pennsylvania
DEPARTMENT OF HUMAN SERVICES

# CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **PARACLETE GROUP LLC**
LEGAL ENTITY

To operate **GEORGE'S PERSONAL CARE HOME**
NAME OF FACILITY OR AGENCY

Located at **108 WATER STREET, NEW STANTON, PA 15672**
(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 **18**
(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 **August 18, 2020** until **February 18, 2021**, unless sooner revoked for non-compliance with applicable laws and regulations.

No: **440571**

Robert E. Robinson
ISSUING OFFICER

Jamie L. Buchenauer
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.

HS 628 – 6/20

pennsylvania
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**
**MAILING DATE:** August 18, 2020

Ms. Honey Nunez
Owner / Administrator
Paraclete Group, LLC
421 Cottage Lane
Monroeville, Pennsylvania 15146

RE: George's Personal Care Home
108 Water Street
New Stanton, Pennsylvania 15672
Certificate #: 440571

Dear Ms. Nunez:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on November 26, 2019, November 27, 2019 and February 7, 2020, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), and failure to submit an acceptable plan to correct noncompliance items, the Department hereby REVOKES your certificate of compliance (440570) dated February 22, 2020 to February 22, 2021, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on violations and failure to submit an acceptable plan to correct noncompliance. The license dated February 22, 2020 to February 22, 2021 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from August 18, 2020 to February 18, 2021.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 or § 2800 (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 or 2800 Section: | Class of Violation | Census at Inspection | X | Fine Per resident Per day | = | Calculated Fine Per day | Mandated Correction Date (to avoid Fine) |
|---|---|---|---|---|---|---|---|
| 65i | III | 15 | | $3 | | $45 | 15 calendar days from mailing date of this letter |
| 162c | III | 15 | | $3 | | $45 | 15 calendar days from mailing date of this letter |

A fine will be assessed daily 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.

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, Chapters 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
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-214-1304

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,

Jamie Buchenauer
Deputy Secretary
Office of Long-Term Living

Enclosure
License
Licensing Inspection Summary

RECEIVED

1/3/2020

Western Region Field Office
Bureau of Human Services Licensing

# Violation Report

## Facility Information

Name: *GEORGE'S PERSONAL CARE HOME* License Number: *44057*
Address: *108 WATER STREET,, NEW STANTON, PA 15672*
County: *WESTMORELAND* Region: *WESTERN*

## Administrator

Name: *Honey Nunez* Phone: *7249259708* Email: *GEORGENHONEY@YAHOO.COM*

## Legal Entity

Name: *PARACLETE GROUP LLC*
Address: *421 COTTAGE LANE, MONROEVILLE, PA, 15146*

## Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/06/1995* Issued By: *Dept L&I*

## Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *18* Waking Staff: *14*

## Inspection

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

## Inspection Dates and Department Representative

*11/26/2019 - On-Site: Amy Duncan, Desmond Grace*

*11/27/2019 - On-Site: Amy Duncan*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *18* Residents Served: *18*

### Secured Dementia Care Unit

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

### Hospice

Current Residents: *0*

### Number of Residents Who:

Receive Supplemental Security Income: *13* Are 60 Years of Age or Older: *16*
Diagnosed with Mental Illness: *16* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *0* Have Physical Disability: *0*

## 3c - Post Current License

### Regulations

2600.
3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

### Description of Violation

On 11/26/19 and 11/27/19, the home did not have a copy of the current licensing inspection summary, dated 2/28/19, posted in a conspicuous and public place in the home.

REPEAT VIOLATION: 2/28/2019

### 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.)

Administrator posted a copy of the current licensing inspection summary dated 2/28/19 before state inspector left the facility. She also made one extra copy of the current license inspection summary and is permanently attached (tied with string) to the metal divider located on the top of the cabinet in the dining room to prevent the repeat violation.

In the future, administrator will repeat making one extra copy and will permanently attached (tied with string) the extra copy to the metal divider located on the top of the cabinet in the dining room once the current license inspection summary issued by the department receive to prevent the repeat violation.

Attached checklist and picture.
Administrator will check monthly to make sure the current and 3 yrs license inspection summary are kept on the metal divider located on the top of cabinet in the dining room.

### Legal Entity Representative

Signature | Printed Name and Title: Yoneny Nunez Administrator | Date: 1/14/20

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

The above plan of correction is approved as of 1/15/2020 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 3/9/2020 (Date)

☑ Implemented
☐ Not Implemented

## 5a1 - DHS Access

### Regulations

2600.
5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:
1. Agents of the Department.

### Description of Violation

On 11/26/19 at 9:45 am, agents of the Department requested access to 4 resident records. At 9:55 am, only 1 resident record was provided. Staff member A, the home's administrator, indicated the remaining resident records were at an off-site location.

On 11/26/19 at 9:35 am, 10:15 am and 11:50 am, agents of the Department requested access to 5 staff records. However, at 12:47 pm, only 1 staff record was provided. Staff member A indicated the remaining staff records were at an off-site location.

### 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.)

**Administrator brought residents and staff records back into the facility last 11/27/19 while inspector was still inspecting the facility.**
**Residents and staff records are now in the facility locked in metal cabinet.**
**Administrator organized, double checked and arranged all residents and staff records.**
**Administrator will not, never again removed resident(s) and staff records in the facility.**

### Legal Entity Representative

Signature

Honey Nunez Administrator — Printed Name and Title

12/27/19 — Date

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

The above plan of correction is approved as of 1/6/2020 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 3/9/2020 (Date)

☐ Implemented
☑ Not Implemented

## 25c2 - Fee Schedule

### Regulations

2600.
25.c. At a minimum, the contract must specify the following:
2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

### Description of Violation

Resident #2 was admitted to the home on 5/1/18. Resident #2's resident-home contract, dated 5/1/18, does not include the original fee schedule of actual amounts charged for available services. Staff person A, the home's administrator, indicated page 1 of the resident's contract, which includes the monthly room and board rate, is replaced when a cost of living adjustment increases the amount of room and board.

