



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: [Tp1rn@yahoo.com](mailto:Tp1rn@yahoo.com)  
[Lynettewene@yahoo.com](mailto:Lynettewene@yahoo.com)

Mailing Date: August 18, 2020

Mr. Anthony J. Peroni, RN  
Owner  
Anthony J. Peroni  
111 Easy Street  
Uniontown, Pennsylvania 15401

RE: Peroni Personal Care Home  
Certificate #: 426270

Dear Mr. Peroni:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 3, 2020 and January 9, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Jody Garvey".

Jody Garvey  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: PERONI PERSONAL CARE HOME

License Number: 42627

Address: 111 EASY STREET, UNIONTOWN, PA 15401

County: FAYETTE

Region: WESTERN

## Administrator

Name: Winter Matway

Phone: 7244371880

Email: TP1RN@YAHOO.COM

## Legal Entity

Name: ANTHONY J PERONI

Address: 111 EASY STREET, UNIONTOWN, PA, 15401

## Certificate(s) of Occupancy

Type: I-1

Date: 04/20/2010

Issued By: Dept L & I

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 33

Waking Staff: 25

## Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal,Incident

## Inspection Dates and Department Representative

01/03/2020 - On-Site: Desmond Grace, Mike Marini

01/09/2020 - On-Site: Desmond Grace, Mike Marini

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 33

Residents Served: 31

### Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: 4

### Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 31

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 2

Have Physical Disability: 0

15a - Resident Abuse Report

Regulations

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 12/18/19, resident #1 gave staff person A a check for \$200 to purchase her an LG wireless phone. On 12/20/19, staff person A indicated to the resident that the original check she wrote got wet and was destroyed. Resident #1 gave the staff person a second check for \$200 and \$40 cash to cover additional costs. On 12/27/19, the resident had not received the phone and confirmed with her bank that the staff person had cashed both checks at different locations deducting a total of \$400 from her account. This was reported to staff person B, the home's owner, on 12/27/19. However, the home failed to report the event in accordance with the Older Adult Protective Services Act until 1/2/20.

Plan of Correction (POC)

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

On 1/2/20, the event was reported in accordance with the Older Adult Protective Services Act. *[Signature]* 5/29/20

By 6/15/20, the administrator will develop and implement a policy and procedures to ensure any allegations of abuse, including financial exploitation, are reported in accordance with the Older Adult Protective Services Act and all staff will be educated on the policy and procedures. *[Signature]* 5/29/20

Beginning on 6/15/20, the administrator or designated staff person will interview at least 5 residents per month for at least 1 year and ask specific questions related to financial exploitation including whether any staff person has offered to buy them things at the store or borrow money. Documentation will be submitted to the Department. *[Signature]* 5/29/20

Legal Entity Representative

Signature

Printed Name and Title

Date

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The above plan of correction is approved as of 5/29/20  
(Date)

Plan of correction implementation status as of 6/18/20  
(Date)

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

Implemented  
 Not Implemented

16c - Written Incident Report

Regulations

2600.

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

Description of Violation

On 12/18/19, resident #1 gave staff person A a check for \$200 to purchase her an LG wireless phone. On 12/20/19, staff person A indicated to the resident that the original check she wrote got wet and was destroyed. Resident #1 gave the staff person a second check for \$200 and \$40 cash to cover additional costs. On 12/27/19, the resident had not received the phone and confirmed with her bank that the staff person had cashed both checks at different locations deducting a total of \$400 from her account. This was reported to staff person B, the home's owner, on 12/27/19. However, the home failed to report the incident to the Department until 12/30/19.

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.)

The incident was reported to the Department on 12/30/19. *[Signature]* 5/29/20

By 6/15/20, the administrator will develop and implement a policy and procedures to ensure any reportable incidents and conditions are reported to the Department within 24 hours in accordance with §2600.16(c) and all staff will be educated on the policy and procedures. *[Signature]* 5/29/20

Beginning on 6/15/20, the administrator or designated staff person will interview at least 5 residents per month for at least 1 year and ask specific questions related to financial exploitation to including whether any staff person has offered to buy them things at the store or borrow money. Documentation will be submitted to the Department. *[Signature]* 5/29/20

Legal Entity Representative

Signature

Printed Name and Title

Date

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(Initials)

Implemented  
 Not Implemented

18 - Compliance With Laws

Regulations

2600.

