Resident #9 is prescribed Temazepam 15 mg take one capsule at bedtime as needed; however, the medication is not available in the home.

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

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

Immediately and at least weekly thereafter: A designated staff person will audit resident medication and prescribers' orders to ensure the home is following the directions of the prescriber.

Documentation of the weekly audits will be kept. - SMP 9/9/19

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen Kruse*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Kruse / Admin* Date *8/6/19*

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

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

APR 16 2019

Violation Report: 44642 - 02/13/2019 - Cutter, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600.
2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, who has not successfully completed the Department-approved medication administration course, administered the following medications to resident #5 on February 6, 2018 at 8:00 am:

- Amlodipine 10 mg, take one tablet by mouth once daily
- Aspirin EC 81 mg, take one by mouth once daily
- Citalopram 20 mg, take one tablet by mouth once daily
- Lisinopril 10 mg, take one tablet by mouth once daily
- Nystatin 100,000 un/gm powder, apply topically to breasts twice daily

Direct care staff person C completed the Department-approved medication administration course on 6/19/2017; however, he/she has not completed any of the required annual practicums since that date. Direct care staff person C administered multiple medications to residents of the home including the following to resident #10 on the following dates and times:

- Alprazolam 0.25 mg, take one tablet by mouth in the morning at 8:00 am on February 3, 4, 5, 7, 10, 11, 12 and 13.
- Aspirin 81 mg, chew and swallow one tab by mouth daily at 8:00 am on February 3, 4, 5, 7, 10, 11, 12 and 13.
- Atorvastatin 100 mg, take one tablet by mouth once daily at 8:00 am on February 3, 4, 5, 7, 10, 11, 12 and 13.
- Divalproex 125 mg sprinkle, take 2 capsules by mouth in the morning at 8:00 am on February 3, 4, 5, 7, 10, 11, 12 and 13.
- Docusate Sodium 100 mg, take one capsule by mouth once daily at 8:00 am on February 3, 4, 5, 7, 10, 11, 12 and 13.
- Finasteride 5 mg; take one tablet by mouth once daily at 8:00 am on February 3, 4, 5, 7, 10, 11, 12 and 13.
- Glimepiride 1 mg, take one table by mouth once daily at 8:00 am on February 3, 4, 5, 7, 10, 11, 12 and 13.
- Humalog 100-units/ml kwikpen per sliding scale at 7:00 am on February 12 and 13 and 11:30 am on February 7, 10, 11, 12 and 13.

13.

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.

Upon discovery the Administrator pulled med training Records. Staff Person B completed the training on 9-7-18. Staff person C will Retake medication Administration class over 4-27-19

The Administrator will ensure medication training is kept up to date and current with State Regulation 2600.190 (a)

See page 27a of 32

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| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
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| Signature of Legal Entity Representative <i>(Required on EVERY Page)</i> | |
|---|--|

| | |
|--|------|
| Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> | Date |
|--|------|

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

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|--|---|
| The above plan of correction is approved as of <u>8/6/19</u> (Date) The above plan of correction was approved by <u>JW</u> (Initials) | Plan of correction implementation status as of <u>8/9/19</u> (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |
|--|---|

AUG 06 2019

Violation Report: 44642 - 02/13/2019 - Cutter, Jan
 PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST MICHIGAN FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, who has not successfully completed the Department-approved medication administration course, administered the following medications to resident #5 on February 6, 2018 at 8:00 am:

- Amlodipine 10 mg, take one tablet by mouth once daily
- Aspirin EC 81 mg, take one by mouth once daily
- Citalopram 20 mg, take one tablet by mouth once daily
- Lisinopril 10 mg, take one tablet by mouth once daily
- Nystatin 100,000 un/gm powder, apply topically to breasts twice daily

Direct care staff person C completed the Department-approved medication administration course on 6/19/2017; however, he/she has not completed any of the required annual practicums since that date. Direct care staff person C administered multiple medications to residents of the home including the following to resident #10 on the following dates and times:

- Alprazolam 0.25 mg, take one tablet by mouth in the morning at 8:00 am on February 3, 4, 5, 7, 10, 11, 12 and 13.
- Aspirin 81 mg, chew and swallow one tab by mouth daily at 8:00 am on February 3, 4, 5, 7, 10, 11, 12 and 13.
- Atorvastatin 100 mg, take one tablet by mouth once daily at 8:00 am on February 3, 4, 5, 7, 10, 11, 12 and 13.
- Divalproex 125 mg sprinkle, take 2 capsules by mouth in the morning at 8:00 am on February 3, 4, 5, 7, 10, 11, 12 and 13.
- Docusate Sodium 100 mg, take one capsule by mouth once daily at 8:00 am on February 3, 4, 5, 7, 10, 11, 12 and 13.
- Finasteride 5 mg, take one tablet by mouth once daily at 8:00 am on February 3, 4, 5, 7, 10, 11, 12 and 13.
- Glimepiride 1 mg, take one table by mouth once daily at 8:00 am on February 3, 4, 5, 7, 10, 11, 12 and 13.
- Humalog 100 units/ml kwikpen per sliding scale at 7:00 am on February 12 and 13 and 11:30 am on February 7, 10, 11, 12 and 13.

13.

