



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to MAPLE WINDS HEALTHCARE AND REHABILITATION CENTER LLC

LEGAL ENTITY

To operate MAPLE WINDS PERSONAL CARE

NAME OF FACILITY OR AGENCY

Located at 4112 SPRINGHILL ROAD, PORTAGE, PA 15946

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

<small>ADDRESS OF SATELLITE SITE</small>	<small>ADDRESS OF SATELLITE SITE</small>
<small>ADDRESS OF SATELLITE SITE</small>	<small>ADDRESS OF SATELLITE SITE</small>
<small>ADDRESS OF SATELLITE SITE</small>	<small>ADDRESS OF SATELLITE SITE</small>

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 22

(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 23, 2019 until March 23, 2020,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **333251**

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 24, 2019

Mr. Yaakov Dorfman
COO
Maple Winds HealthCare and Rehabilitation Center LLC
4112 Springhill Road
Portage, Pennsylvania 15946

RE: Maple Winds Personal Care
Certificate #: 333251

Dear Mr. Dorfman

As a result of the Department’s Bureau of Human Services Licensing annual inspection on July 9, 2019 and August 21, 2019 of the above facility, the citations specified on the enclosed violation report were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), your current license # 333250 dated August 1, 2019 to August 1, 2020 is REVOKED. A FIRST PROVISIONAL license is being issued. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated August 1, 2019 to August 1, 2020 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

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

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

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
25b	III	17	\$3	\$51	15 calendar days from mailing date of this letter

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

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

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

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

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

Sincerely,



Jacqueline L. Rowe
Director

Enclosures
License
Violation Report

Violation Report

Facility Information

Name: *MAPLE WINDS PERSONAL CARE*

Address: *4112 SPRINGHILL ROAD, PORTAGE, PA 15946*

County: *CAMBRIA*

Region: *CENTRAL*

License Number: *33325*

Administrator

Name: *Tawnya LaMark*

Phone: *8147366000*

Email:

Legal Entity

Name: *MAPLE WINDS HEALTHCARE AND REHABILITATION CENTER LLC*

Address: *4112 SPRINGHILL ROAD, PA, 15946*

Certificate(s) of Occupancy

Type: *I-2*

Date: *03/23/2011*

Issued By: *Cambria County*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *21*

Waking Staff: *16*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

07/09/2019 - On-Site: Cybil Bomberger

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *22*

Residents Served: *17*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *17*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *4*

Have Physical Disability: *0*

25b - Contract Signatures

Regulations

2600.

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

Description of Violation

The resident-home contract, dated 1/10/19 for resident #1 is not signed by the resident and the administrator or designee.

The resident-home contract dated 10/27/18 for resident #2 is not signed by the administrator or designee.

Repeat Violation - 7/19/2018

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.)

25.b The contracts for resident #1 and #2 were reviewed by the administrator and residents and signed. The charge LPN or the charge aide will be responsible for signing the contract on the day of admission. The charge LPN, Charge aide and administrator will assure that the contracts are signed by the resident and responsible party. The administrator will check all new charts to ensure that each resident contract is in the medical recorder on the day of admission and has been properly signed by the required parties. The Plan of Correction began on 07/10/19

Legal Entity Representative


Signature

Tawnya LaMark PCHA 7/22/19
Printed Name and Title Date

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

The above plan of correction is approved as of 7/22/19
(Date)

Plan of correction implementation status as of 9/5/2019
(Date)

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

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

85d - Trash Receptacles

Regulations

2600.

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

Description of Violation

The trash receptacle in the bathroom of room #120 which is shared by two residents, was uncovered.

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.)

85.d. The trash receptacle in bathroom 120 was replaced with a new receptacle that has a covered lid on 7/10/19. The administrator has checked all rooms for proper covered trash receptacles. All staff have been reeducated that if a trash receptacle is broken or missing the lid to notify the administrator and maintenance director immediately to have it replaced. Staff was also educated that they must place this on the maintenance log no matter what to have a log of notification The Plan of Correction began on 07/10/19

I feel that this should not be a violation due to the other bathrooms having the proper trash receptacles in place. I would like a reconsideration on this violation.