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

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 06/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. However, on 1/3/20, there was no carbon monoxide detector located in close proximity of, but not less than 15 feet from the fossil fuel burning stove in the main kitchen on the main level of the home.

Repeat Violation: 12/14/18

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.)

On 1/3/20, the administrator purchased and installed a carbon monoxide detector 16 feet away from the fossil fuel burning stove in the main kitchen on the main level of the personal care home. *[Signature]* 5/29/20

Beginning on 4/15/20, the afternoon shift med passer will monitor the carbon monoxide detector placement during their daily walk through of the facility. Staff were educated on this procedure on 4/15/20. *[Signature]* 5/29/20

Beginning on 2/3/20, the administrator will check the carbon monoxide detector monthly for at least 6 months, to ensure that it is properly placed and test the alarm button. *[Signature]* 5/29/20

Legal Entity Representative

Signature

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Implemented  
 Not Implemented

20b4 - Use of Funds

Regulations

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 4. Resident funds and property shall only be used for the resident's benefit.

Description of Violation

On 12/18/19, resident #1 gave staff person A a check for \$200 to purchase her an LG wireless phone. On 12/20/19, staff person A indicated to the resident that the original check she wrote got wet and was destroyed. Resident #1 gave the staff person a second check for \$200 and \$40 cash to cover additional costs. On 12/27/19, the resident had not received the phone and confirmed with her bank that the staff person had cashed both checks at different locations deducting a total of \$400 from her account. On 1/3/20, the resident had not received the LG wireless phone that she paid for and had not been reimbursed any of the money.

Plan of Correction (POC)

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

On 12/29/19, staff person A was terminated from employment with the personal care home. *[Signature]* 5/29/20

By 6/15/20, the administrator will develop and implement a policy and procedures to address resident funds and staff will be educated on the requirement that resident funds and property shall only be used for the resident's benefit.

*[Signature]* 5/29/20

Beginning on 6/15/20, the administrator or designated staff person will interview at least 5 residents per month for at least 1 year and ask specific questions related to financial exploitation including whether any staff person has offered to buy them things at the store or borrow money. Documentation will be submitted to the Department.

*[Signature]* 5/29/20

Legal Entity Representative

Signature

Printed Name and Title

Date

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25c2 - Fee Schedule

Regulations

2600.

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

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

Description of Violation

The home charges specified amounts for individual personal needs services. However, resident #2's resident-home contract, dated 8/19/19, does not indicate the amount the resident is required to pay for room and meals.

Plan of Correction (POC)

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

Resident #2's contract was updated on 1/3/19 to include the amount the resident is required to pay for room and meals. *[Signature]* 5/29/20

By 6/15/20, all staff responsible for admissions will be educated on §2600.25(c)(2) and the administrator or designated staff person will review all resident contracts for completeness. *[Signature]* 5/29/20

Beginning 6/15/20, all contracts will be reviewed upon completion by the administrator and a second designated staff person and a checklist will be utilized to ensure all sections of the contract are completed. Documentation will be submitted to the Department. *[Signature]* 5/29/20

Legal Entity Representative

Signature

Printed Name and Title

Date

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- Implemented
- Not Implemented

25c8 - Smoking

Regulations

2600.

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

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

Description of Violation

The home permits smoking, however, the home rules included in the resident-home contracts for the following residents do not indicate whether or not smoking is permitted:

- \*Resident #1's contract dated 6/6/18
- \*Resident #2's contract dated 8/19/19
- \*Resident #3's contract dated 4/9/18

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.)

By 3/25/20, resident #1, #2 and #3's contracts were updated with an addendum to the contract indicating the home's smoking policy. *[Signature]* 5/29/20

By 6/15/20, all staff and residents will be educated on the home's smoking policy. Documentation will be submitted to the Department. *[Signature]* 5/29/20

Beginning 6/15/20, the administrator or designated staff person will review all contracts upon completion to ensure that the home's smoking policy is included in the home rules in the resident-home contract. *[Signature]* 5/29/20

Legal Entity Representative

Signature

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- Not Implemented

25c10 - Advance Notice

Regulations

2600.