### 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.)

**Administrator corrected resident #2 home contract and put the original fee that was agreed by administrator and resident on the day of admission. Also all residents contract was checked to make sure the original contract on the day of admission is complete.**

**In the future, the administrator will keep all the pages of the original contract, will not remove the original fee, and will only do addendum when a cost of living adjustment increases.**
**Checklist attached and copy of contract with original fee was sent by mail on 1/13/20.**

**Administrator will check monthly to make sure resident(s) original fee on the day of admission is kept and all the pages of the resident(s) contract is complete.**

### Legal Entity Representative

| Signature | Printed Name and Title | Date |
|---|---|---|
| [signature] | Henry Nunez Administrator | 1/14/20 |

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

The above plan of correction is approved as of 1/15/2020 (Date)

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

Plan of correction implementation status as of 3/9/2020 (Date)

- [x] 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:
1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

### Description of Violation

Staff person B, hired on 10/14/16, did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during the 2018 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.)

**Staff person B was trained during the 2019 training year by the administrator that was trained by the fire safety expert. Attached documentation.**

**Administrator will train all staff about fire safety on Friday 01/17/20, and will email the documentation to the state supervisor after the training on the same day.**

**Administrator will check monthly the staff's fire safety training and documentation. Also make sure all staff get their annual fire safety training, document the length of the course of training, and check to make sure staff signed after their training.**

Immediately: A designated staff person shall develop and implement a system to ensure all direct care staff persons receive training on all topics specified in 2600.65f during each established training year. Documentation of the training shall be kept in accordance with 2600.65i. 1/15/2020 LM

### Legal Entity Representative

[signature] Signature

Henry Nunez Administrator Printed Name and Title

1/14/20 Date

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

The above plan of correction is approved as of 1/15/2020 (Date)

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

Plan of correction implementation status as of 3/9/2020 (Date)

☑ Implemented

☐ Not Implemented

## 65i - Training Record

### Regulations

2600.
65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

### Description of Violation

The record of training for the fire safety training completed on 10/15/18 does not include the length of the course.

REPEAT VIOLATION: 2/28/2019

### 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.)

All staff was trained last October 1,2019 but forget to document the length of the course. Administrator will train all staff about fire safety on Friday 01/17/20, and will email the documentation to the state supervisor after the training on the same day.

Fire safety training shall only be conducted by a fire safety expert or a staff person trained by a fire safety expert. 1/15/2020

Administrator will check monthly the staff's fire safety training and documentation. Also make sure all staff get their annual fire safety training, document the length of the course of training, and check to make sure staff signed after their training. Administrator also updated the annual fire safety training to prevent the repeat violation. There's a note on the first sentence to not to forget to document the start time and another note at the end of the training procedures to not to forget to document the hour(s) used of fire safety training. LM

The monthly checks shall also include a check of all staff training to ensure all records of training include all information specified in 2600.65i.
1/15/2020 LM

### Legal Entity Representative

Signature | Printed Name and Title | Date

Printed Name and Title: Amy Nunez Administrator

Date: 1/15/20

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

The above plan of correction is approved as of 1/15/2020 (Date)

Plan of correction implementation status as of 3/9/2020 (Date)

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

☐ Implemented
☑ Not Implemented

## 81b - Resident Personal Equipment

### Regulations

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

### Description of Violation

On 11/26/19, there was an uncovered enabler bar present on resident #5's bed, with openings measuring approximately 4" x 6 1/2" at the top, and 4" x 12" at the bottom, posing a potential entrapment hazard.

### Plan of Correction (POC)

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

Resident #5 uncovered enabler bar is now covered and free of hazard.
Attached picture of resident #5 covered enabler bar.

The administrator will check monthly the enabler bar of resident #5 to make sure it is covered.
In the future, the home will make cover first before letting the resident(s) use their enabler bar.
Currently, only resident #5 uses enabler bar. Attached checklist.

### Legal Entity Representative

Signature | Printed Name and Title | Date

1/14/20

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

The above plan of correction is approved as of 1/15/2020 (Date)

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

Plan of correction implementation status as of 3/9/2020 (Date)

☑ Implemented
☐ Not Implemented

## 85a - Sanitary Conditions

### Regulations

2600.
85.a. Sanitary conditions shall be maintained.

### Description of Violation

On 11/26/19 at 10:34 am, an unknown brown liquid was present on the bottom of the refrigerator, located in the office.

### 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.)

**Administrator cleaned the brown liquid that was present on the bottom of the refrigerator located in the office.**

**Checklist made for staff to clean the refrigerators daily (one located in the office and the other one in the living room) to maintain sanitary conditions.**

### Legal Entity Representative

Signature

Honey Nunez Administrator — Printed Name and Title

12/27/19 — Date

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

The above plan of correction is approved as of 1/6/2020 (Date)

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

Plan of correction implementation status as of 3/9/2020 (Date)

☑ Implemented
☐ Not Implemented

## 95 - Furniture and Equipment

### Regulations

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

### Description of Violation

Resident #4's bedroom dresser is missing a drawer.

### 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.)

**Administrator found resident #4's bedroom dresser missing drawer hidden under his bed. It was put back on resident #4's dresser. Attached picture.**

**Administrator will check weekly to make sure furniture and equipment like bedroom dresser must be in good repair, clean and free of hazards.**

### Legal Entity Representative

[signature] Signature

Honey Nunez Administrator Printed Name and Title

12/27/19 Date

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

The above plan of correction is approved as of 1/6/2020 (Date)

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

Plan of correction implementation status as of 3/9/2020 (Date)

☑ Implemented
☐ Not Implemented

## 96a - First Aid Kit

### Regulations

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

### Description of Violation

On 11/26/19, the first aid kit, located in the office, did not include tape.