Legal Entity Representative

Tawnya Lamark
Signature

Tawnya Lamark PCHA 7/22/19
Printed Name and Title Date

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

The above plan of correction is approved as of 7/22/19
(Date)

Plan of correction implementation status as of 9/5/2019
(Date)

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

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

91 - Telephone Numbers

Regulations

2600.

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

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department, poison control, local emergency management and the personal care home complaint hotline on or by the telephones in rooms #120 and 126.

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.)

91. Room 120 and 126 had emergency contact cards placed back in the room on 7/09/19. The administrator has now placed all emergency contact numbers directly on each residents phone, to ensure that they will not be lost or misplaced. All new admissions/new phone requests will go to the maintenance department to ensure that they receive a phone with the proper emergency contacts on them. The administrator and charge LPN will do monthly inspections to ensure that all phone numbers are on the phones of all residents. The Plan of Correction began on 07/09/19.

All of the other resident s phones and staff phones did have the Emergency numbers in place. I do not feel that this should be a violation due to 2 residents missing their Emergency contact Cards. I would like a reconsideration on this violation.

Legal Entity Representative

Signature 

Tawnya LaMark PCHA 7/22/19
Printed Name and Title Date

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

The above plan of correction is approved as of 7/22/19 (Date)

Plan of correction implementation status as of 9/5/2019 (Date)

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

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

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

The exam date on the Documentation of Medical Evaluation (DME) form for Resident #1 is recorded as 3/2/19 which is more than 30 days after the admission of the resident.

There is no completed DME for Resident #2 who was admitted on 10/27/18. Staff of the home provided a printed copy of a DME from that is not complete as it had no exam date or medical professional information to indicate that an exam occurred.


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.)

(2) 141.a The DME for resident #1 and #2 and #4 where reviewed by the administrator and MD on 07/15/19. The charge LPN and administrator will be responsible for having the DME completed by 30 days after admission date. The charge LPN and administrator will assure that the DME's are signed by the medical professional with his license number and all information, including date of exam, weight, ability to self administer medication and body positioning and movement is on the DME. The administrator will check all new charts to ensure that the resident DME is in the medical recorder on or before 30 days after admission rule. The Plan of Correction began on 07/15/19

* Within 15 days from the date the plan is accepted, the administrator will audit all resident records to ensure that each resident has an up-to-date medical evaluation and a fully completed DME form. BAS 7/22/19

Legal Entity Representative


Signature

Tawnya Lamark PCAA 7/22/19
Printed Name and Title Date

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

The above plan of correction is approved as of 7/22/19 Plan of correction implementation status as of 9/5/2019
(Date) (Date)

The above plan of correction was approved by BAS
(Initials) Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

141a 1-10 Medical Evaluation Information

Regulations

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
 1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The DME for resident #1 with exam date 3/2/19, does not include the resident's weight, ability to self administer medications and information regarding body positioning/movement. The DME is signed by an LPN employed by the facility, not a physician, physician's assistant or a CRNP.

The DME for resident #4 with exam date 2/1/18 does not include the medical professional license number and signature.

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.)

(2) 141.a The DME for resident #1 and #2 and #4 where reviewed by the administrator and MD on 07/15/19. The charge LPN and administrator will be responsible for having the DME completed by 30 days after admission date. The charge LPN and administrator will assure that the DME's are signed by the medical professional with his license number and all information , including date of exam, weight, ability to self administer medication and body positioning and movement is on the DME. The administrator will check all new charts to ensure that the resident DME is in the medical recorder on or before 30 days after admission rule. The Plan of Correction began on 07/15/19

* Within 15 days from the date the plan is accepted, the administrator will audit all resident records to ensure that each resident has an up-to-date medical evaluation and a fully completed DME form. BAS 7/22/19

Legal Entity Representative


Signature

Tawnya Labzark PCHA 7/22/19
Printed Name and Title Date

141a 1-10 Medical Evaluation Information *(continued)*

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

The above plan of correction is approved as of 7/22/19 Plan of correction implementation status as of 9/5/2019
(Date) (Date)

The above plan of correction was approved by BAS Fully Implemented
(Initials) Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

141b1 - Annual Medical Evaluation

Regulations

2600.