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


- 10. A statement that the resident is entitled to at least 30 days' advance notice, in writing, of the home's request to change the contract.


Description of Violation


Resident #1's resident-home contract, dated 6/6/18, does not include a statement that the resident is entitled to at least 30 days advanced written notice of the home's request for a change in the contract.

Plan of Correction (POC)

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

*Resident #1's contract was updated with the a statement that the resident is entitled to at least 30 days advanced written notice of the home's request for a change in the contract by 3/25/20.  5/29/20*

*By 6/15/20, all staff responsible for admissions will be educated on §2600.25(c)(10) and the administrator or designated staff person will review all resident contracts for completeness.  5/29/20*

*Beginning 6/15/20, all contracts will be reviewed upon completion by the administrator and a second designated staff person and a checklist will be utilized to ensure all sections of the contract are completed including a statement that the resident is entitled to at least 30 days advanced written notice of the home's request for a change in the contract. Documentation will be submitted to the Department.  5/29/20*

Legal Entity Representative

Signature


Printed Name and Title

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- Not Implemented

25c12 - Bed Hold

Regulations

2600.

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

- 12. Charges to the resident for holding a bed during hospitalization or other extended absence from the home.

Description of Violation

Resident #2's resident-home contract, dated 8/19/19, does not include the charges for holding a bed during an absence.

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.)

By 3/25/20, resident #2's contract was updated to include the charges for holding a bed during an absence. *[Signature]* 5/29/20

By 6/15/20, all staff responsible for admissions will be educated on §2600.25(c)(12) and the administrator or designated staff person will review all resident contracts for completeness. *[Signature]* 5/29/20

Beginning 6/15/20, all contracts will be reviewed upon completion by the administrator and a second designated staff person and a checklist will be utilized to ensure all sections of the contract are completed including charges for holding a bed during an absence. Documentation will be submitted to the Department. *[Signature]* 5/29/20

Legal Entity Representative

Signature

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42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 12/18/19, resident #1 gave staff person A a check for \$200 to purchase her an LG wireless phone. On 12/20/19, staff person A indicated to the resident that the original check she wrote got wet and was destroyed. Resident #1 gave the staff person a second check for \$200 and \$40 cash to cover additional costs. On 12/27/19, the resident had not received the phone and confirmed with her bank that the staff person had cashed both checks at different locations deducting a total of \$400 from her account. On 1/3/20, the resident had not received the LG wireless phone that she paid for and had not been reimbursed any of the money.

Plan of Correction (POC)

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

Staff person A was terminated from employment on 12/29/19. *[Signature]* 5/29/20

All staff were educated on abuse, reporting, prevention and resident rights during the quality management meetings on 4/15/20 and 4/16/20. Documentation will be submitted to the Department. *[Signature]* 5/29/20

Beginning on 6/15/20, the administrator or designated staff person will interview at least 5 residents per month for at least 6 months and ask specific questions related to financial exploitation to include whether any staff person has offered to buy them things at the store or borrow money. Documentation will be submitted to the Department. *[Signature]* 5/29/20

Legal Entity Representative

Signature

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Implemented  
 Not Implemented

65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 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.

Description of Violation


Staff person C, hired 10/18/17, did not complete training in Infection control during the 1/1/19-12/31/19 annual staff training year.


Staff person D, hired 6/30/17, did not complete training in caring for residents with dementia and cognitive impairments or Infection control or during the 1/1/19-12/31/19 annual staff training year.

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.)

By 6/15/20, staff person C and staff person D will complete required trainings for the 1/1/19-12/31/19 annual staff training year.  5/29/20

By 6/15/20, all staff will be educated on the importance of completing annual trainings in accordance with §2600.65(f).  5/29/20

Beginning 6/15/20, and for at least 1 year, the administrator or designated staff person will review all required staff training monthly to ensure completion of annual training content by all staff. Documentation will be submitted to the Department.  5/29/20

Legal Entity Representative

Signature


Printed Name and Title

Date

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- Implemented
- Not Implemented

65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 5. Falls and accident prevention.