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

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

Immediately: The administrator or designee shall review staff training records to ensure all staff persons currently administering medications to residents have successfully passed the Department-approved medication administration program and have passed an annual practicum within the past 12 months. Documentation of this training shall be available in the staff person's record.

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| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kathleen Risc*

| | |
|--|--------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathleen Risc / Admin</i> | Date <i>8/6/19</i> |
|--|--------------------|

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

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

APR 16 2019

Violation Report: 44642 - 02/13/2019 - Cutter, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION
Direct care staff person B has not completed a Department-approved diabetes patient education program within the past 12 months; however, staff person B administered Insulin to resident #10 on February 6, 2019 at 7:00 am.
Direct care staff person C has not completed a diabetes patient education program within the past 12 months; however, staff person C administered insulin to resident #10 on February 12 and 13, 2019 at 7:00 am, and February 7, 10, 11, 12 and 13, 2019 at 11:30 am.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
Upon discovery Administrator could not find certificate for Diabetic training due 10-4-18 for staff B & C
The Administrator will have staff be educated on Diabetic Training
The Administrator will provide Diabetic Training Yearly.

See page 28a of 32

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen Kruse*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Kruse/Admin* Date *4/12/19*

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

| | |
|--|---|
| The above plan of correction is approved as of <u>8/6/19</u> (Date) | Plan of correction implementation status as of <u>8/9/19</u> (Date) |
| The above plan of correction was approved by <u>JW</u> (Initials) | <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

AUG 06 2019

Violation Report: 44642 - 02/13/2019 - Cutter, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

WEST REGION FIELD OFFICE
SUPPORT SERVICES DIVISION

1. REGULATION 55 Pa.Code §2600

2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B has not completed a Department-approved diabetes patient education program within the past 12 months; however, staff person B administered insulin to resident #10 on February 6, 2019 at 7:00 am.

Direct care staff person C has not completed a diabetes patient education program within the past 12 months; however, staff person C administered insulin to resident #10 on February 12 and 13, 2019 at 7:00 am, and February 7, 10, 11, 12 and 13, 2019 at 11:30 am.

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

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

Immediately: The administrator or designee shall review staff training records to ensure all staff persons currently administering insulin have successfully completed a Department-approved diabetes patient education program within the past 12 months. Documentation of this training shall be available in the staff person's record.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Kruse*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Kruse / Admin* Date *8/6/19*

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

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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) | <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

APR 16 2019

Violation Report: 44642 - 02/13/2019 - Cutter, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #7, admitted 5/2/2018, did not have an assessment completed.

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

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

Upon discovery the administrator had the assessment completed immediately.

The administrator and designee re educated the staff on the importance of completing the assessment in a timely manner to remain in compliance with state Regulation 2600.225(b)

Yearly training will be done on completing DUE's & RASPs

Documentation of the yearly training will be kept. - SMP 9/9/19

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Krise Admin* Date *4/12/19*

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

The above plan of correction is approved as of 4/22/19 (Date)

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

Plan of correction implementation status as of 8/9/19 (Date)

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

APR 16 2019

Violation Report: 44642 - 02/13/2019 - Cutter, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

Resident #8's support plan, dated 7/12/18, was blank on page #2 and was missing the description of service needs, plan to meet the service need, frequency and responsible party for the personal care needs of eating, drinking, transferring in/out of bed/chair and toileting. In addition, the plan to meet the medical need, frequency and responsible party were not identified for the diagnoses of subdural hematoma, fall risk lumbar stenosis and coronary artery disease.

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

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

Resident #8 has passed away
[redacted] 2018.

Page #2 was completed by designee.

The Administrator will re educate staff on
State Regulation 2600.227(A)

Yearly training on support plans will be
provided by Administrator

See page 31a of 32

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen Krise*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Krise / Admin* Date *4/16/19*

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

The above plan of correction is approved as of 8/6/19
(Date)

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

Plan of correction implementation status as of 8/9/19
(Date)

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

AUG 06 2019

Violation Report: 44642 - 02/13/2019 - Cutter, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 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.

2a. DESCRIPTION OF VIOLATION
 Resident #8's support plan, dated 7/12/18, was blank on page #2 and was missing the description of service needs, plan to meet the service need, frequency and responsible party for the personal care needs of eating, drinking, transferring in/out of bed/chair and toileting. In addition, the plan to meet the medical need, frequency and responsible party were not identified for the diagnoses of subdural hematoma, fall risk lumbar stenosis and coronary artery disease.

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

Within 5 days of receipt of the plan of correction: A designated staff person will review resident records to ensure each resident has a support plan completed in its entirety and available in each resident's record.

| | | | |
|---|-----------------------------------|--|--------------------|
| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
| Signature of Legal Entity Representative (Required on EVERY Page) <i>Kathleen Krise</i> | | | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathleen Krise/Admin</i> | | | Date <i>8/6/19</i> |

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

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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) | <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

APR 16 2019

Violation Report: 44842 - 02/13/2019 - Cutter, Jan
PCH Name: VICTORIA MANOR PERSONAL CARE HOME

1. REGULATION 65 Pa. Code §2600
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
Resident #8 did not sign his/her support plan, dated 7/12/2018, nor is there an indication that the resident was unable or unwilling to sign.

