



CERTIFIED MAIL – RETURN RECEIPT
REQUESTED MAILING DATE: May 5, 2022

[REDACTED]
William Penn Health Care Associates LP
1021 Walton Road
Jeannette, Pennsylvania 15644

RE: William Penn Senior Suites and
Personal Care
1021 Walton Road
Jeannette, Pennsylvania 15644
License/COC #: 444251

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on October 18, 2021, October 19, 2021, October 20, 2021, December 13, 2021, and December 14, 2021, 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), the Department hereby REVOKES your certificate of compliance (license number 444250) dated December 3, 2021 – December 3, 2022, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code § 20.71(a)(2); (3); (4) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from May 5, 2022 to November 5, 2022.

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 (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	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
Section:					
57(c)	II	51	\$5	\$255	5 calendar days from mailing date of this letter
57(d)	II	51	\$5	\$255	5 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.

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

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, 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:

Jeanne Parisi, Bureau Director
 Pennsylvania Department of Human Services
 Bureau of Human Services Licensing
 Room 631, Health and Welfare Building
 625 Forster Street
 Harrisburg, Pennsylvania 17120
 PH: 717-783-3670

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,

Handwritten signature of Jamie F. Buchenauer in black ink.

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

Redacted recipient information consisting of three black rectangular bars of varying lengths.

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *WILLIAM PENN SENIOR SUITES AND PERSONAL CARE* License #: *44425* License Expiration: *12/03/2022*
Address: *1021 WALTON ROAD, JEANNETTE, PA 15644*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7245193700* Email: [REDACTED]

Legal Entity

Name: *WILLIAM PENN HEALTH CARE ASSOCIATES LP*
Address: *1021 WALTON ROAD, JEANNETTE, PA, 15644*
Phone: *7245193700* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *1-2* Date: *02/20/2012* Issued By: *Township of Penn*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *86* Waking Staff: *65*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *10/20/2021*

Inspection Dates and Department Representative

10/18/2021 - On-Site: [REDACTED]
10/19/2021 - On-Site: [REDACTED]
10/20/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *108* Residents Served: *60*

Secured Dementia Care Unit

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

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *59*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *26* Have Physical Disability: *1*

Inspections / Reviews

10/18/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/10/2021*

Inspections / Reviews (*continued*)

11/10/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *11/16/2021*

11/18/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *11/30/2021*

04/05/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

Follow-Up Date:

25c3 - Annual Assessment

1. Requirements

2600.

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

3. An explanation of the annual assessment, medical evaluation and support plan requirements and procedures, which shall be followed if either the assessment or the medical evaluation indicates the need of another and more appropriate level of care.

Description of Violation

Resident #1's resident-home contract, dated [REDACTED]/21, does not explain the annual assessment, medical evaluation or support plan requirements and procedures.

Plan of Correction

Directed

Regulation 2600.25.c3

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

3. An explanation of the annual assessment, medical evaluation and support plan requirements and procedures, which shall be followed if either the assessment or the medical evaluation indicates the need of another and more appropriate level of care

10/18/21 Immediate Action: The PCHA reviewed the contract with the resident. The resident verbalized understanding of contract and resident #1 signed Contract on 10/18/21 to ensure compliance with regulation 2600.25.c3

10/18/21 Action: The PCHA completed the resident agreement audit on 11/10/21. The PCHA will review all contracts within 24 hours of move in date for compliance. The PCHA will ensure all resident agreements are signed by 11/30/21 to ensure compliance with regulation 2600.25.c3

10/18/21 Action Plan: The PCHA or Designee will audit all new admission contracts for a period of 3 months ending on 1/18/22 to ensure compliance with regulation 2600.25.c3

Attachments:

Audit tool


Corrected contract resident #1

Contract correction reflected in section 5.3

Completed audit tool

DIRECTED: Within 7 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a new admission checklist to ensure a resident-home contract is completed in its entirety, for each new admission within 24 hours of admission. The completed new admission checklist shall be kept in each resident's record. LM 11/17/21

Completion Date: 11/30/2021 Licensee's Proposed Date for POC Implementation

 4/5/22

Document Submission

Implemented

Please see attached documents:

25, 191, 225a, 227a New Admission Checklist

25s 191 Education

25s Note for Resident DC

Staff Education on Survey All Tags

25c5 - Telephone Calls

1. Requirements

25c5 - Telephone Calls (*continued*)

2600.

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

5. The method for payment of charges for long distance telephone calls.

Description of Violation

Resident #1's resident-home contract, dated [REDACTED]/21, does not include the method or payment of charges for long distance telephone calls.

Plan of Correction**Directed**

POC License # 44425 Inspection Date: 10/18/2021

Regulation 2600.25.c5

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

- 5. The method for payment of charges for long distance telephone calls*

10/18/21 Immediate Action: The PCHA reviewed the contract with the resident. The resident verbalized understanding of contract and resident #1 signed Contract on 10/18/21 to ensure compliance with regulation 2600.25.c5

10/18/21 Action: The PCHA completed the resident agreement audit on 11/10/21. The PCHA will review all contracts within 24 hours of move in date. The PCHA will ensure all contracts are signed by 11/30/21 for compliance with regulation 2600.25.c5

10/18/21 Action Plan: The PCHA or Designee will audit all new admission contracts for a period of 3 months ending on 1/18/22 to ensure compliance with regulation 2600.25.c. Documentation shall be kept.