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

Description of Violation

Resident #3's most recent medical evaluation was completed on 3/13/18.

Resident #4's most recent medical evaluation was completed on 2/1/18.

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.)

141.b.1 Resident #3 and #4 DME was completed and reviewed by the administrator and Medical Director on 7/15/19. The administrator had a retraining session with the charge LPN in regards to the timeliness of completing the DME's. The administrator will do monthly chart reviews to ensure that the DME's are completed by their annual review date and in the medical recorder. The tabula system is now programmed to alert the PCA and charge LPN that a new DME is required 2 weeks prior to their annual date. The Plan of Correction began on 07/15/19

Legal Entity Representative

Tawnya Latmark
Signature

Tawnya Latmark PCA
Printed Name and Title

7/22/19
Date

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

The above plan of correction is approved as of 7/22/19
(Date)

Plan of correction implementation status as of 9/5/2019
(Date)

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

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

182b - Prescription Medication

Regulations

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- 4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

~~Staff Person A, who has not successfully completed the Department-approved medications administration course, administered medications to multiple residents at 6AM on 7/2/19 through 7/9/19.~~

Staff Person B administered medications to multiple residents at 9PM on 7/2/19, 7/5/19, 7/7/19 and 7/8/19. There is no documentation that Staff Person B had successfully completing the Department-approved medications administration course and passed the competency test.

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.)

182.b All staff that are passing medication, will be re trained with department – approved medication administration course. During the training period the LPN will be passing all medication to the residents. Staff member A and B where both trained and had completed all requirements. All documentation was removed from their personal files to show completion of these trainings. Effective immediately all staff files will be kept in the HR department under a double lock system to ensure that no other staff will be able access personal files. The Plan of Correction began on 07/09/19.

Legal Entity Representative

Tawnya Latmark
Signature

Tawnya Latmark PCHA
Printed Name and Title

7/22/19
Date

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

The above plan of correction is approved as of 7/22/19
(Date)

Plan of correction implementation status as of 9/5/2019
(Date)

Fully Implemented

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

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

183d - Prescription Current

Regulations

2600.

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

Description of Violation

Mirtazapine 7.5 mg for Resident #1, previously discontinued by the prescriber, was stored in the medication cart on 7/9/19.

BISAC-EVAC suppositories for resident #2, previously discontinued by the prescriber, were stored in the medication cart on 7/9/19.

Plan of Correction (POC)

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

183.d Resident #1 and #2 had medications that were discontinued by the attending physician and were not removed from the cart by the evening staff. Effective immediately when a physician calls in to discontinue a medication, the staff will ask for that order to be sent to them in writing and will call the LPN to clarify the order with the Physician and the pharmacy. The LPN will then remove the medication from the cart and destroy it appropriately. The LPN will do weekly chart checks to ensure only current medication is in the cart. The Plan of Correction began on 07/09/19.

Documentation of weekly checks shall be kept for Department review. *SMP* 9/13/19

Legal Entity Representative

Tawnya LaMark
Signature

Tawnya LaMark PEHA
Printed Name and Title

7/22/19
Date

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

The above plan of correction is approved as of 7/22/19
(Date)

Plan of correction implementation status as of 9/5/2019
(Date)

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

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

190a - Completion Medication Course

Regulations

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

Staff Person C administered medications to multiple residents at 9AM on 7/2/19, 7/3/19 and 7/8/19. Staff person C's medication administration training is not current as the MAR reviews documented are dated 5/2018 and 5/1/18 and a Medication Observation is dated 5/7/18. There have been no MAR reviews or administration observations completed since 5/7/18.

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.)