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

Resident #8 passed away on [redacted] 18

The administrator will Re educate staff on State Regulation 2600.227 (g)

The administrator will provide yearly training on RASP's.

Documentation of the staff re-education and yearly training will be kept. - SMP 9/9/19

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Kruse*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen Kruse Admin* Date *4/16/19*

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

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|---|---|
| The above plan of correction is approved as of <u>4/22/19</u> (Date) | Plan of correction implementation status as of <u>8/9/19</u> (Date) |
| The above plan of correction was approved by <u>JW</u> (Initials) | <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

Violation Report

Facility Information

Name: VICTORIA MANOR PERSONAL CARE HOME
Address: 100 ROSE COURT, OAKDALE, PA 15071
County: ALLEGHENY

License Number: 446420

Region: WESTERN

Administrator

Name: KATHLEEN KRISE

Phone: 7246938336

Email: LLAFFEY@GMAIL.COM

Legal Entity

Name: LAFFEY HEALTH CARE SERVICES LLC
Address: 801 ELM SPRING ROAD, PA, 15243

Certificate(s) of Occupancy

Type: C-2 LP

Date: 9/17/1997

Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 38

Waking Staff: 29

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason:

Interim , POC , Complaint

Inspection Dates and Department Representative

05/06/2019 - Jan Cutter , Lauren Spagna

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 38

Residents Served: 32

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: 32

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 6

Have Physical Disability: 0

JUN 9 4 2019

25b - Contract Signatures

Reg 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 #1 did not sign his/her contract, dated 3/30/2019.

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.)

Upon discovery the administrator immediately had Resident #1 sign the contract.

The administrator created a checklist to ensure all admission documentation is completed in the time frame to be in compliance with state regulation 2600.25b

The administrator and/or designee will check charts monthly to ensure all admission documentation is complete & in the charts

Documentation of monthly checks will be kept. - SMP 9/9/19

Legal Entity Representative

Kathleen Krisc
Signature

Kathleen Krisc/Admin 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 6/28/19 (Date)

Plan of correction implementation status as of 8/9/19 (Date)

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

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

JUN 9 4 2019

28e - Death of a Resident

Regulations

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § 5 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #2, who was over the age of 60 and passed away while a resident, had his/her room cleared of personal belongings on 1/6/2019. The home did not refund the resident's previously paid rent of \$2,683.87 to the resident's estate in accordance with the Elder Care Payment Restitution Act.

Plan of Correction (POC)

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

Upon discovery the Administrator immediately the owner was informed.

The administrator created a billing sheet to use to include Admission and discharge charges and refunds.

The administrator does not have control over the finances and all Refund information is given to the owner.

Se page 3a of 18

Legal Entity Representative

Kathleen Krise
Signature

Kathleen Krise / Admin 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 8/6/19 (Date)

Plan of correction implementation status as of 8/9/19 (Date)

The plan of correction was approved by *JW* (Initials)

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

RECEIVED

VICTORIA MANOR PERSONAL CARE HOME

446420

28e - Death of a Resident

AUG 06 2019

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

28.a. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #2, who was over the age of 60 and passed away while a resident, had his/her room cleared of personal belongings on 1/6/2019. The home did not refund the resident's previously paid rent of \$2,683.87 to the resident's estate in accordance with the Elder Care Payment Restitution Act.

Plan of Correction (POC)

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

Immediately: The administrator or designee shall refund the remainder of previously paid charges to the estate or designated person for resident #2. Documentation of the refund shall be kept.

Within 5 days of receipt of the plan of correction: The administrator or designee shall develop and implement a tracking system to ensure refunds are issued to the resident's estate in accordance with 2600.28e and the Elder Care Payment Restitution Act.

Within 5 days of receipt of the plan of correction: The administrator or designee will review the records of all residents who have passed away in the past 12 months to ensure the remainder of previously paid charges are refunded to the resident's estate or designated person in accordance with 2600.28e and the Elder Care Payment Restitution Act. Documentation of all refunds shall be kept.

Legal Entity Representative

Kathleen Krise
Signature

Kathleen Krise / Admin 8/6/19
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

89b - Hot Water Temperature

Regulations

2600.

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

Description of Violation

At 9:46 am, the hot water temperature in bedroom #19 measured 126.8 degrees Fahrenheit.

At 9:52 am, the hot water temperature in bedroom #17 measured 124.1 degrees Fahrenheit.

At 9:56 am, the hot water temperature in bedroom #8 measured 134.6 degrees Fahrenheit.

Repeated Violation - 3/29/18

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.)

Upon discovery the administrator immediately turned the temperature down to the temperature Required.

The administrator educated staff on state Regulation 2600.89.b.

The water temperature will be checked twice a day (am+pm) by the med tech and charted.

Documentation of the twice a day checks will be kept. - SMP 9/9/19

Legal Entity Representative

Kathleen Krise
Signature

Kathleen Krise / Admin 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 6/28/19
(Date)

Plan of correction implementation status as of 8/9/19
(Date)

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

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

05/06/2019

141a - Medical Evaluation

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.

Description of Violation

Resident #3, admitted 3/2/2019, did not have a medical evaluation completed.

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 similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Upon discovery the administrator had the physician complete the DME on Resident #3.

The administrator will fill out the New Admission Check list when admissions come in to ensure All documentation is complete.