Description of Violation

Staff person C, hired 10/18/17, did not complete training in fall and accident prevention during the 1/1/19-12/31/19 annual staff training year.

Staff person D, hired 6/30/17, did not complete the training in The Older Adult Protective Services Act (OAPSA) and fall and accident prevention during the 1/1/19-12/31/19 annual staff training year.

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.)

By 6/15/20, staff person A and staff person B will complete required trainings for the 1/1/19-12/31/19 annual staff training year. *[Signature]* 5/29/20

By 6/15/20, all staff will be educated on the importance of completing annual trainings in accordance with §2600.65 (g). *[Signature]* 5/29/20

Beginning 6/15/20, and for at least 1 year, the administrator or designated staff person will review all required staff training monthly to ensure completion of annual training content by all staff. Documentation will be submitted to the Department. *[Signature]* 5/29/20

Legal Entity Representative

Signature

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- Not Implemented

66b - Training Plan Content

Regulations

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- 1. The name, position and duties of each direct care staff person.
- 3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

On 1/9/20, the home's 2019 annual staff training plan did not include the tentative dates of completion for trainings in infection control and falls and accident prevention. The training plan also did not include positions of staff to be trained, times and locations of the scheduled trainings.

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.)

By 3/25/20, the home's 2019 annual staff training plan was updated to include tentative dates of completion for trainings in infection control and falls and accident prevention as well as positions of staff to be trained, times and locations of the scheduled trainings. *[Signature]* 5/29/20

All staff responsible for completing the staff training plan will be educated on §2600.66 (b). *[Signature]* 5/29/20

Staff training plan requirements will be reviewed during the next quality management meeting after 6/15/20. Documentation will be submitted to the Department. *[Signature]* 5/29/20

Legal Entity Representative

Signature

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(Initials)

- Implemented
- Not Implemented

109b - Rabies Vaccination

Regulations

2600.


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


Description of Violation


On 1/3/20, the home's grey cat was present in the basement of the home. However, the home did not have a current certificate of rabies vaccination from a licensed veterinarian for the cat.

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 resident cat received its vaccinations on 2/4/20.  5/29/20

By 6/15/20, the administrator or designated staff person will develop and implement a process and procedure to ensure all cats and dogs in the home have a current rabies vaccination from a licensed veterinarian.  5/29/20

Beginning on 6/15/20, the administrator will review pet records at least annually to ensure all cats and dogs in the home have a current certificate of rabies vaccination from a licensed veterinarian.  5/29/20

Legal Entity Representative

Signature


Printed Name and Title

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(Date)

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(Initials)

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- Not Implemented

131f - Fire Extinguisher Inspection

Regulations

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

On 1/3/20 at 9:30 a.m., the most recent inspection date on the fire extinguisher in the hallway on the opposite end of the breezeway from the kitchen was February 2018.

Plan of Correction (POC)

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

The fire extinguisher in the hallway in the hallway on the opposite end of the breezeway from the kitchen will be inspected by 6/15/20. *[Signature]* 5/29/20

Beginning on 6/15/20, the administrator or designated staff person will check at least annually to ensure all fire extinguishers in the home are inspected and approved annually by a fire safety expert. *[Signature]* 5/29/20

These plans of correction will be reviewed and emphasized at the next quality management meeting after 6/15/20. *[Signature]* 5/29/20

Legal Entity Representative

Signature

Printed Name and Title

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(Date)

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(Initials)

- Implemented
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162c - Menu Posted

Regulations

2600.

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

Description of Violation

On 1/3/20, a 6 week menu was posted in the hallway outside of the kitchen; however, the menu did not include the specific dates for the menus being served.

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.)

By 3/25/20, the menu was posted 1 week in advance in a conspicuous and public place in the home. *[Signature]* 5/29/20

By 6/15/20, all staff responsible for meals in the home will be educated on §2600.162(c). *[Signature]* 5/29/20

Beginning 6/15/20, the administrator will review the menu weekly to ensure each meal is specified and indicated on the menu 1 week in advance. *[Signature]* 5/29/20

Legal Entity Representative

Signature

Printed Name and Title

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- Implemented
- Not Implemented

187d - Follow Prescriber's Orders

Regulations

2600.