190.a All staff that are passing medication, will be re trained and successfully complete the department - approved medication administration course. During the training period the LPN will be passing all medication to the residents. Staff member C was trained and had completed all requirements. All documentation was removed from their personal files to show completion of these trainings. Effective immediately all staff files will be kept in the HR department under a double lock system to ensure that no other staff will be able access personal files. The Plan of Correction began on 07/09/19

Continued on Page 11A

Legal Entity Representative

Tawnya Lamark
Signature

Tawnya Lamark PCHW 7/22/19
Printed Name and Title Date

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

The above plan of correction is approved as of 7/22/19 (Date) Plan of correction implementation status as of 9/5/2019 (Date)

The above plan of correction was approved by BAS (Initials) Fully Implemented Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not Implemented

2600.190a continued

Annual practicum observations and Medication Administration Record reviews shall be added to the staff training plan for each staff person responsible for medication administration who needs to meet the annual training requirements. BAS 7/22/19

The administrator will monitor the medication administration training of the staff on a quarterly basis to assure that training requirements are being maintained. BAS 7/22/19

Each staff member responsible for medication administration duties shall have, at a minimum, two Medication Administration Record reviews and two Medication Administration Observations per year performed by a certified trainer starting the year after the staff member has successfully completed the Department-approved medications administration course and passed the Department's performance-based competency test. BAS 7/22/19

227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The support plan for Resident #4 does not contain information regarding the medical need for wound care for chronic venous hypertension with ulcers of both extremities and that the wound care is being provided by the Advanced Wound Center.

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.)

227.d Support plan for resident #4 did not contain the information regarding her wound care being provided by the advance Wound Center. The support was corrected on 7/10/19 to show that the care was being provided by the wound center. LPN was reeducated to ensure all services for all resident were addressed in their support plan. All resident support plans were reviewed immediately to ensure that all services are being shown. The LPN and administrator will do monthly audits to ensure that support plans are being updated as needed when a service/ need has changed. . The Plan of Correction began on 07/10/19.

Legal Entity Representative

Tawnya Lamark
Signature

Tawnya Lamark PCHA 7/22/19
Printed Name and Title Date

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

The above plan of correction is approved as of 7/22/19
(Date)

Plan of correction implementation status as of 9/5/2019
(Date)

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

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

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

Residents #1, 2, 3 and 4 did not sign their support plans and there is no documentation of the resident's refusal or inability to sign.

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.)

227.g Residents #1,2,3 and 4's support plans where reviewed with each resident on 7/10/19. Effective immediately all support plans were reviewed by the LPN and the administrator to ensure that all resident and/or responsible parties have signed the support plan and are placed in the residents recorders. Monthly audits will be completed by the LPN and the administrator to ensure that all support plans are properly signed and completed. . The Plan of Correction began on 07/10/19.

Documentation of monthly audits shall be kept for Department review. *SMP* 9/13/19

Legal Entity Representative

Tawnya Lamark
Signature

Tawnya Lamark RCHA 7/22/19
Printed Name and Title Date

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

The above plan of correction is approved as of 7/22/19
(Date)

Plan of correction implementation status as of 9/5/2019
(Date)

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

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

252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The most recent photo of Resident #4 was taken on 5/19/17.

Plan of Correction (POC)

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

252 Resident #4's photo was outdated by 2 months. The administrator took a new photo of the resident and placed it on the chart. The administrator and LPN will monitor the Tabula system monthly to ensure that all residents have an updated photo on the recorders. All residents photos are up to date as of 7/10/19. The Plan of Correction began on 07/10/19.

Legal Entity Representative

Tawnya LaMark
Signature

Tawnya LaMark PCHA
Printed Name and Title

7/22/19
Date

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

The above plan of correction is approved as of 7/22/19
(Date)

Plan of correction implementation status as of 9/5/2019
(Date)

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

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

254c - Records Storing

Regulations

2600.

254.c. Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

Description of Violation

Upon the licensing representative's arrival at the home, the door to the nurse's office/medication room was standing open. There were no staff persons in the room or within view of the room. All resident records were in plain view, unlocked and accessible.

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.)