The administrator/Designee will Review chart Audits to ensure all documentation is completed monthly.

Documentation of monthly reviews will be kept. - SMP 9/9/19

Legal Entity Representative

Kathleen Krise
Signature

Kathleen Krise/Admin 6/24/19
Printed Name and Title Date

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(Date)

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(Date)

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(Initials)

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

141b1 - Annual Medical Evaluation

Regulations

2600.

141b1 resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #4's most recent medical evaluation was completed on 7/11/2017.

Plan of Correction (POC)

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

The administrator immediately had the physician of Resident #4 complete & sign the DME.

The administrator will use tabula Pro for reminder of when yearly DME's are due.

The administrator/Designee will use Tabula Pro and monthly Chart Audit to ensure yearly evaluations are due.

Legal Entity Representative

Kathleen Krise
Signature

Kathleen Krise / Admin 6/24/19
Printed Name and Title Date

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

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(Date)

Plan of correction implementation status as of 8/9/19
(Date)

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(Initials)

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

JUN 24 2019

185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #3 has physician orders for the following medications; however, they are not available in the home:

Hydrocodone 20 mg, take 1 or 2 tablets by mouth daily as needed.

Morphine 20 mg/ml, give 10 mg/0.5 ml under tongue every 2 hours as needed.

Acetaminophen 650 mg suppository, give 1 per rectum every 4 hours as needed.

Resident #6 is prescribed Oxycodone APAP 5-325 mg, take 1 tablet every 6 hours as needed; however, the medication is not available in the home.

Resident #6 is prescribed Tizanidine HCL 2 mg, take 1 tablet every 6 hours as needed; however, the medication is not available 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 the violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Upon discovery the Administrator called to have the medications delivered by pharmacy. The administrator re educated med tech on checking that residents have all their meds in the cart. The administrator / Designee will do weekly checks to ensure the residents have all their medications in the med cart to be given

Legal Entity Representative

Kathleen Krisc
Signature

Kathleen Krisc / Admin 6/24/19
Printed Name and Title Date

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The plan of correction is approved as of 6/28/19
(Date)

Plan of correction implementation status as of 8/9/19
(Date)

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(Initials)

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

187b - Date/Time of Medication Admin.

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 #3 is prescribed Dexamethasone 4 mg tablet, take by mouth 1 tablet twice daily for 7 days. Direct care staff person A initialed the May medication administration record as having administered the medication on May 5 at 8:00 pm; however, the medication was not available in the home on that date.

Resident #6 is prescribed Gabapentin 100 mg by mouth three times daily; however, staff did not document the administration of the medication on April 10 and April 16 at 2:00 pm.

Re: Violation - 3/29/18 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.)

Upon discovery the administrator called the pharmacy to get medication for Resident #3.

The administrator reeducated med techs on the 5 Rights of medication administration.

The administrator/designee will review medication check list monthly with med techs and watch med tech pass meds to ensure regulation 2600.187 b are maintained. a13+4

See page 10a of 18

Legal Representative

Kathleen Krise
Signature

Kathleen Krise / Admin 6/24/19
Printed Name and Title Date

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The above plan of correction is approved as of

8/6/19
(Date)

Plan of correction implementation status as of

8/9/19
(Date)

The above plan of correction was approved by

JW
(Initials)

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

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 #3 is prescribed Dexamethasone 4 mg tablet, take by mouth 1 tablet twice daily for 7 days. Direct care staff person A initialed the May medication administration record as having administered the medication on May 5 at 8:00 pm; however, the medication was not available in the home on that date.

Resident #6 is prescribed Gabapentin 100 mg by mouth three times daily; however, staff did not document the administration of the medication on April 10 and April 16 at 2:00 pm.

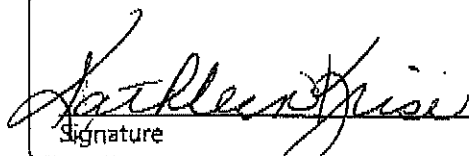
Repeated Violation - 3/29/18 et al

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 qualified to administer medications will be re-educated on 2600.187b, including only documenting the administration of medication at the time the medication is administered. Documentation of the education shall be kept.

Legal Entity Representative


Signature

Kathleen Krisc / Admin 8/6/19
Printed Name and Title 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

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

On 6/19, resident #3 was prescribed Dexamethasone 4 mg tablet, take one tablet by mouth twice daily for 7 days. However, this medication has not been available in the home for administration.

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.)

Upon discovery the administrator called the pharmacy to have medication sent immediately for resident #3.

Resident #3 passed away and medications were provided by hospice.

The administrator and Representative both spoke to the hospice nurse about ordering medications and ensuring their pharmacy delivers them.

See page 11a of 18

Legal Entity Representative

Kathleen Krisc
Signature

Kathleen Krisc / Admin
Printed Name and Title

6/24/19
Date

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

The plan of correction is approved as of

8/6/19
(Date)

Plan of correction implementation status as of

8/9/19
(Date)

The above plan of correction was approved by

JK
(Initials)

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

187d - Follow Prescriber's Orders

AUG 06 2019

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WEST MICHIGAN FIELD OFFICE
Human Services Licensing

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

On 5/3/2019, resident #3 was prescribed Dexamethasone 4 mg tablet, take one tablet by mouth twice daily for 7 days. However, this medication has not been available in the home for administration.