Attachments:


Audit tool

Corrected contract resident #1

Contract correction reflected in section 2.3

DIRECTED: Within 7 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a new admission checklist to ensure a resident-home contract is completed in its entirety, which includes the charges for long distance calls, for each new admission within 24 hours of admission. The completed new admission checklist shall be kept in each resident's record. LM 11/17/21

Completion Date: 11/30/2021 Licensee's Proposed Date for POC Implementation

 4/5/22
Document Submission**Implemented**

Please see attached documents:

25, 191, 225a, 227a New Admission Checklist

25s 191 Education

25s Note for Resident DC

Staff Education on Survey All Tags

25c6 - Refunds

1. Requirements

2600.

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

6. The conditions under which refunds will be made, including the refund of admission fees and refunds upon a resident's death.

Description of Violation

Resident #1's resident-home contract, dated [REDACTED]/21, does not include the conditions under which refunds will be made, including the refund of admissions fees and refunds upon the resident's death.

Plan of Correction**Directed**

POC License # 44425 Inspection Date: 10/18/2021

Regulation 2600.25.c6

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

6. The conditions under which refunds will be made, including the refund of admission fees and refunds upon a resident's death

10/18/21 Immediate Action: The PCHA reviewed the contract with the resident. The resident verbalized understanding of contract and resident #1 signed Contract on 10/18/21 to ensure compliance with regulation 2600.25c6

10/18/21 Action: The PCHA completed the resident agreement audit on 11/10/21. The PCHA will review all contracts within 24 hours of move in date for compliance. The PCHA will have all resident contracts signed by 11/30/21 to ensure compliance with regulation 2600.25.c6

10/18/21 Action Plan: The PCHA or Designee will audit all new admission contracts for a period of 3 months ending on 1/18/22 to ensure compliance with regulation 2600.25.c6. Documentation shall be kept.

Attachments:


Audit tool

Corrected contract resident #1

Contract correction reflected in section 4

DIRECTED: Within 7 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a new admission checklist to ensure a resident-home contract is completed in its entirety, to include the conditions under which refunds will be made, for each new admission within 24 hours of admission. The completed new admission checklist shall be kept in each resident's record. LM 11/17/21

Completion Date: 11/30/2021 Licensee's Proposed Date for POC Implementation

 4/5/22
Document Submission**Implemented**

Please see attached documents:

25, 191, 225a, 227a New Admission Checklist

25s 191 Education

25s Note for Resident DC

Staff Education on Survey All Tags

25c8 - Smoking**1. Requirements**

2600.

25c8 - Smoking (continued)

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

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

Description of Violation

Resident #1's resident-home contract, dated [REDACTED] 21, does not include the home's rules and whether the home permits smoking.

Plan of Correction**Directed**

POC License # 44425 Inspection Date: 10/18/2021

Regulation 2600.25.c8

25.c8. At a minimum, the contract must specify the following:

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

10/18/21 Immediate Action: The PCHA reviewed the contract with the resident. The resident verbalized understanding of contract and resident #1 signed Contract on 10/18/21 to ensure compliance with regulation 2600.25c8

10/18/21 Action: The PCHA completed the resident agreement audit on 11/10/21. The PCHA will review all contracts within 24 hours of move in date for compliance. The PCHA will have all resident contracts signed by 11/30/21 to ensure compliance with regulation 2600.25.c8

10/18/21 Action Plan: The PCHA or Designee will audit all new admission contracts for a period of 3 months ending on 1/18/22 to ensure compliance with regulation 2600.25.c8. Documentation shall be kept.

Attachments:

Audit tool

Corrected contract resident #1

Contract correction reflected in section 7.5 and exhibit D

DIRECTED: Within 7 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a new admission checklist to ensure a resident-home contract is completed in its entirety, which includes the home rules and smoking procedures, for each new admission within 24 hours of admission. The completed new admission checklist shall be kept in each resident's record. LM 11/17/21

Completion Date: 11/30/2021 Licensee's Proposed Date for POC Implementation

 4/5/22
Document Submission**Implemented**

Please see attached documents:

25, 191, 225a, 227a New Admission Checklist

25s 191 Education

25s Note for Resident DC

Staff Education on Survey All Tags

25c9 - Termination**1. Requirements**

25c9 - Termination (continued)

2600.

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

9. The conditions under which the agreement may be terminated including home closure as specified in § 2600.228 (relating to notification of termination).

Description of Violation

Resident #1's resident-home contract, dated [REDACTED]/21, does not include the conditions under which the agreement may be terminated.

Plan of Correction**Directed**

POC License # 44425 Inspection Date: 10/18/2021

Regulation 2600.25.c9

25.c9. At a minimum, the contract must specify the following:

The conditions under which the agreement may be terminated including home closure as specified in 2600.228 (relating to not notification of termination)

10/18/21 Immediate Action: The PCHA reviewed the contract with the resident. The resident verbalized understanding of contract and resident #1 signed Contract on 10/18/21 to ensure compliance with regulation 2600.25c9

10/18/21 Action: The PCHA completed the resident agreement audit on 11/10/21. The PCHA will review all contracts within 24 hours of move in date for compliance. The PCHA will have all resident contracts signed by 11/30/21 to ensure compliance with regulation 2600.25.c9

10/18/21 Action Plan: The PCHA or Designee will audit all new admission contracts for a period of 3 months ending on 1/18/22 to ensure compliance with regulation 2600.25.c9 documentation shall be kept.