### 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 took the extra tape from the first aid tool box and then put the tape in the home's first aid kit located in the office while state inspector was inspecting the home's first aid kit.**
**Administrator will check weekly the home first aid kit located in the office to make sure first aid kit is complete.**

### Legal Entity Representative

Signature

Honey Nunez Administrator — Printed Name and Title

12/27/19 — Date

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

The above plan of correction is approved as of 1/6/2020 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 3/9/2020 (Date)

☑ Implemented
☐ Not Implemented

## 101j7 - Lighting/Operable Lamp

### Regulations

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

### Description of Violation

On 11/26/19, Resident #3's lamp was located approximately 3 feet from the foot of his bed and could be turned on/off at bedside.

### 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 #3's lamp was moved at the resident #3's bedside. Attached picture.**

**Administrator will check weekly the residents rooms to make sure resident has a bedside lamp.**

### Legal Entity Representative

Signature | Honey Nunez Administrator | 12/27/19
Printed Name and Title | Date

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

The above plan of correction is approved as of 1/6/2020 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 3/9/2020 (Date)

☑ Implemented
☐ Not Implemented

## 102i - Soap Dispenser

### Regulations

2600.
102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

### Description of Violation

On 11/26/19, there was a used, unlabeled bar of soap in the medicine cabinet in the ground floor large common shower room.

### 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.)

Administrator disposed the unlabelled bar of soap after the state inspector left the facility. The next day, administrator checked all bar of soap to make sure it is label by resident name. Administrator will no longer buy a bar of soap for the residents and will only buy liquid body wash for residents now and ongoing. Currently, no resident from the facility that will buy their own body wash, even the resident's family or friends. In the future, we will inform the new resident(s) that we will only use liquid body wash.

Immediately: A designated staff person shall inspect the home weekly to ensure there are no unlabeled bars of soap present. 1/15/2020

### Legal Entity Representative

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 1/15/2020 (Date)

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

Plan of correction implementation status as of 3/9/2020 (Date)

☑ Implemented
☐ Not Implemented

## 103f - Refrigerator/Freezer Temps

### Regulations

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

### Description of Violation

On 11/26/19 at 10:33 am and at 2:50 pm, the temperature in the freezer, located in the office, was 10 degrees Fahrenheit.

On 11/26/19 at 10:33 am, no thermometer was present in the refrigerator, located in the office.

### 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.)

Administrator purchased 4 refrigerator/freezer thermometer and put the 1 new in the freezer located in the office. Also put the other 1 new thermometer in the refrigerator located in the office. Attached receipt.

Administrator checked the new freezer thermometer and it is below 0 °F, and the refrigerator thermometer is below 40 °F. Attached pictures.
The extra 2 thermometers is for future use in case one of the refrigerator/freezer thermometers doesn't work.

Staff to check daily the thermometers in refrigerators and freezers to make sure that the freezer(s) is below 0 °F and the refrigerator(s) is below 40 °F.
Staff to check daily to make sure that there is a thermometer in refrigerators and freezers to check the temperature daily. Checklist attached.

### Legal Entity Representative

Signature | Printed Name and Title | Date

Printed Name and Title: Honey Nunez Administrator

Date: 1/14/20

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

The above plan of correction is approved as of 1/15/2020 (Date)

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

Plan of correction implementation status as of 3/9/2020 (Date)

☐ Implemented
☑ Not Implemented

## 107c - Food/Water 3 Day Supply

### Regulations

2600.
107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

### Description of Violation

On 11/26/19, the home served 18 residents, requiring 54 gallons of emergency drinking water to be available; however, the home had no water available in the home. The home does not have a contract with a local bottled water supplier, which indicates the amount of water that would be delivered, a guarantee the water would be delivered immediately upon request, 24-hours-per-day and a guarantee that the water would be delivered as a priority even in the event of a regional general emergency.

### 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.)

**Administrator purchased 60 gallons of emergency drinking water for the residents. The 60 gallons of water are in the basement available immediately in the event of an emergency. Attached pictures & receipt.**

### Legal Entity Representative

Signature _____ Printed Name and Title Tony Nunez Date 12/27/19

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

The above plan of correction is approved as of 1/6/2020 (Date)

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

Plan of correction implementation status as of 3/9/2020 (Date)

☑ Implemented
☐ Not Implemented

## 126a - Furnace Inspection

### Regulations

2600.
126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

### Description of Violation

The home has no documentation indicating the furnaces have been inspected within the past 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.)

**The home's furnace was inspected last 5/15/19 by a professional furnace company.**
**In the future the home will keep the documentation of the furnace inspection annually and ongoing.**
**Attached is the documentation from professional furnace heating and cooling company.**

### Legal Entity Representative

Signature

Honey Nunez Administrator — Printed Name and Title

12/27/19 — Date

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

The above plan of correction is approved as of 1/6/2020 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 3/9/2020 (Date)

☑ Implemented
☐ Not Implemented

## 132c - Fire Drill Records

### Regulations

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

### Description of Violation

The home's fire drill records for the following dates and times do not include the exact time of the drill in hours and minutes:

*3/4/19 at 10 am

*4/4/19 at 2 pm

*7/24/19 at 9 pm

*9/16/19 at 12 noon

### 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 or the administrator will accurately document the time of the fire drill test start and the amount of time it took for residents to evacuate.**

**The staff or the administrators must document the exact time of the fire drill in hours, minutes and seconds. Attached fire drill record and checklist.**

**Staff or administrator will check the fire drill record monthly to make sure it is accurately documented the exact time in hours, minutes and seconds.**

### Legal Entity Representative

Signature | Printed Name and Title: Henry Nunez Administrator | Date: 1/14/20

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

The above plan of correction is approved as of 1/15/2020 (Date)

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

Plan of correction implementation status as of 3/9/2020 (Date)

☑ Implemented
☐ 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

Resident #5's initial medical evaluation, dated 6/21/19, indicates "see attached med list" under the medication addendum section; however, a medications list is not attached.