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 and monthly thereafter: A designated staff person qualified to administer medications shall audit medication administration records (MARs), medication in the home and prescriber's orders to ensure the directions of the prescriber are being followed.

Within 15 days of receipt of the plan of correction: All staff persons qualified to administer medications will be re-educated in following the directions of the prescriber and in the home's policy and procedures for reordering medications. Documentation of the education shall be kept.

Legal Entity Representative

Kathleen Krise
Signature

Kathleen Krise / Admin 8/6/19
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

190a - Completion Medication Course

Reg

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Direct care staff B completed the Department-approved medication administration course on 6/9/2017; however, he/she has not completed any the required annual practicums since that date. Direct care staff person B administered multiple medications to residents in the home, including the following medications for resident #6, on the following dates and times:

Amlodipine 2.5 mg, take 1 tablet by mouth once daily at 8:00 am on May 1, 2, 3, 4, 5 and 6, 2019.

Aspirin EC 81 mg, take 1 tablet by mouth once daily at 8:00 am on May 1, 2, 3, 4, 5 and 6, 2019.

Gabapentin 100 mg, take 1 capsules by mouth three times daily at 8:00 am and 2:00 pm on May 1, 2, 3, 4, 5 and 6, 2019 (at 8:00 am).

Lisin 300 mg, take 1 tablet by mouth once daily at 8:00 am on May 1, 2, 3, 4, 5 and 6, 2019.

Levothyroxine 75 mcg, take 1 tablet by mouth once daily at 6:30 am on May 1, 2, 3, 4, 5 and 6, 2019.

Direct care staff C completed the Department-approved medication administration course on 6/9/2017; however, he/she has not completed any of the required annual practicums since that date. Direct care staff person C administered multiple medications to residents in the home, including the following medications for resident #5, on the following dates and times:

Alprazolam 0.25 mg, take 2 tablets by mouth twice a day, at 8:00 pm on April 1, 2, 3, 4, 5, 13, 14, 15, 17, 18, 19, 22, 23, 24, 27, 28, 29 and 30, 2019.

Probiotic saccharomyces boulardii 250 mg, take 1 capsule by mouth dally, at 8:00 pm on April 1, 2, 3, 4, 5, 8, 9, 10, 13, 14, 15, 17, 18, 19, 22, 23, 24, 27, 28, 29 and 30, 2019.

Tamsulosin 0.4 mg, take 1 capsule at bedtime at 8:00 pm on April 1, 2, 3, 4, 5, 13, 14, 15, 17, 18, 19, 22, 23, 24, 27, 28, 29 and 30, 2019.

Direct care staff D completed the Department-approved medication administration course on 6/9/2017; however, he/she has not completed any of the required annual practicums since that date. Direct care staff person D administered multiple medications to residents of the home, including the following medications for resident #6, on the following dates and times:

Amlodipine 2.5 mg, take 1 tablet once daily, at 8:00 am on April 11 and 27, 2019.

Aspirin EC 81 mg, take 1 tablet once daily at 8:00 am on April 11 and 27, 2019.

Gabapentin 100 mg, take 1 capsule three times a day at 8:00 an on April 11 and 27, 2019.

Irbesartan 300 mg, take 1 tablet once daily, at 8:00 am on April 11 and 27, 2019.

Levothyroxine 75 mcg, take 1 tablet once daily, at 6:30 am on April 1, 4, 5, 6, 7, 8, 11, 12, 18, 19, 20, 21, 22, 25, 26, 27, 28 and 29, 2019

190a - Completion Medication Course (continued)

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.)

Upon discovery the administrator immediately called for medication training on 5-11-2019. The administrator had staff B, C + D Retrained for med tech responsibilities to be in compliance with state Regulation 2600.190.a

med Techs will be observed every 6 months to keep med tech certification up to date.

See page 13a of 18

Legal Entity Representative

Kathleen Kruse
Signature

Kathleen Kruse / Admin 6/24/19
Printed Name and Title Date

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Plan of correction is approved as of 8/6/19
(Date)

Plan of correction implementation status as of 8/9/19
(Date)

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

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

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VICTORIA MANOR PERSONAL CARE HOME

446420

AUG 06 2019

190a - Completion Medication Course (continued)

Plan of Correction (POC)

WEST REGION - FIELD OFFICE
Human Services Licensing

(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 administrator or designee shall review staff training records to ensure all staff persons currently administering medications to residents have successfully passed the Department-approved medication administration program and have passed an annual practicum within the past 12 months. Documentation of this training shall be available in the staff person's record.

Legal Entity Representative

Kathleen Krisc
Signature

Kathleen Krisc / Admin 8/6/19
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

190b - Insulin Injections

Regulation
2600

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Direct care staff person B has not completed a Department-approved diabetes patient education program within the past 12 months; however, staff person B administered Humalog insulin to resident #5 on various dates and times to include: April 2, 2019 at 7:00 am and 11:30 am, April 3, 2019 at 7:00 am and 11:30 am, April 9, 2019 at 7:00 am and 11:30 am.