Attachments:

Audit tool

Corrected contract resident #1

Contract correction reflected in section 3

DIRECTED: Within 7 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a new admission checklist to ensure a resident-home contract is completed in its entirety, to include the conditions under which the agreement may be terminated, for each new admission within 24 hours of admission. The completed new admission checklist shall be kept in each resident's record. LM 11/17/21

Completion Date: 11/30/2021 Licensee's Proposed Date for POC Implementation

 4/5/22
Document Submission**Implemented**

Please see attached documents:

25, 191, 225a, 227a New Admission Checklist

25s 191 Education

25s Note for Resident DC

Staff Education on Survey All Tags

25c10 - Advance Notice**1. Requirements**

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.

25c10 - Advance Notice (*continued*)**Description of Violation**

Resident #1's resident-home contract, dated [REDACTED]/21, does not include a statement that the resident is entitled to at least 30-days' advanced notice, in writing, of the home's request to change the contract.

Plan of Correction**Directed**

POC License # 44425 Inspection Date: 10/18/2021

Regulation 2600.25.c10

25.c10. At a minimum, the contract must specify the following:

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

10/18/21 Immediate Action: The PCHA reviewed the contract with the resident. The resident verbalized understanding of contract and resident #1 signed Contract on 10/18/21 to ensure compliance with regulation 2600.25.c10

10/18/21 Action: The PCHA completed the resident agreement audit on 11/10/21. The PCHA will review all contracts within 24 hours of move in date for compliance. The PCHA will have all resident contracts signed by 11/30/21 to ensure compliance with regulation 2600.25.c10

10/18/21 Action Plan: The PCHA or Designee will audit all new admission contracts for a period of 3 months ending on 1/18/22 to ensure compliance with regulation 2600.25.c10. Documentation will be kept.

Attachments:

Audit tool

Corrected contract resident #1

Contract correction reflected in section 1.6

DIRECTED: Within 7 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a new admission checklist to ensure a resident-home contract is completed in its entirety, to include 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, for each new admission within 24 hours of admission. The completed new admission checklist shall be kept in each resident's record. LM 11/17/21

 4/5/22
Not Implemented

Completion Date: 11/30/2021 Licensee's Proposed Date for POC Implementation

25c11 - List of Rates

1. Requirements

2600.

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

11. A list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.

Description of Violation

Resident #1's resident-home contract, dated [REDACTED]/21, does not include a list of personal care services the home provides

25c11 - List of Rates (continued)

or how, when and by whom payments will be made. Also, resident #1's resident-home contract indicates the home has 5 levels of care; however, the services provided under each level of care, or a description of how residents are assessed for levels of care are not indicated in the resident-home contract.

Plan of Correction**Directed**

POC License # 44425 Inspection Date: 10/18/2021

Regulation 2600.25.c11

25.c11. At a minimum, the contract must specify the following:

A list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.

10/18/21 Immediate Action: The PCHA reviewed the contract with the resident. The resident verbalized understanding of contract and resident #1 signed Contract on 10/18/21 to ensure compliance with regulation 2600.25.c11

10/18/21 Action: The PCHA completed the resident agreement audit on 11/10/21. The PCHA will review all contracts within 24 hours of move in date for compliance. The PCHA will have all resident contracts signed by 11/30/21 to ensure compliance with regulation 2600.25.c11

10/18/21 Action Plan: The PCHA or Designee will audit all new admission contracts for a period of 3 months ending on 1/18/22 to ensure compliance with regulation 2600.25.c11 documentation shall be kept.

Attachments:

Audit tool

Corrected contract resident #1

Contract correction reflected in Exhibit B, Exhibit C, and Section 1.5

DIRECTED: Within 7 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a new admission checklist to ensure a resident-home contract is completed in its entirety, to include a list of services the home provides, the charges for each service and when and by whom the payment is to be made, for each new admission within 24 hours of admission. The completed new admission checklist shall be kept in each resident's record. LM 11/17/21

Completion Date: 11/30/2021 Licensee's Proposed Date for POC Implementation

Document Submission


Please see attached documents:

25, 191, 225a, 227a New Admission Checklist

25s 191 Education

25s Note for Resident DC

Staff Education on Survey All Tags

 4/5/22
Implemented

25c12 - Bed Hold**1. Requirements**

25c12 - Bed Hold (continued)

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 #1's resident-home contract, dated [REDACTED] 21, does not include charges to the resident for holding a bed during hospitalization or extended absences.

Plan of Correction**Directed**

POC License # 44425 Inspection Date: 10/18/2021

Regulation 2600.25.c12

25.c 12. At a minimum, the contract must specify the following:

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

10/18/21 Immediate Action: The PCHA reviewed the contract with the resident. The resident verbalized understanding of contract and resident #1 signed Contract on 10/18/21 to ensure compliance with regulation 2600.25c12

10/18/21 Action: The PCHA held a staff in service on 11/08/21. The PCHA completed the resident agreement audit on 11/10/21. The PCHA will review all contracts within 24 hours of move in date for compliance. The PCHA will have all resident contracts signed by 11/30/21 to ensure compliance with regulation 2600.25.c12

10/18/21 Action Plan: The PCHA or Designee will audit all new admission contracts for a period of 3 months ending on 1/18/22 to ensure compliance with regulation 2600.25.c12

Attachments:

Audit tool


Corrected contract resident #1

Contract correction reflected in section 7.1

Staff education

DIRECTED: Within 7 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a new admission checklist to ensure a resident-home contract is completed in its entirety, to include the charges for a bed hold, for each new admission within 24 hours of admission. The completed new admission checklist shall be kept in each resident's record. LM 11/17/21

Completion Date: 11/10/2021 Licensee's Proposed Date for POC Implementation

 4/5/22
Document Submission**Implemented**

Please see attached documents:

25, 191, 225a, 227a New Admission Checklist

25s 191 Education

25s Note for Resident DC

Staff Education on Survey All Tags

25c13 - Complaint Procedure**1. Requirements**

2600.