254.c The nurses office/ medication room door was closed immediately and all staff that was present in the facility were reeducated that the door must remain closed at all times and shown the posted signage reminding them to close the door when they leave the office. Re-education was conducted with all staff and a memo was sent to address the issue and that a new automatic door closer system was ordered and will be installed by the maintenance department. The office door will be monitor by the LPN and PCHA daily to ensure that it is closed when no one is present. The Plan of Correction began on 07/10/19.

Legal Entity Representative

Tawnya Lamark
Signature

Tawnya Lamark PCHA 7/22/19
Printed Name and Title Date

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

The above plan of correction is approved as of 7/22/19
(Date)

Plan of correction implementation status as of 9/5/2019
(Date)

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

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

PRIVACY CODING DOCUMENT

Facility Information

Name: *MAPLE WINDS PERSONAL CARE*

Address: *4112 SPRINGHILL ROAD, PORTAGE, PA 15946*

License Number: 33325

Inspection

Date: *07/09/2019*

Type: *Full*

Staff Privacy Coding

<u>Designation</u>	<u>Staff Members Name</u>	<u>Job Title</u>	<u>Date Hired</u>
<i>Staff Member A</i>	<i>Tanner Panick</i>	<i>DC Staff</i>	<i>11/26/2018</i>
<i>Staff Member B</i>	<i>Angel Markel</i>	<i>DC Staff</i>	<i>02/22/2018</i>
<i>Staff Member C</i>	<i>Christalynne Chappell</i>	<i>DC Staff</i>	<i>08/07/2017</i>

Resident Privacy Coding

<u>Designation</u>	<u>Resident's Name</u>
<i>Resident 1</i>	<i>Kenneth Sossong</i>
<i>Resident 2</i>	<i>Josephine Kozak</i>
<i>Resident 3</i>	<i>Grace McCabe</i>
<i>Resident 4</i>	<i>Lorraine Castel</i>

Signatures

Twonya LaMark PC/HA
Printed Name and Title of Legal Entity Representative

Twonya LaMark
Supervisor of Legal Entity Representative

7/22/19
Date

Violation Report

Facility Information

Name: MAPLE WINDS PERSONAL CARE

License Number: 33325

Address: 4112 SPRINGHILL ROAD,, PORTAGE, PA 15946

County: CAMBRIA

Region: CENTRAL

Administrator

Name: Tawnya LaMark

Phone: 8147366000

Email:

Legal Entity

Name: MAPLE WINDS HEALTHCARE AND REHABILITATION CENTER LLC

Address: 4112 SPRINGHILL ROAD, PORTAGE, PA, 15946

Certificate(s) of Occupancy

Type: I-2

Date: 03/23/2011

Issued By: Cambria County

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 22

Waking Staff: 17

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Interim

Inspection Dates and Department Representative

08/21/2019 - On-Site: Jason McCloskey, Michael Showers

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 22

Residents Served: 17

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 17

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 5

Have Physical Disability: 0

25b - Contract Signatures

Regulations

2600.

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

Description of Violation

The contract for Resident 1 was not signed by the administrator or designee.

The contract for Resident 2 was not signed by the resident.

The contract for Resident 3 was not signed by the administrator or designee. *Repeat Violation - 7/19/2018*

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.)

25.b The contracts for resident #1 , #2 and #3 where reviewed by the administrator and residents and signed. The charge LPN will be responsible for signing the contract on the day of admission and has had a re-education on the forms. The Charge aide will do a chart audit weekly for compliance and administrator will assure that the contracts are signed by the resident and responsible party. The administrator will check all new charts to ensure that each resident contract is in the medical recorder on the day of admission and has been properly signed by the required parties. The Plan of Correction began on 08/22/19

Documentation of weekly chart audit shall be kept for Department review. *SMP* 9/13/19

Legal Entity Representative

Tawnya LaMark PCHA
Signature

Tawnya LaMark PCHA *8/23/19*
Printed Name and Title Date

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

The above plan of correction is approved as of 9/5/2019 Plan of correction implementation status as of 9/5/2019
(Date) (Date)

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

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

141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

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

Description of Violation

The medical evaluation for Resident 2, dated 7/19/19, does not document the resident's blood pressure, temperature, weight, pulse, special health or dietary needs or ability to self-administer medications.