Direct care staff person C has not completed a Department-approved diabetes patient education program within the past 12 months; however, staff person C administered Humalog insulin to resident #5 on various dates and times to include: April 1, 2019 at 4:30 pm and 11:30 am, April 2, 2019 at 4:30 pm and 11:30 am, April 3, 2019 at 4:30 pm and April 4, 2019 at 4:30 pm.

Direct care staff person D has not completed a Department-approved diabetes patient education program within the past 12 months; however, staff person D administered Humalog insulin to resident #5 on various dates and times to include: April 1, 5, 6, 7, and 11, 2019 at 7:00 am.

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.)

Upon discovery Administrator called Health Direct to schedule Diabetic training immediately.

Diabetic Training will be done July 22, 2019 at 1⁰⁰ pm at Victoria Manor.

The administrator will provide yearly training to remain in compliance with Regulation 2600.190b

See page 14a of 18

Legal Entity Representative

Kathleen Krise
Signature

Kathleen Krise / Admin
Printed Name and Title

6/24/19
Date

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VICTORIA MANOR PERSONAL CARE HOME

446420

AUG 06 2019

190b - Insulin Injections

WEST HEGGON HEALTH OFFICE
Human Services Licensing

Regulations

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Direct care staff person B has not completed a Department-approved diabetes patient education program within the past 12 months; however, staff person B administered Humalog insulin to resident #5 on various dates and times to include: April 2, 2019 at 7:00 am and 11:30 am, April 3, 2019 at 7:00 am and 11:30 am, April 9, 2019 at 7:00 am and 11:30 am.

Direct care staff person C has not completed a Department-approved diabetes patient education program within the past 12 months; however, staff person C administered Humalog insulin to resident #5 on various dates and times to include: April 1, 2019 at 4:30 pm and 11:30 am, April 2, 2019 at 4:30 pm and 11:30 am, April 3, 2019 at 4:30 pm and April 13, 2019 at 4:30 pm.

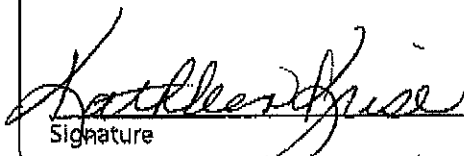
Direct care staff person D has not completed a Department-approved diabetes patient education program within the past 12 months; however, staff person D administered Humalog insulin to resident #5 on various dates and times to include: April 1, 5, 6, 7, and 11, 2019 at 7:00 am.


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 administrator or designee shall review staff training records to ensure all staff persons currently administering insulin have successfully completed a Department-approved diabetes patient education program within the past 12 months. Documentation of this training shall be available in the staff person's record.

Legal Entity Representative


Signature

 8/6/19
Printed Name and Title Date

190b - Insulin Injections (continued)

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The above plan of correction is approved as of 8/6/19 Plan of correction implementation status as of 8/9/19
(Date) (Date)

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

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

JUN 24 2019

225a - Assessment 15 Days

Regulations

2600.

225a: 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

Resident #3, admitted 3/2/2019, did not have an initial assessment completed.

Plan of Correction (POC)

(Attach photos 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.)

Up discovery the administrator completed the initial assessment.

Resident #3 passed away [redacted] 2019

The administrator will use a checklist to mark off all required documentation to ensure it gets completed in the time frame as per regulation 2600.225a

The administrator designee will do monthly checks on charts.

See page 16a of 18

Legal Entity Representative

Kathleen Krise
Signature

Kathleen Krise / Admin 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

8/6/19
(Date)

Plan of correction implementation status as of

8/9/19
(Date)

The plan of correction was approved by

JW
(initials)

- Fully Implemented
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- Not Implemented

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VICTORIA MANOR PERSONAL CARE HOME

446420

225a - Assessment 15 Days

AUG 06 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

Resident #3, admitted 3/2/2019, did not have an initial assessment completed.

Plan of Correction (POC)

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

Within 5 days of receipt of the plan of correction: A designated staff person will review resident records to ensure each resident has an assessment completed in its entirety and available in each resident record.

Legal Entity Representative

Kathleen Krise
Signature

Kathleen Krise / Admin 8/6/19
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

JUN 9 4 2019

227a - Support Plan 30 Days

Regulations

2600

227a 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

Resident #3, admitted 3/2/2019, did not have a support plan completed.

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.)

Upon discovery the administrator completed the support plan. Resident # 3 passed away [redacted] 19

The administrator will use the checklist for charts to ensure all documentation is completed

The administrator/designee will do monthly chart checks.

See page 17a of 18

Legal Entity Representative

Kathleen Krise
Signature

Kathleen Krise / Admin 6/24/19
Printed Name and Title Date

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The above plan of correction is approved as of 8/6/19
(Date)

Plan of correction implementation status as of 8/9/19
(Date)

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

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

227a - Support Plan 30 Days

AUG 06 2019

Regulations

WISCONSIN REGULATION 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

Resident #3, admitted 3/2/2019, did not have a support plan completed.

Plan of Correction (POC)

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

Within 5 days of receipt of the plan of correction: A designated staff person will review resident records to ensure each resident has a support plan completed in its entirety and available in each resident record.

Legal Entity Representative

Kathleen Krise
Signature

Kathleen Krise / Admin
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)

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

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

JUN 9 4 2019

227g -Support Plan Signatures

Regulations

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #4 did not sign his/her support plan, dated 6/7/2018, nor is there an indication that the resident was unable or unwilling to sign. In addition, the staff person completing the support plan did not sign the plan.