### 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 medication list of resident #5's initial medical evaluation dated 6/21/19 is stapled or attached on resident #5's initial medical evaluation while inspector was still in the facility.**
**Administrator checked all residents' medical evaluation to make sure all medications list attached.**
**Administrator will check monthly all residents' medical evaluation to make sure its completion and medication list is attached.**

### Legal Entity Representative

Signature | Printed Name and Title: Honey Nunez Administrator | Date: 1/14/20

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

The above plan of correction is approved as of 1/15/2020 (Date)

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

Plan of correction implementation status as of 3/9/2020 (Date)

☑ Implemented
☐ 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 #2's most recent medical evaluation was completed on 5/1/18.

### 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.)

**The home physician completed resident #2's medical evaluation on 12/19/19.**
**Administrator reviewed the medical evaluation of all residents to ensure they are up to date.**
**Administrator will use a checklist system noting dates of resident medical evaluation expiration and ensure all residents have medical evaluation annually. Checklist attached.**
**Administrator will check monthly the residents RASP and Medical Evaluation.**

### Legal Entity Representative

Signature

Printed Name and Title

12/27/19
Date

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

The above plan of correction is approved as of 1/6/2020 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 3/9/2020 (Date)

☐ Implemented
☑ Not Implemented

## 162c - Menus Posted

### Regulations

2600.
162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

### Description of Violation

On 11/26/19 and 11/27/19, there were no menus posted in the home.

REPEAT VIOLATION: 2/28/2019

### 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.)

**Administrator made a menus for the residents 2 months in advance. And made a checklist to prevent repeat violations.**

**Administrator will check the menu weely to make sure homes current week and the following week menu is posted. Attached picture and checklist.**

### Legal Entity Representative

Signature

Honey Nunez Administrator — Printed Name and Title

12/27/19 — Date

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

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The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 3/9/2020 (Date)

☐ Implemented
☑ Not Implemented

## 181c - Self-administration Assessment

### Regulations

2600.
181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

### Description of Violation

Resident #2 is prescribed 10 units of Lantus Solostar 100 units/ml-Inject subcutaneously every morning and Novolog Flexpen 100 units/ml-Inject subcutaneously before lunch and supper per sliding scale. On multiple dates, including 11/26/19, the resident self-administered his insulin; however, the resident had not been assessed by a physician, physician assistant or registered nurse practitioner regarding as capable of self-administering 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.)

**Resident #2's went to his PCP on 12/19/19. He wants to be assessed by his PCP that he is capable of self administering his insulin. PCP assessed resident #2's that he can self administered his own insulin(s) under staff supervision at all times. PCP script attached.**

**Currently only resident #2 can self administer his insulin under staff supervision in the home. In the future, any new resident(s) are not allowed to self administer their own insulin if there is no notes or order from a health care provider (MD, PA, CRNP, etc..).**

Within 5 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be educated on resident #2's physician orders regarding the self-administration of medication, which includes staff must supervise the resident while the resident self-administers insulin. 1/15/2020 LM

### Legal Entity Representative

| Signature | Printed Name and Title | Date |
|---|---|---|
| [signature] | Henry Nunez Administrator | 1/14/20 |

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

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

Plan of correction implementation status as of 3/9/2020 (Date)

☑ Implemented
☐ Not Implemented

## 183b - Meds and Syringes Locked

### Regulations

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

### Description of Violation

On 11/26/19 at 1:05 pm, resident #2's Novolog was unlocked, unattended and accessible in the cabinet in the office area.

On 11/26/19 at 2:10 pm, resident #4's Levemir was unlocked, unattended and accessible in the cabinet in the office area.

### 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 Novolog is locked in the med cart on 11/27/19 after state inspector told the administrator to lock the Novolog. Picture attached.**

**Resident #4's Levemir is locked in the med cart on 11/27/19 after state inspector told the administrator to lock the Levemir. Picture attached.**

**Staff to check daily each shift to make sure resident #2's Novolog and resident #4's Levemir is locked in the med cart every shift now and ongoing.** Staff shall also check daily to ensure all prescription medications, OTC medications, CAM and syringes are kept in an area that is locked. 1/15/2020 LM

### Legal Entity Representative

Signature

Administrator Henry Nunez — Printed Name and Title

1/14/20 — Date

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

The above plan of correction is approved as of 1/15/2020 (Date)

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

Plan of correction implementation status as of 3/9/2020 (Date)

☑ Implemented
☐ Not Implemented

## 183c - Refrigerated Meds Locked

### Regulations

2600.
183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

### Description of Violation

On 11/26/19 at 10:37 am, the following medications were unlocked, unattended and accessible in the refrigerator located in the living room:

*resident #1's Levemir FlexTouch

*resident #2's Novolog FlexPen

*resident #2's Lantus SoloStar

### 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.)

**Administrator properly disposed resident #1's Levemir since she is no longer live in the facility.**

**Administrator purchased a metal box with lock on 11/29/19, and put resident #2's insulins (Novolog Flexpen and Lantus Solostar). Metal box receipt attached.**

**Resident #2's Novolog Flexpen and Lantus SoloStar is inside the locked metal box in the refrigerator.**

LM

daily 1/15/2020

**Staff to check ~~weekly~~ to make sure resident(s) insulins is in the locked metal box in the refrigerator.**

### Legal Entity Representative

Signature

Printed Name and Title: Henry Nnwe Administrator

Date: 1/14/21

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

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

Plan of correction implementation status as of 3/9/2020 (Date)

☐ Implemented

☑ 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**

On 11/26/19 at 10:37 am, a Levemir FlexTouch for resident #1, who no longer lives in the home, was present in the refrigerator located in the living room.