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

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

25c13 - Complaint Procedure (continued)

Description of Violation

Resident #1's resident-home contract, dated [redacted]/21, does not include information on resident rights and complaint procedures.

Plan of Correction

Directed

POC License # 44425 Inspection Date: 10/18/2021

Regulation 2600.25.c13

25.c13. At a minimum, the contract must specify the following:

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

10/18/21 Immediate Action: The PCHA reviewed the contract with the resident. The resident verbalized understanding of contract and resident #1 signed Contract on 10/18/21 to ensure compliance with regulation 2600.25c13

10/18/21 Action: The PCHA held a staff in service on 11/08/21. The PCHA completed the resident agreement audit on 11/10/21. The PCHA will review all contracts within 24 hours of move in date for compliance. The PCHA will have all resident contracts signed by 11/30/21 to ensure compliance with regulation 2600.25.c13

10/18/21 Action Plan: The PCHA or Designee will audit all new admission contracts for a period of 3 months ending on 1/18/22 to ensure compliance with regulation 2600.25.c13

Attachments:

Audit tool

Corrected contract resident #1

Contract correction reflected in Exhibit F and Exhibit E

DIRECTED: Within 7 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a new admission checklist to ensure a resident-home contract is completed in its entirety, to include information on the resident rights and complaint procedures, for each new admission within 24 hours of admission. The completed new admission checklist shall be kept in each resident's record. LM 11/17/21

Completion Date: 11/30/2021 Licensee's Proposed Date for POC Implementation

4/5/22
Not Implemented

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 1. Be 18 years of age or older, except as permitted in subsection (b).
- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
- 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A, hired [redacted] 20, does not have a high school diploma, GED or active registry status on the Pennsylvania nurse registry. Direct care staff person A worked unsupervised assisting residents with ADL services on numerous days, to include on [redacted]/21 and [redacted]/21.

Direct care staff person B, hired [redacted]/21, does not have a high school diploma, GED or active registry status on the Pennsylvania nurse registry. Direct care staff person B worked unsupervised assisting residents with ADL services on

54a - Direct Care Staff (continued)

numerous days, to include on [REDACTED]/21 and [REDACTED]/21.

Direct care staff person C, hired [REDACTED]/21, does not have a high school diploma, GED or active registry status on the Pennsylvania nurse registry. Direct care staff person C worked unsupervised assisting residents with ADL services on numerous days, to include on [REDACTED]/21 and [REDACTED] 21.

Plan of Correction**Directed**

POC License # 44425 Inspection Date: 10/18/2021

Regulation 2600.54.a

54.a. Direct care staff persons shall have the following qualifications.

Be 18 years of age or older, except as permitted in subsection B

Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry

Be free from a medical condition including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety

10/18/21 Immediate Action: Staff Member A,C submitted their GED or high school Diploma to comply with regulation 2600.54 a. Staff member B submitted [REDACTED] college transcript and [REDACTED] Highschool diploma has been requested. Staff member B graduated from Highschool in [REDACTED]. DIRECTED: Copies of staff persons A, B and C's qualifications shall be kept in each staff person's record. LM 11/18/21).

10/18/21 Action: The PCHA or designee scheduled a chart audit to be completed by 11/30/21 to ensure compliance for regulation 2600.54 a. Staff education completed on 11/9/21 regarding regulation 2600.54a.

10/18/21 Action Plan: The PCHA or Designee will audit employee files by 11/30/21. The PCHA or Designee will audit charts within 24 hours of hiring date to ensure compliance with regulation 2600.54 and do monthly audits until 1/18/22.

Attachments:

Audit tool


Completed Audit

Employee A and C GED or High School diploma

Employee B transcript

DIRECTED: Within 7 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a new-hire checklist to ensure copies of qualifications specified in 2600.54a are obtained before any direct care staff person provides direct care services to any resident. A copy of the completed new-hire checklist shall be kept in each staff person's record. LM 11/17/21

Completion Date: 11/30/2021 Licensee's Proposed Date for POC Implementation

 4/5/22
Document Submission**Implemented**

Please see attached:

54a Immediate Action

54a, 65a, 65b All Staff File Audit

54a, 65a, 65b Audit Results

54a, 65a, 65b Audt Tool

54a - Direct Care Staff (continued)

54a, 65a, 65b New Hire Checklist
Staff Education on Survey All Tags

57c - 2 Hours/Day**1. Requirements**

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

The home is required a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident with mobility needs.

On 10/10/21, there were 59 residents in the home, 26 with mobility needs requiring a minimum of 85 hours of direct care services. On this day, only 58.77 hours of direct care staffing was provided.