Resident #7 did not sign his/her support plan, dated 5/14/2018, nor is there an indication that the resident was unable or unwilling to sign. In addition, the staff person completing the support plan did not sign the plan.

Resident #8 did not sign his/her support plan, dated 9/4/18, nor is there any indication that the resident was unable or unwilling to sign. In addition, the staff person completing the support plan did not sign the plan.

Plan of Correction (POC)

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

Upon discovery the administrator had Resident # 4, # 7 & # 8 sign their completed support plan as well as the staff who completed the documentation. The administrator / designee will check monthly to ensure all documentation has a signature.

Documentation of the monthly checks will be kept. - SMP 9/9/19

Legal Representative

Kathleen Krise
Signature

Kathleen Krise / Admin 6/24/19
Printed Name and Title Date

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The above plan of correction is approved as of 6/28/19
(Date)

Plan of correction Implementation status as of 8/9/19
(Date)

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

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

Violation Report

RECEIVED

JUL 11 2019

Facility Information

Name: VICTORIA MANOR PERSONAL CARE HOME
Address: 100 ROSE COURT, OAKDALE, PA 15071
County: ALLEGHENY Region: WESTERN

WESTERN REGION FIELD OFFICE License Number: 446420
Human Services Licensing

Administrator

Name: Kathy Krise Phone: 7246936336 Email: LLAFFEY@GMAIL.COM

Legal Entity

Name: LAFFEY HEALTH CARE SERVICES LLC
Address: 801 ELM SPRING ROAD, PA, 15243

Certificate(s) of Occupancy

Type: C-2 LP Date: 09/17/1997 Issued By: L&J

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 42 Working Staff: 32

Inspection

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

Inspection Dates and Department Representative

05/31/2019 - On-Site: Belinda Graziano

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 38 Residents Served: 37

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: 37
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 11 Have Physical Disability: 0

28e - Death of a Resident

JUL 11 2019

Regulations

WEST REGIONAL OFFICE
MUNICIPAL GOVERNMENT

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #1, who was over the age of 60 and passed away while a resident, had his/her room cleared of personal belongings on 3/14/19. The home did not refund the resident's previously paid rent to the resident's estate in accordance with the Elder Care Payment Restitution Act.

Resident #5, who was over the age of 60 and passed away while a resident, had his/her room cleared of personal belongings on 7/7/19. The home did not refund the resident's previously paid rent to the resident's estate in accordance with the Elder Care Payment Restitution Act.

Plan of Correction (POC)

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

Upon discovery the administrator immediately notified the owner of the death of resident #1 & #5.
The administrator will complete the new resident billing sheet upon admission to keep all information together and up to date.

See page 2a of 7

Legal Entity Representative

Kathleen Krise
Signature

Kathleen Krise
Printed Name and Title
7/11/19
Date

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

The above plan of correction is approved as of 8/6/19
(Date)

Plan of correction implementation status as of 8/9/19
(Date)

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

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

05/31/2019

2 of 7

AUG 06 2019

28e - Death of a Resident

Regulations

WEST VIRGINIA STATE BOARD OF
Human Services Licensing

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #1, who was over the age of 60 and passed away while a resident, had his/her room cleared of personal belongings on 3/14/19. The home did not refund the resident's previously paid rent to the resident's estate in accordance with the Elder Care Payment Restitution Act.

Resident #5, who was over the age of 60 and passed away while a resident, had his/her room cleared of personal belongings on 7/7/19. The home did not refund the resident's previously paid rent to the resident's estate in accordance with the Elder Care Payment Restitution Act.

Plan of Correction (POC)

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

Immediately: The administrator or designee shall refund the remainder of previously paid charges to the estate or designated person for resident #1. Documentation of the refund shall be kept.

Immediately: The administrator or designee shall refund the remainder of previously paid charges to the estate or designated person for resident #5. Documentation of the refund shall be kept.

Within 5 days of receipt of the plan of correction: The administrator or designee shall develop and implement a tracking system to ensure refunds are issued to the resident's estate in accordance with 2600.28e and the Elder Care Payment Restitution Act.

Within 5 days of receipt of the plan of correction: The administrator or designee shall review the records of all residents who have passed away in the past 12 months to ensure the remainder of previously paid charges are refunded to the resident's estate in accordance with 2600.28e and the Elder Care Payment Restitution Act. Documentation of all refunds shall be kept.

Kathleen Kruse

05/31/2019

Kathleen Kruse / Admin 8/6/19

JUL 11 2019

141a - Medical Evaluation

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.

Description of Violation

Resident #2 was admitted on 4/22/19. However, the resident has not had a medical evaluation completed.

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.)

Upon discovery the administrator immediately called the physician to have medical Evaluation completed.

The Administrator will utilize an Admission Check list to ensure all documentation is complete upon admission.

The administrator /designee will do monthly Audits on Resident charts to ensure all documentation is on the chart and completed.