[redacted]

withdrawn
BB 3/12/20

**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.)

Administrator properly disposed resident #1's levemir since she no longer live in the facility.

[redacted]

**Legal Entity Representative**

[signature] Signature

Henry Nunez Administrator Printed Name and Title

1/14/20 Date

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

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Plan of correction implementation status as of 3/9/2020 (Date)

☐ Implemented
☑ Not Implemented

## 184b - Resident's Meds Labeled

### Regulations

2600.
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

### Description of Violation

On 11/26/19, a resealable bag of Miralax, belonging to resident #2, was in the medication cart and was not labeled with the resident's name.

### 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 11/26/19, administrator wrote resident #2's name on the resealable miralax. Administrator will check residents medications weekly to ensure OTC, PRN is labeled with the resident's name.**

### Legal Entity Representative

Signature | Honey Nuwa Administrator (Printed Name and Title) | 12-27-19 (Date)

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

The above plan of correction is approved as of 1/6/2020 (Date)

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

Plan of correction implementation status as of 3/9/2020 (Date)

☑ Implemented
☐ Not Implemented

## 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

On the following dates and times, resident #4's blood sugar readings on his glucometer did not match the blood sugar readings documented on the resident's November 2019 medication administration record (MAR):

| Date / Time | MAR Reading | Glucometer Reading |
|---|---|---|
| 11/21/19 8:30 pm | 178 | 172 |
| 11/24/19 5:00 am | 238 | 235 |
| 11/25/19 5:00 am | 184 | 186 |
| 11/25/19 3:00 pm | 208 | 180 |

### 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 educated about the importance of accurately documenting the correct blood sugar readings of resident #4. Administrator instructed the staff to check resident #4's glucometer reading 3 times to surely document the correct blood sugar reading on resident's MAR then administer the correct units of insulin to resident #4.**

**Staff to check resident(s) glucometer reading 3 times to surely document the correct blood sugar reading on resident's MAR then administer the correct units of insulin to resident #4. Staff to check resident glucometer reading 3 times to surely document the correct blood sugar reading on resident's MAR, and before the resident administered his own insulin under staff supervision.** Immediately: A designated staff person shall review resident MAR's weekly to ensure blood sugars are accurately documented on resident MAR's. 1/15/2020 [initials]

### Legal Entity Representative

[signature] Signature

Honey Nunez Administrator Printed Name and Title

1/14/20 Date

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

The above plan of correction is approved as of 1/15/2020 (Date)

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

Plan of correction implementation status as of 3/9/2020 (Date)

☐ Implemented
☑ 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

On 5/10/19, resident #2 was prescribed Clotrimazole-Betamethason–Apply to affected area topically 2 times a day for 2 weeks. However, this medication is still present on the resident's November 2019 MAR and initialed by staff members as administered daily at 8:00 am and 8:00 pm from 11/1/19 through 11/26/19.

### 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.)

**The resident #2's Clotrimazole cream was finished and disposed after 2 weeks of prescribed date. Administrator wrote discontinued on November MAR then called pharmacy. Pharmacy remove the Clotrimazole cream on resident #2's MAR. Administrator or staff will check 3 times daily the residents MAR to make sure finished, discontinued med is marked on resident's MAR to prevent from initial mistakes then call pharmacy to request for a new updated resident's MAR. Staff will check 3 times the medications, give to resident before initial on MAR to make sure that staff only initialed the medications that residents took or administered. Checklist attached.**

Immediately, then monthly thereafter: A designated staff person shall review all resident MAR's to ensure accurate medication administration documentation. 1/15/2020 LM

### Legal Entity Representative

Signature | Printed Name and Title: Administrator | Date: 1/14/20

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

The above plan of correction is approved as of 1/15/2020 (Date)

Plan of correction implementation status as of 3/9/2020 (Date)

☐ Implemented
☑ Not Implemented

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

## 221c - Post Activity Calendar

### Regulations

2600.
221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

### Description of Violation

The activity calendar posted on the bulletin board in the dining room is dated February 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.)

Administrator made good for 1 year activity calendar for the residents. Activities attached.
The administrator posted the current month of activities and also posted on the top the next months activities. This will be ongoing. Picture attached and checklist.
Administrator to check ~~monthly~~ weekly 1/15/2020 to make sure there is activity calendar posted in dining room bulletin board.

### Legal Entity Representative

Signature | Printed Name and Title | Date: 1/14/21

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

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

Plan of correction implementation status as of 3/9/2020 (Date)

- [x] Implemented
- [ ] Not Implemented

## 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 #6 was admitted to the home on 4/1/19; however, the resident's preadmission screening form was completed on 2/28/19, which exceeds 30 days prior to admission.

### 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.)

**Administrator will make sure that the preadmission screening form for the future new resident should be made within 30 days prior to admission so the needs of the resident can be met by the services provided by the home.**

**Administrator will have a checklist for the future new resident to make sure the preadmission screening form is within the 30 days prior to admission.**

Within 5 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has a preadmission screening completed. 1/15/2020 LM

### Legal Entity Representative

[signature] Signature

Henry Nunez Administrator Printed Name and Title

1/14/20 Date

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

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Plan of correction implementation status as of 3/9/2020 (Date)

☑ Implemented
☐ Not Implemented

## 225c - Additional Assessment

### Regulations

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

### Description of Violation

Resident #2's most recent assessment was completed on 5/15/18.