On 10/17/21, there were 59 residents in the home, 26 with mobility needs requiring a minimum of 85 hours of direct care services. On this day, only 69.4 hours of direct care staffing was provided.

On 10/18/21, there were 59 residents in the home, 26 with mobility needs requiring a minimum of 85 hours of direct care services. On this day, only 76.59 hours of direct care staffing was provided.

REPEAT VIOLATION: 8/13/2020

Plan of Correction**Directed**

POC License # 44425 Inspection Date: 10/18/2021

Regulation 2600.57.c

57.c direct care staff persons shall be available to provide at least two hours per day of personal care services to each resident who has mobility needs.

10/18/21 Immediate Action: The PCHA will calculate daily staffing requirements as per regulation 2600.57c.

(DIRECTED: The daily calculation shall ensure minimum direct care staffing is provided in accordance with 2600.57b, 2600.57c, 2600.57d, 2600.60a and 2600.61. If the home is unable to provide minimum direct care staffing, a designated staff person shall contract with a staffing agency to obtain additional direct care staffing to ensure minimum staffing requirements are maintained. Documentation of the daily calculations shall be kept. LM 11/18/21)


10/18/21 Action: The PCHA enlisted the help of a staffing coordinator to help with compliance with regulation 2600.57c. The home posted an Ad on multiple Job sites to help with staffing needs.

10/18/21 Action Plan: The PCHA will sign off on the staffing sheets daily starting on 11/30/21 to ensure compliance and will continue for a period of 6 months ending on 5/30/22. Documentation shall be kept.

Attachments:

57c - 2 Hours/Day (continued)

Blank Staffing Sheet / PCHA sign off
Staffing calculator

 4/5/22

Completion Date: 11/30/2021 Licensee's Proposed Date for POC Implementation

Not Implemented

57d - Waking Hours**1. Requirements**

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

The home is required a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident with mobility needs.

On 10/10/21, there were 59 residents residing in the home, including 26 residents with mobility needs, requiring a total minimum of 63.75 direct care staffing during waking hours. On this day, only 38.77 hours of direct care staffing were provided during waking hours.

On 10/17/21, there were 59 residents residing in the home, including 26 residents with mobility needs, requiring a total minimum of 63.75 direct care staffing during waking hours. On this day, only 55.9 hours of direct care staffing were provided during waking hours.

On 10/18/21, there were 59 residents residing in the home, including 26 residents with mobility needs, requiring a total minimum of 63.75 direct care staffing during waking hours. On this day, only 60.47 hours of direct care staffing were provided during waking hours.

REPEAT VIOLATION: 8/13/2020

Plan of Correction

Directed

POC License # 44425 Inspection Date: 10/18/2021

Regulation 2600.57.d

57.d at least 75% of the personal care service hours specified in subsections B and C shall be available during waking hours.

10/18/21 Immediate Action: The PCHA will calculate daily staffing requirements as per regulation 2600.57.d to ensure at least 75% of personal care service hours specified in subsection (b) and (c) shall be during waking hours. The PCHA will utilize the formula for Staffing as per regulation 2600.57.d (DIRECTED: The daily calculation shall ensure minimum direct care staffing is provided in accordance with 2600.57b, 2600.57c, 2600.57d, 2600.60a and 2600.61. If the home is unable to provide minimum direct care staffing, a designated staff person shall contract with a staffing agency to obtain additional direct care staffing to ensure minimum staffing requirements are maintained. Documentation of the daily calculations shall be kept. LM 11/18/21)

10/18/21 Action: The PCHA enlisted the help of a staffing coordinator to help with compliance with regulation 2600.57.d The home posted an Ad on multiple Job sites to help with staffing needs.

57d - Waking Hours (continued)

10/18/21 Action Plan: The PCHA will sign off on the staffing sheets daily starting on 11/30/21 to ensure compliance. The PCHA will continue to monitor staffing needs for a period of 6 months ending on 5/30/22. Documentation will be kept.


Attachments:

Audit tool

Staffing Sheet / PCHA sign off

Staffing calculator

Completion Date: 11/30/2021 Licensee's Proposed Date for POC Implementation

 4/5/22

Not Implemented

60a - Staff/Support Plan**1. Requirements**

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On 10/10/21, 10/17/21 and 10/18/21, there were 59 residents in the home, including 26 residents with mobility needs. Of the 26 residents with mobility needs, 2 of the residents require the physical assistance of 2 staff persons to transfer in/out of bed/chair.

The home's most recent fire safety inspection conducted by a fire safety expert on 1/8/21 indicates the maximum fire-safe time to evacuate to the multiple fire safe areas in the home is 6 minutes, 30 seconds; however, there were only 2 staff persons present in the home on the following dates/times, which is not adequate to safely evacuate all residents in the event of an emergency:

- 10/10/21 from approximately 7:30 a.m. through 2:30 p.m.
- 10/17/21 from approximately 12:00 a.m. through 7:00 a.m., and from approximately 3:00 p.m. through 7:00 p.m.
- 10/18/21 from approximately 12:00 a.m. through 5:00 a.m.