Documentation of the monthly audits will be kept. - SMP 9/9/19

Legal Entity Representative

Kathleen Krise
Signature

Kathleen Krise
Printed Name and Title
7/11/19
Date

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The above plan of correction is approved as of 7/16/19 (Date)

Plan of correction implementation status as of 8/9/19 (Date)

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

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

05/31/2019

3 of 7

187d - Follow Prescriber's Orders

Regulations

2600. 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed Lisinopril 10mg, take by mouth 1 tablet once daily. However, this medication was not administered to resident #2 on 5/26/19, 5/27/19, 5/28/19, 5/29/19 and 5/30/19 because the medication was not available 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.)

Upon discovery the administrator immediately called the family to bring in the medication.

The administrator will talk to the family and stress the importance of bringing in their loved ones medication when notified it is going to run out in 7 days. Education will be provided to family and staff to remain in compliance with Regulation 2600.187d.

The administrator made a tracking record for staff to ensure families are notified 7-10 days before medications run out.

See page 4a of 7

Legal Entity Representative

Kathleen Krise
Signature

Kathleen Krise 7/11/19
Printed Name and Title Date

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The above plan of correction is approved as of 8/6/19 (Date)

Plan of correction implementation status as of 8/9/19 (Date)

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

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

187d - Follow Prescriber's Orders

AUG 06 2019

Regulations WEST REGION FIELD OFFICE
Human Services Licensing

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed Lisinopril 10mg, take by mouth 1 tablet once daily. However, this medication was not administered to resident #2 on 5/26/19, 5/27/19, 5/28/19, 5/29/19 and 5/30/19 because the medication was not available 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.)

Immediately and monthly thereafter: A designated staff person qualified to administer medications shall audit medication administration records (MARs), medication in the home and prescriber's orders to ensure the directions of the prescriber are being followed.

Within 15 days of receipt of the plan of correction: All staff persons qualified to administer medications will be re-educated in following the directions of the prescriber and in the home's policy and procedure for reordering medications. Documentation of the education shall be kept.

Legal Entity Representative

Kathleen Grise *Kathleen Grise, Admin* *8/6/19*

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

RECEIVED

446420

224a - Preadmission Screen Form

JUL 11 2019

Regulations

WEST REGION FIELD OFFICE
Human Services Licensing

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

Resident #2 was admitted to the home on 4/22/19; however, the resident has not had a preadmission screening form completed.

Repeat Violation - 7/16/2018

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.)

Upon discovery the administrator immediately completed the pre admission screening.

The administrator will do a New Admission checklist on all new admissions to ensure compliance with Regulation 2600.224a

Monthly checks of charts to ensure all documentation is on the cart

Legal Entity Representative

Kathleen Krise
Signature

Kathleen Krise
Printed Name and Title
7/11/19
Date

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

The above plan of correction is approved as of 7/16/19
(Date)

Plan of correction implementation status as of 8/9/19
(Date)

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

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

05/31/2019

225a - Assessment 15 Days

JUL 11 2019

Regulations

WEST REGION FIELD OFFICE
Human Services Licensing

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

Resident #2 was admitted to the home on 4/22/19; however, an assessment was not completed.

Resident #4 was admitted to the home on 10/20/18; however, an assessment was not completed.

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.)

Upon discovery the administrator immediately completed the assessment on Resident's #2 and #4

The administrator will keep track of new Admission documentation to maintain compliance with state Regulation 2600.225a

The Administrator will use The New Admission Checklist to ensure all documentation is done

See page 6a of 7

Legal Entity Representative

Kathleen Krise
Signature

Kathleen Krise
Printed Name and Title

7/11/19
Date

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

The above plan of correction is approved as of 8/6/19 (Date)

Plan of correction implementation status as of 8/9/19 (Date)

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

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

RECEIVED

AUG 06 2019

225a - Assessment 15 Days

Regulations

WISCONSIN DEPARTMENT OF SOCIAL SERVICES
Human Services Licensing

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

Resident #2 was admitted to the home on 4/22/19; however, an assessment was not completed.

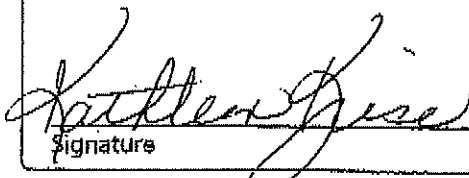
Resident #4 was admitted to the home on 10/20/18; however, an assessment was not completed.

Plan of Correction (POC)

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

Within 5 days of receipt of the plan of correction: A designated staff person will review resident records to ensure each resident has an assessment completed in its entirety and available in each resident record.

Legal Entity Representative


Signature

Kathleen Krise / Admin
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)

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

- Fully Implemented
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- Not Implemented

227a - Support Plan 30 Days

JUL 11 2019

Regulations

WEST REGIONAL DISTRICT HOME
MILWAUKEE, WI 53201-1000

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

Resident #2 was admitted on 4/22/19; however, the resident's initial support plan has not been completed.

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.)

Upon discovery the administrator immediately completed the support plan.

The administrator will check charts monthly to ensure all documentation is completed.

Documentation of the monthly checks will be kept. - SMP 9/9/19

The administrator will use the new Admission checklist to ensure all documentation is on the charts.

Legal Entity Representative

Kathleen Kruse
Signature

Kathleen Kruse
Printed Name and Title

7/11/19
Date

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

The above plan of correction is approved as of 7/16/19
(Date)

Plan of correction implementation status as of 8/9/19
(Date)

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

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