Resident #4's most recent assessment, dated 12/31/18, does not include an assessment for securing transportation.

REPEAT VIOLATION: 2/28/2019

### 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.)

**Resident #2's assessment plan was completed by administrator on 12/19/19. Resident #2's assessment plan was sent by mail last 01/13/20.**
**The assessment of resident #4 for securing transportation was corrected and marked by administrator last 12/19/19. 1 copy of resident #4 assessment was sent by mail last 12/27/19.**

Immediately: The home shall develop and implement a system to ensure resident assessments are immediately updated as care needs change. 1/15/2020 LM

**Administrator will check monthly all residents assessment to make sure residents have assessment annually to not to repeat the same violations. Checklist attached.**

**Administrator will also use her cell phone for reminders to ensure not to repeat the same violations.**

Within 5 days of receipt of the plan of correction: A designated staff person shall review all resident records to ensure each resident has an assessment completed at least annually. 1/15/2020 LM

### Legal Entity Representative

Signature | Printed Name and Title: Henry Nunez Administrator | Date: 1/14/20

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

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

Plan of correction implementation status as of 3/9/2020 (Date)

☐ Implemented
☑ Not Implemented

## 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

Resident #4's most recent support plan, dated 12/31/18, does not address how the home will assist the resident for the diagnosis of intellectual disability, as indicated on the resident's most recent medical evaluation, dated 12/21/18.

Resident #5's initial support plan, dated 7/6/19, does not address the resident's use of an enabler for transferring in/out of bed.

Resident #6's initial support plan, dated 4/13/19, indicates numerous diagnoses, to include history of CVA, Epilepsy, history of alcoholism and Hypothyroid. However, the plan to meet each need only states, "offer 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.)

Administrator added on the assessment on how the home assists res. #4's diagnosis of intellectual disability. Res. #4 goes to ARC for activities every Mon.,Tues., & Thurs., On Wed.,& Fri., res.#4 will go w/ Ms. H from CLC to accompany him w/ shopping, watch movies, malling or doing some crafts etc..1 copy of res. #4 support plan was mailed last 12/27/19.
Administrator updated the support plan of res.#5 from N/A to C that res.#5 will use the enabler if needed in transferring in/out of bed. Res.#5 1copy of updated support plan mailed last 12/27/19.
Administrator added a plan to meet medical needs of each diagnosis of res.#6's initial support plan. Res.#6's support plan was mailed last 12/27/19. Attached to check support plan monthly.

### Legal Entity Representative

See Page 31A of 33

Signature | Printed Name and Title: Henry Warner Administrator | Date: 1/14/20

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

The above plan of correction is approved as of 1/15/2020 (Date)

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Plan of correction implementation status as of 3/9/2020 (Date)

☑ Implemented
☐ Not Implemented

## 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

Resident #4's most recent support plan, dated 12/31/18, does not address how the home will assist the resident for the diagnosis of intellectual disability, as indicated on the resident's most recent medical evaluation, dated 12/21/18.

Resident #5's initial support plan, dated 7/6/19, does not address the resident's use of an enabler for transferring in/out of bed.

Resident #6's initial support plan, dated 4/13/19, indicates numerous diagnoses, to include history of CVA, Epilepsy, history of alcoholism and Hypothyroid. However, the plan to meet each need only states, "offer 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.)

Within 5 days of receipt of the plan of correction: A designated staff person shall review all current support plans for accuracy and ensure they are complete. 1/15/2020

Immediately: The home shall develop and implement a system to ensure resident support plans are immediately updated as resident care needs change. 1/15/2020

### Legal Entity Representative

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)

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

Plan of correction implementation status as of _____ (Date)

☐ Implemented
☐ Not Implemented

## 227i - Support Plan Accessible

### Regulations

2600.
227.i. The support plan shall be accessible by direct care staff persons at all times.

### Description of Violation

On 11/26/19, resident support plans were located at an off-site location and were inaccessible to direct care staff.

### 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.)

Administrator brought residents records, support plan back into the facility last 11/27/19 while inspector still inspecting the facility.
Residents support plan will stay in the facility now and ongoing. It will be accessible by direct care staff at all times. The designated staff Ms. D will check monthly the residents support plan to make sure it's in the facility and accessible to all direct staff anytime direct staff needed the support plan.

### Legal Entity Representative

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 1/15/2020 (Date)

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Plan of correction implementation status as of 3/9/2020 (Date)

- [x] Implemented
- [ ] Not Implemented

## 251b - Record Entries Legible

### Regulations

2600.
251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

### Description of Violation

Correction fluid was used on resident #2's November 2019 MAR, covering over the 11/2/19 and 11/3/19 4:00 pm blood sugar readings.