Plan of Correction

Directed

POC License # 44425 Inspection Date: 10/18/2021

Regulation 2600.60.a

60.a staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

10/18/21 Immediate Action: The PCHA will calculate daily staffing requirements to ensure the home meets the needs of the residents as specified in the resident assessment and support plan. Documentation will be kept. (DIRECTED: The daily calculation shall ensure minimum direct care staffing is provided in accordance with 2600.57b, 2600.57c, 2600.57d, 2600.60a and 2600.61. If the home is unable to provide minimum direct care staffing, a designated staff person shall contract with a staffing agency to obtain additional direct care staffing to ensure minimum staffing requirements are maintained. Documentation of the daily calculations shall be kept. LM 11/18/21)

60a - Staff/Support Plan (continued)

10/18/21 Action: The PCHA will review daily the mobility needs of the resident and staffing hours of the direct care staff. The PCHA enlisted the help of a staffing coordinator to help with compliance with regulation 2600.60.a The home posted an Ad on multiple Job sites to help with staffing needs.


10/18/21 Action Plan: The PCHA will sign off on the staffing sheets daily and review the mobility list to ensure compliance with regulation 2600.60a starting on 11/30/21 to ensure compliance. The PCHA will continue to monitor staffing needs for a period of 6 months ending on 5/30/22. Documentation will be kept.

Attachments:

Staffing sheets/ PCHA signature

Staffing calculator

Resident list with mobility needs

 4/5/22

Completion Date: 11/30/2021 Licensee's Proposed Date for POC Implementation

Not Implemented

65a - FS Orientation 1st Day**1. Requirements**

2600.

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

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

Description of Violation

Direct care staff person B, hired on [REDACTED]/21, did not receive orientation on any of the training topics in accordance with 2600.65a.

Plan of Correction

Directed

POC License # 44425 Inspection Date: 10/18/2021

Regulation 2600.60.a

60.a staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

10/18/21 Immediate Action: The PCHA will calculate daily staffing requirements to ensure the home meets the needs of the residents as specified in the resident assessment and support plan. Documentation will be kept.

10/18/21 Action: The PCHA will review daily the mobility needs of the resident and staffing hours of the direct care staff. The PCHA enlisted the help of a staffing coordinator to help with compliance with regulation 2600.60.a The home posted an Ad on multiple Job sites to help with staffing needs.

65a - FS Orientation 1st Day (continued)

10/18/21 Action Plan: The PCHA will sign off on the staffing sheets daily and review the mobility list to ensure compliance with regulation 2600.60a starting on 11/30/21 to ensure compliance. The PCHA will continue to monitor staffing needs for a period of 6 months ending on 5/30/22. Documentation will be kept.

Attachments:

Staffing sheets/ PCHA signature

Staffing calculator


Resident list with mobility needs

DIRECTED: Within 7 calendar days of receipt of the plan of correction: Staff person B shall receive training on all training topics specified in 2600.65a. Documentation of the training shall be kept in the staff person's record in accordance with 2600.65i. LM 11/18/21

DIRECTED: Within 7 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a new-hire checklist to ensure all newly-hired staff persons receive training on all topics specified in 2600.65a prior to or during the first work day. Documentation of the training shall be kept in each staff person's record in accordance with 2600.65i. A copy of the completed new-hire checklist shall be kept in each staff person's record. LM 11/18/21

DIRECTED: By 11/30/21: A designated staff person shall review the records of all current staff persons to ensure each staff person has received training on all topics specified in 2600.65a prior to or during the first work day. Documentation of the training shall be kept in each staff person's record in accordance with 2600.65i. LM 11/18/21

Completion Date: 11/30/2021 Licensee's Proposed Date for POC Implementation

 4/5/22

Document Submission

Implemented

Please see attached:

54a, 65a, 65b All Staff File Audit

54a, 65a, 65b Audit Results

54a, 65a, 65b Audt Tool

54a, 65a, 65b New Hire Checklist

65a&b Immediate Action

Staff Education on Survey All Tags

65b - Rights/Abuse 40 Hours**1. Requirements**

2600.

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


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

Description of Violation

Direct care staff person B, hired on [REDACTED]/21, did not receive orientation on any of the training topics in accordance with 2600.65b.

65b - Rights/Abuse 40 Hours (continued)**Plan of Correction****Directed**

POC License # 44425 Inspection Date: 10/18/2021

*Regulation 2600.65b**65.b within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following;**resident rights**Emergency medical plan**Mandatory reporting of abuse in neglect under the older adult Protective Services act**Reporting of reportable incidents and conditions**10/18/21 Immediate Action: The PCHA did education with direct staff member B in regards to Regulation 2600.65b. The PCHA created a checklist to ensure compliance in regards to regulation 2600.65b documentation shall be kept. (DIRECTED: Documentation of staff person trainings shall be kept in each staff person's record in accordance with 260.65i. Documentation of the completed new-hire checklist shall be kept in each staff person's record. LM 11/18/21)**10/18/21 Action: The PCHA reviewed all employee files on 11/19/21. The PCHA will review new employee orientation topics to comply with regulation 2600.65b within 40 hours of start date. The PCHA will utilize the checklist to ensure compliance with Regulation 2600.65b. Documentation shall be kept.**10/18/21 Action Plan: The PCHA will review all employee files utilizing the checklist for compliance within 40 hours of start date. The PCHA will continue to audit all new employee charts for a period of 5 months until March 18, 2022. Documentation will be kept.**Attachments:**Audit tool**Audits**Employee B signed Staff Training and Orientation***Completion Date:** 11/19/2021 Licensee's Proposed Date for POC Implementation 4/5/22**Document Submission****Implemented***Please see attached:**54a, 65a, 65b All Staff File Audit**54a, 65a, 65b Audit Results**54a, 65a, 65b Audt Tool**54a, 65a, 65b New Hire Checklist**65a&b Immediate Action**Staff Education on Survey All Tags***88a - Surfaces****1. Requirements**

2600.