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.)

(2) 141.a The DME for resident #2 was reviewed by the administrator and MD on 08/21/19. The MD was instructed that these items need to be completed on the form during his exam. The charge LPN will be responsible for having the DME completed by 30 days after admission date. The charge LPN and administrator will assure that the DME's including blood pressure, weight, ability to self administer medication and special health and dietary needs is on the DME. The administrator and charge Aide will check all new charts to ensure that the resident DME is in the medical recorder on or before 30 days after admission rule. The Plan of Correction began on 08/21/19 (Continued on Page 3A)

Legal Entity Representative

Tawnya Lammack PCHA
Signature

Tawnya Lammack PCHA
Printed Name and Title

8/23/19
Date

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

The above plan of correction is approved as of 9/5/2019 Plan of correction implementation status as of 9/5/2019
(Date) (Date)

The above plan of correction was approved by BAS Fully Implemented
(Initials) Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

2600.141(a)

*Within 15 days from the date the plan is accepted, the administrator will audit all resident records to ensure that each resident has an up-to-date medical evaluation and a fully completed DME form.

Documentation of the audit shall be kept for Department review *SEW* 9/13/19

183d - Prescription Current

Regulations

2600.

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

Description of Violation

-A 2.7 ounce tube of Aspercreme pain relieving cream belonging to Resident 4 was stored in the medication cart. According to Staff Person A, the administrator, Resident 4 died in 2018.

-Two bottles of Dollar General brand over-the-counter medications for Resident 5 were stored in the medication cart. The allergy tablets expired 1/2018 and the anti-diarrheal tablets expired 1/2017.

-A bottle of Acetaminophen tablets belonging to Resident 2 was stored in the medication cart. The tablets expired 2/2019.

-A ziplock bag containing 8 foil-wrapped packages of Ipratropium Bromide, 5 doses per package, belonging to Resident 6 was stored in the medication cart. Resident 6 died at the end of April 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.)

183.d Charge LPN and all med techs were educated on the med chart inspection sheet that was being completed weekly by the LPN. Med techs instructed that if families bring in over the counter medication, they are not to have it placed in the med cart till the LPN can verify the expiration date. Med cart will be check every 2 weeks by the pharmacy for compliance. Effective immediately the audit form has been changed to include daily med cart checks from all med techs and LPN The Plan of Correction began on 08/21/19

Documentation of all audits and checks shall be kept for Department review. *SMP* 9/13/19

Legal Entity Representative

Taonya LaMark PCHA
Signature

Taonya LaMark
Printed Name and Title

8/23/19
Date

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

The above plan of correction is approved as of 9/5/2019
(Date)

Plan of correction implementation status as of 9/5/2019
(Date)

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

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

227h - Support Plan Refuse Sign

Regulations

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Staff Person A stated that Resident 1 refused to participate in the development or sign the support plan dated 3/13/19. However, this support plan does not note the resident's refusal to sign.

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.)

227. h Resident did refuse to sign the Support plan on 3/13/19 and was only documented in the nurses note not on the support plan itself. Support plan was updated with the residents refusal. Charge LPN and Administrator will ensure that the support plan reflects when the resident does reuse to sign the plan. The Plan of Correction began on 08/21/19

*Within 15 days from the date the plan is accepted, the administrator will audit the most recent support plans for all current residents to ensure that each plan contains proper signatures or documentation of the resident's (and responsible party, if applicable) inability or refusal to sign. Thereafter, the administrator, and/or LPN, will perform monthly audits of the support plans on a sample of the resident population to ensure on-going compliance. BAS 8/26/19 Documentation of audits shall be kept for Department review. SMP 9/13/19

Legal Entity Representative

Tawnya Lemark PCHA
Signature

Tawnya Lemark PCHA
Printed Name and Title

8/23/19
Date

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

The above plan of correction is approved as of 9/5/2019 (Date) Plan of correction implementation status as of 9/5/2019 (Date)

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

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