### 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.)

**Administrator re-educated the staff that correction fluid is not allowed to use to cover documentation but if ever they made mistakes or errors they are allowed to put a line on the word(s) then put error on the top of the word(s).**

**Attached is the resident #2's December 2019 MAR with the staff very carefully wrote legibly the blood sugar reading of resident #2.**

### Legal Entity Representative

Signature | Printed Name and Title: Henry Nunez Administrator | Date: 12/27/19

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

The above plan of correction is approved as of 1/6/2020 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 3/9/2020 (Date)

- [x] Implemented
- [ ] Not Implemented

RECEIVED
2/21/2020
Western Region Field Office
Bureau of Human Services Licensing

# Violation Report

## Facility Information

**Name:** *GEORGE'S PERSONAL CARE HOME*
**License Number:** *44057*
**Address:** *108 WATER STREET,, NEW STANTON, PA 15672*
**County:** *WESTMORELAND* **Region:** *WESTERN*

## Administrator

**Name:** *Honey Nunez* **Phone:** *7249259708* **Email:** *GEORGENHONEY@YAHOO.COM*

## Legal Entity

**Name:** *PARACLETE GROUP LLC*
**Address:** *421 COTTAGE LANE, MONROEVILLE, PA, 15146*

## Certificate(s) of Occupancy

**Type:** *C-2 LP* **Date:** **Issued By:**

## Staffing Hours

**Resident Support Staff:** *0* **Total Daily Staff:** *15* **Waking Staff:** *11*

## Inspection

**Type:** *Partial* **BHA Docket #:** **Notice:** *Unannounced*
**Reason:** *Interim*

## Inspection Dates and Department Representative

*02/07/2020 - On-Site: Amy Duncan, Desmond Grace*

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity:** *18* **Residents Served:** *15*

### Secured Dementia Care Unit

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

### Hospice

**Current Residents:** *0*

### Number of Residents Who:

**Receive Supplemental Security Income:** *14*
**Are 60 Years of Age or Older:** *14*
**Diagnosed with Mental Illness:** *10*
**Diagnosed with Intellectual Disability:** *3*
**Have Mobility Need:** *0*
**Have Physical Disability:** *0*

## 51 - Criminal Background Check

**Regulations**

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

**Description of Violation**

Direct care staff person A was hired on 9/28/19; however, a Pennsylvania criminal background check was completed on 3/27/17, which exceeds 1 year prior to hire.

**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.)

**Administrator checked direct care staff person A criminal record on 02/09/2020.**
**Attached direct care staff person A certificate that says no criminal record.**
**Administrator checked all the staff criminal records. All records in compliance.**
**Attached all staff criminal record certificates.**
**Administrator made checklist for future direct care applicant to always check the criminal record first before scheduling the 1st day of training. Also still check the applicant criminal record even though the person/applicant brought his or her own criminal background record.**

**Legal Entity Representative**

Signature

Honey Nunez Administrator — Printed Name and Title

2/20/20 — Date

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

The above plan of correction is approved as of 2/24/2020 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 3/9/2020 (Date)

☑ Implemented
☐ 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 #1's most recent medical evaluation was completed on 1/21/19.

Resident #2's most recent medical evaluation was completed on 2/24/17.

Resident #3's most recent medical evaluation was completed on 12/11/18.

**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.)

Resident # 1's MD completed her medical evaluation 11/12/2019.
Resident #2's CRNP completed his medical evaluation on 02/11/2020.
Resident #3's CRNP completed her medical evaluation on 02/11/2020.
All staff had a 4 hrs training last 02/11/2020. All staff reviewed all residents medical evaluation to ensure they are up to date. Attached staff documentation of 4 hrs meeting, training, reviewing, and reading all residents medical evaluation. Administrator and the manager will use a checklist system noting dates of residents medical evaluation expiration and ensure all residents have medical evaluation annually. Administrator and the manager will check the residents' medical evaluation monthly. Attached checklist.

**Legal Entity Representative**

Signature | Honey Nunez Administrator | 2/20/20
Printed Name and Title | Date

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Plan of correction implementation status as of 3/9/2020 (Date)

☐ Implemented
☑ Not Implemented

## 162c - Menus Posted

**Regulations**

2600.
162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**Description of Violation**

The menu posted in the dining room was dated 2/2/20 through 2/8/20.

REPEAT VIOLATION: 2/28/2019

**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.)

Administrator made a menu for the residents 2 months in advance. Attached menus.
All staff, the administrator, the manager, all direct care staff and the ancillary staff will check the menu weekly to make sure home's current week and the following menu is posted to prevent repeated violation. Attached pictures and checklist for all staff.

**Legal Entity Representative**

Signature | Honey Nunez Administrator (Printed Name and Title) | 2/20/20 (Date)

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☐ Implemented
☑ 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**

On 1/3/20, resident #4 was prescribed Zofran 4 mg-Take 1 tablet every 6 hours for 15 days as needed for nausea; however, this medication was still present in the medication cart.

**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 manager properly disposed resident #4's Zofran while the inspector is still at the facility. All staff were re-educated regarding discontinued medications, and expired medications to dispose of the meds right away. Put the medications in a sealable zipper storage bag then mix with used ground coffee then sealed the bag.**
**All staff will check the medication cart and the MAR daily. Dispose right away any found discontinued and expired medications. Write discontinued or finished on residents MAR then call the pharmacy and inform them to remove the discontinue meds, and finished med on residents MAR. Checklist attached**

**Legal Entity Representative**

Signature | Honey Nunez Administrator (Printed Name and Title) | 2/20/20 (Date)

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Plan of correction implementation status as of 3/9/2020 (Date)

☐ Implemented
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187a - Medication Record

**Regulations**

2600.

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

9. Administration times.

13. Date and time of medication administration.

**Description of Violation**

Resident #5 is prescribed Clonazepam 2 mg tablets-Take one by mouth daily at 1100 (11 am) as needed for anxiety; however, the resident's February 2020 medication administration record (MAR) indicates the administration time as bedtime and does not indicate the time of medication administration as am or pm.

**Plan of Correction (POC)** Repeat Violation - 2/28/2019

(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.)