88a - Surfaces (continued)

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 10/20/21, the furnace filter in resident #2's bedroom was covered entirely with a thick layer of dust.

Plan of Correction**Directed**

POC License # 44425 Inspection Date: 10/18/2021

Regulation 2600.88a

88.a floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards
10/18/21 Immediate Action: The maintenance Director replaced resident's #2-bedroom furnace filter to ensure compliance with Regulation 2600.88a.

10/18/21 Action: The maintenance director created an audit tool to ensure compliance with regulation 2600.88a. The Maintenance Director will audit charts monthly to ensure compliance with regulation 2600.88a.
10/18/21 Action Plan: The Maintenance Director will do monthly audits for a period of 5 months until 3/18/22. Documentation will be kept


Attachment

Audit tool

DIRECTED: Within 7 calendar days of receipt of the plan of correction: A designated staff person shall inspect all furnace filters throughout the home to ensure they are clean, in good repair and free of hazards. LM 11/18/21

DIRECTED: Within 10 calendar days of receipt of the plan of correction: All staff persons shall be reeducated that all floors, walls, ceilings, windows, doors and other services must be in good repair, clean and free of hazards. The training shall include procedures for staff persons to immediately report issues that are hazardous, unsanitary or in disrepair. Documentation of the education shall be kept in accordance with 2600.65i. LM 11/18/21

Completion Date: 10/18/2021 Licensee's Proposed Date for POC Implementation

 4/5/22
Implemented
Document Submission

Please see attached:

88a, 91,95,101j7,123c,105g Audit Tool

88a, 91,95,101j7,123c,105g Audit Results

Staff Education on Survey All Tags

91 - Telephone Numbers**1. Requirements**

2600.

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

Description of Violation

On 10/18/21, no emergency telephone numbers were posted on or by the telephone across from the 3rd floor elevator.

Plan of Correction**Accept****Immediate Action:**

91 - Telephone Numbers (continued)

Maintenance director placed updated telephone list on telephone across from the third floor elevator to ensure compliance with Regulation 2600.91

Ongoing Oversight:

Maintenance personnel or designee will audit monthly that telephone lists are on telephones with outside line


Timeline:

Audit to be completed by 11/2/2021 that all telephones have emergency phone number list. Will continue to be audited for 3 months.

Attachments:

Audit tool

Completion Date: 11/02/2021 Licensee's Proposed Date for POC Implementation

 4/5/22

Document Submission

Implemented

Please see attached:

88a, 91,95,101j7,123c,105g Audit Tool

88a, 91,95,101j7,123c,105g Audit Results

Staff Education on Survey All Tags

95 - Furniture and Equipment**1. Requirements**

2600.

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

Description of Violation

On 10/18/21, the following sinks were clogged and not draining properly:

- The sink in resident #4's private bathroom
- The sink in resident #5's private bathroom

Plan of Correction

Directed

POC License # 44425 Inspection Date: 10/18/2021

Regulation 2600.95

95 Furniture and Equipment – Furniture and equipment must be in good repair, clean and free of hazards

10/19/2021 Immediate Action: Maintenance inspected, and resolved the draining issue in resident #4 and #5 bathroom sinks to ensure compliance with Regulation 2600.95

10/19/2021 Action: PCHA created a monthly audit tool for compliance of Regulation 2600.95. Audit was completed by Maintenance Director on 11/2/21. The PCHA or designee will do monthly audits of drains to ensure ongoing compliance with Regulation 2600.95.

95 - Furniture and Equipment (continued)


10/19/21 Action Plan: The PCHA or designee will do monthly room checks for drains monthly for 3 months ending 1/19/22. Documentation will be kept.

Attachments:

Audit tool

DIRECTED: Within 10 calendar days of receipt of the plan of correction: All staff persons shall be reeducated that all furniture and equipment must be in good repair, clean and free of hazards. The training shall include procedures for staff persons to immediately report issues of any furniture or equipment that is hazardous, unsanitary or in disrepair. Documentation of the education shall be kept in accordance with 2600.65i. LM 11/18/21

Completion Date: 10/19/2021 Licensee's Proposed Date for POC Implementation

 4/5/22
Implemented

Document Submission

Please see attached:

88a, 91,95,101j7,123c,105g Audit Tool

88a, 91,95,101j7,123c,105g Audit Results

Staff Education on Survey All Tags

96a - First Aid Kit

1. Requirements

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 10/20/21, the first aid kits at the front desk and in 2nd floor nurses' station did not include adhesive tape.

Plan of Correction

Directed

POC License # 44425 Inspection Date: 10/18/2021

Regulation 2600.96a

96a. 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

10/18/21 Immediate Action: The PCHA ordered Adhesive tape for the homes two first aid kits. (DIRECTED: Within 72 hours of receipt of the plan of correction: A designated staff person shall ensure adhesive tape is present in all first aid kits. LM 11/18/21)

10/18/21 Action: The PCHA created an audit tool for the homes first aid kits to ensure compliance. The PCHA will audit the first aid kits monthly.

10/18/21 Action Plan: The PCHA will ensure compliance with regulation 2600.96a by utilizing the first aid kits checklist. The PCHA will audit the first aid kits monthly for a period of 6 months ending 4/18/22. Documentation will be kept.