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

Description of Violation

Resident #3 was prescribed Humalog Kwikpen 300units/3ml-inject 4 times a day before meals and at bedtime per sliding scale as follows:

151-200= 4 units

201-250= 6 units

251-300= 8 units

301-350= 10 units

On 1/4/19 at 3:40 p.m., the resident's blood sugar reading was 382; however, the resident was administered 12 units.

Repeat Violation: 4/26/19

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.)

By 3/25/20 a prescriber's order was received and added to the MAR for resident #3 indicating what to do in the event the resident's blood glucose reading exceeds 350. *[Signature]* 5/29/20

By 6/15/20, all staff responsible for passing medications will be educated on §2600.187(d). *[Signature]* 5/29/20

Beginning 6/15/20, the administrator or designated staff person qualified to administer medications will monitor the MAR and the administration of resident medication, including insulin, at least weekly to ensure the orders of the prescriber is being followed. Documentation will be submitted to the Department. *[Signature]* 5/29/20

Legal Entity Representative

Signature

Printed Name and Title

Date

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The above plan of correction is approved as of 5/29/20  
(Date)

Plan of correction implementation status as of 6/18/20  
(Date)

Implemented

Not Implemented

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

224a - Preadmission Screen Form

Regulations

2600.

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

Description of Violation

Resident #2 was admitted into the home on 8/19/19. However, the resident's preadmission screening was completed on 8/20/19.

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.)

By 6/15/20, all staff responsible for resident admissions will be educated on §2600.224(a). Documentation will be submitted. *[Signature]* 5/29/20

Beginning 6/15/20, the administrator or designated staff person will review all admission paperwork at the time of admission to ensure that a preadmission screening was completed prior to admission. *[Signature]* 5/29/20

Legal Entity Representative

Signature

Printed Name and Title

Date

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The above plan of correction is approved as of 5/29/20  
(Date)

Plan of correction implementation status as of 6/18/20  
(Date)

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

- Implemented
- Not Implemented

225c - Additional Assessment

Regulations

2600.

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

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #1's current assessment, dated 6/14/19, did not include an assessment of the residents needs for orientation to time, place, and person, irritability, judgement, agitation, aggression and hallucinations. These sections of the form were blank.

Repeat Violation: 12/14/18

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.)

By 6/15/20, resident #1's assessment and support plan will be updated to include the residents needs for orientation to time, place, and person, irritability, judgement, agitation, aggression and hallucinations and the administrator or designated staff person will review all resident assessments for completeness and accuracy. *[Signature]* 5/29/20

All staff responsible for completing resident assessments will be educated on the importance of completing all areas of the assessment by 6/15/20. *[Signature]* 5/29/20

Beginning 6/15/20, and monthly for at least 1 year, the administrator or a designated staff will review all resident assessments completed to ensure completeness and accuracy. *[Signature]* 5/29/20

Legal Entity Representative

Signature

Printed Name and Title

Date

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(Date)

Plan of correction implementation status as of 6/18/20  
(Date)

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

- Implemented
- Not Implemented

253c - Records Log

Regulations

2600.

253.c. The home shall keep a log of resident records destroyed on or after October 24, 2005. This log must include the resident's name, record number, birth date, admission date and discharge date.

Description of Violation

The home's log of destroyed resident records did not include the date of birth or date of admission for any of the residents whose records were destroyed between 1/3/19-1/3/20 to include discharged residents #4, #5 and #6.

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.)

By 3/25/20, the home's log of destroyed resident records was updated to include the date of birth and admission for residents #4, #5 and #6 and all residents indicated on the log. *[Signature]* 5/29/20

By 6/15/20, the home will establish and implement a policy and procedure for correctly recording destroyed resident records to include the resident's name, record number, birth date, admission date and discharge date. *[Signature]* 5/29/20

Beginning 6/15/20, the administrator or designated staff person will review the home's log of destroyed resident records at least quarterly to ensure implementation of the policy. *[Signature]* 5/29/20

Legal Entity Representative

Signature

Printed Name and Title

Date

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The above plan of correction is approved as of 5/29/20 (Date) Plan of correction implementation status as of 6/18/20 (Date)

The above plan of correction was approved by *[Signature]* (Initials)  Implemented  Not Implemented