When MD changed res#5 Clonazepam from bedtime to 11am prn, then all med tech staff followed house MD's prescribed time, which is 11am. When inspectors left the facility 02/07/20, administrator called pharmacy, and they gave the PCH new MAR for res#5 that matched MD's new prescription. Attached res#5 MAR. Administrator re-educated all med tech staff to draw slash through the next administration date and time of res#5 clonazepam MAR. Followed by a straight line to the end of the month. Below the straight line write the word DISCONTINUED, then put the D/C date, time, and initial. Next, find empty space on res #5's MAR then write the med per MD's order. The time should match MD's order which is 11am qd prn, and the start date. If the date starts on the 8th, then draw a line until the 7th day so med tech will initial on the 8th, which is the start date. Administrator or manager will check 3X the residents delivered monthly cycle MAR to make sure residents MAR, residents medications matched MD's prescriptions. Also, med tech on duty will check the residents MAR daily to make sure all residents medications matched the MD's prescriptions and the resident's MAR. Checklist attached.

**Legal Entity Representative**

Signature [signature] Printed Name and Title [signature] Date

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The above plan of correction is approved as of 3/6/2020 (Date)

Plan of correction implementation status as of 3/9/2020 (Date)

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

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## 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 #4 is prescribed Vitamin D2 1.25 mg (50.000 units)-Take 1 capsule by mouth every week. On 2/7/20 at 8:00am, direct care staff person B administered the medication as prescribed; however, the staff person did not initial the resident's February 2020 MAR.

Resident #4 is prescribed Zocor 20 mg-Take 1 tablet by mouth daily at 5 pm. On 2/5/20 at 5:00pm, direct care staff person C administered the medication as prescribed; however the staff person did not initial the resident's February 2020 MAR.

Resident #5 is prescribed Clonazepam 2 mg tablets-Take one by mouth daily at 1100 (11 am) as needed for anxiety; however, the resident's February 2020 MAR does not indicate the initials of the staff person(s) who administered the medication from 2/1/20 through 2/6/20.

**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.)

Staff person B initialed resident #4's Vitamin D2 1.25 mg on 2/8/20. Staff person C initialed resident #4's Zocor 20 mg after the inspectors left the facility 02/07/20. All staff who gave the Clonazepam 2mg initialed on the day they gave the medication to the resident #5.
Administrator educated all med tech staff that after giving straight order meds to each resident to immediately initial to each resident's MAR. Also educated all med tech staff to immediately initial, put the time including am and pm on PRN's med after the medication is administered. Then document on the back of resident's MAR. Checklist attached to med tech staff on duty to check each resident's MAR after administering medications 3x daily to prevent repeat violation.

**Legal Entity Representative**

Signature | Printed Name and Title | Date

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

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Plan of correction implementation status as of 3/9/2020 (Date)

☐ 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 #4 is prescribed Humalog 100 units/ml-inject 6 units subcutaneously three times daily, plus sliding scale 4 times a day as follows:
201-250 = 6 units
251-300 = 7 units
301-350 = 8 units
351-400 = 9 units
401-450 = 10 units

However, on the following dates and times, staff interviews and the resident's February 2020 MAR indicate the resident was administered the incorrect amount of insulin:

| Date | Time | Glucometer reading | Units of Humalog administered |
|---|---|---|---|
| 2/1/20 | 5:00am | 179 | 6 |
| 2/1/20 | 10:00am | 301 | 7 |
| 2/1/20 | 3:00pm | 122 | 6 |
| 2/2/20 | 5:00am | 129 | 6 |
| 2/2/20 | 3:00pm | 330 | 10 |

In addition, resident #4's straight order of Humalog was not administered at all from 2/1/20 through 2/7/20.

**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.)

Res #4 was straight order 7 units 3X a day before. When MD changed to sliding scale then, I educated all the staff. Straight order is only for the nurse when res#4 will go to ARC 3X a week. The pharmacy mixed the orders in one block on MAR. I went to MD's office last 02/12/20 and CRNP gave me a detailed script. I faxed the script to the pharmacy and they corrected res #4 MAR. I educated all staff about the script and the new MAR with correct documentation of res #4's insulin. Administrator and manager will check the MAR daily. If any new, changed med that doesn't match with what MD's orders then we need to call MD's office and the pharmacy right away to make sure orders are correct, match with the pharmacist meds and documentations. Checklist, script, and res #4 MAR with detailed correct documentation that matches MD's script.

**Legal Entity Representative**

Signature | Printed Name and Title: Henry Nunn Administrator | Date: 2/20/20

187d - Follow Prescriber's Orders *(continued)*

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☐ Implemented
☑ Not Implemented

## 225c - Additional Assessment

**Regulations**

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

**Description of Violation**

Resident #2's most recent assessment was completed on 3/22/18.

Resident #3's most recent assessment was completed on 12/28/18.

REPEAT VIOLATION: 2/28/2019

**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.)

Administrator completed resident #2's most recent assessment on 02/11/2020.
Administrator completed resident #3's most recent assessment on 02/11/2020.
All staff had a 4 hrs training last 02/11/2020. All staff reviewed all residents RASP to ensure they are up to date. Attached staff documentation of 4 hrs meeting, training, reviewing, and reading all residents RASP. Administrator and the manager will use a checklist system noting dates of residents RASP expiration and ensure all residents have RASP annually. Administrator and the manager will check the residents' RASP monthly. Attached checklist.

**Legal Entity Representative**

Signature [signature] Printed Name and Title [illegible] Administrator Date 2/20/20

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

Plan of correction implementation status as of 3/9/2020 (Date)

☐ Implemented
☑ 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**

Resident #2's most recent photograph is dated 2/23/17.

Resident #3's most recent photograph is dated 12/10/17.

**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.)

All residents had a picture taken last February 8, 2020.
Attached all residents photograph including residents # 2 and resident # 3's photograph.
Administrator will check yearly all residents photograph to make sure resident has no more than 2 years old photograph

**Legal Entity Representative**

Signature | Honey Nunez Printed Name and Title | 2/20/20 Date

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The above plan of correction is approved as of 2/24/2020 (Date)

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