Attachments:

Audit tool

Receipt of adhesive tape

Completion Date: 10/28/2021 Licensee's Proposed Date for POC Implementation

96a - First Aid Kit (continued)


 4/5/22
Implemented
Document Submission*Please see attached:**96a First Aid Kit Audit Tool**96a First Aid Kit Audit Results**Staff Education on Survey All Tags*

101j7 - Lighting/Operable Lamp

1. Requirements

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 10/18/21, there was no bedside lamp or other source of lighting that resident #4 could turn on/off from bedside.**On 10/18/21, resident #6's bedside lamp was approximately 3' from the resident's bed and could not be turned on/off at bedside. .**On 10/18/21, there was no bedside lamp or other source of lighting that resident #7 could turn on/off from bedside.***Plan of Correction****Directed***POC License # 44425 Inspection Date: 10/18/2021**Regulation 2600.101.j.7**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**10/18/21 Immediate Action: The PCHA moved resident #6 lamp by bedside to ensure compliance with regulation 2600.101. J (7). The PCHA provided a bedside lamp to resident #4 and #7 that was operable to be in compliance with regulation 2600.101.j (7)**10/18/21 Action: The PCHA o created an audit tool to ensure ongoing compliance with regulation 2600.101.j 7. The PCHA or designee will audit the lamps monthly. (DIRECTED: Documentation of the audits shall be kept. LM 11/18/21)**10/18/21 Action Plan: The PCHA or designee will ensure compliance with regulation 2600.101.j.7 by utilizing the lamp audit tool. The PCHA will audit the homes lamps monthly for a period of 6 months ending 4/18/22. Documentation shall be kept.**Attachments: Audit tool**DIRECTED: Within 7 calendar days of receipt of the plan of correction: A designated staff person shall inspect all resident bedrooms to ensure each resident has an operable lamp or other source of lighting that can be turned on/off at bedside. LM 11/18/21*

101j7 - Lighting/Operable Lamp (continued)

DIRECTED: Within 10 calendar days of receipt of the plan of correction: All staff persons shall be educated that all residents shall have an operable lamp or other source of lighting that can be turned on/off at bedside. Documentation of the education shall be kept in accordance with 2600.65i. LM 11/18/21

 4/5/22

Completion Date: 10/18/2021 Licensee's Proposed Date for POC Implementation

Not Implemented

105g - Lint Removal and Duct Cleaning

1. Requirements

- 2600.
- 105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 10/18/21 at 11:11a.m., there was a thick accumulation of lint in the lint trap of the 2nd floor dryer.

Plan of Correction

Directed

POC License # 44425 Inspection Date: 10/18/2021

Regulation 2600.105g

105g To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

10/18/21 Immediate Action: The PCHA had housekeeping immediately remove lint from the second floor dryer to ensure compliance with regulation 2600.105 (g)

10/18/21 Action: The PCHA created an audit tool to ensure compliance with regulation 2600.105 (g). (DIRECTED: The audit tool shall include daily checks of all dryers to ensure lint is removed after each use. LM 11/18/21).

Verbal staff education completed on 10/19/21. Reeducation on 11/30/21 (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. LM 11/18/21). The PCHA or designee will check the dryers weekly for 1 month and monthly for 5 months.


10/18/21 Action Plan: the PCHA or designee will check the dryers weekly for a period of one month and then monthly for 5 months ending on 4/18/22 documentation shall be kept.

Attachments:

Audit tool

Staff education on dryer vent /fire hazard

Completion Date: 10/18/2021 Licensee's Proposed Date for POC Implementation

 4/5/22

Document Submission

Implemented

Please see attached:

105g Dryer Link Audit Results

105g Dryer Lint Audit Results - Daily

105g Dryer Lint Audit Tool

105g - Lint Removal and Duct Cleaning (continued)

Staff Education on Survey All Tags

123c - Evacuation Diagrams

1. Requirements

2600.

123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

On 10/18/21, multiple evacuation diagrams, to include the following areas, need rotated 180 degrees to indicate the correct line of travel to the emergency exits:

- Near the 4th floor elevator
- Near the 3rd floor elevator

Plan of Correction

Accept

Immediate Action:

The PCHA had maintenance rotate the emergency exit diagrams 180 degrees to ensure compliance with Regulation 2600.123.c

Ongoing oversight:

An audit of all emergency evacuation diagrams to be completed monthly for 3 months to ensure compliance.

Timeline:

Ongoing audit of compliance will be completed immediately, then completed monthly by PCHA or designee for a period of 3 months to ensure compliance. Documentation shall be kept

Attachments:

Audit tool

Completion Date: 02/01/2022 Licensee's Proposed Date for POC Implementation

Document Submission

Please see attached:

88a, 91,95,101j7,123c,105g Audit Tool

88a, 91,95,101j7,123c,105g Audit Results

Staff Education on Survey All Tags

 4/5/22
Implemented

183b - Meds and Syringes Locked

1. Requirements

183b - Meds and Syringes Locked (continued)

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 10/18/21 at 11:45 a.m. and on 10/19/21 at 1:25 p.m., multiple medications were unlocked, unattended and accessible on resident #5's counter by the microwave, to include: A bottle of Dorzolamide HCL eye drops, a bottle of Dorzolamide Timolol eye drops, a bottle of Atorvastatin Calcium and a weekly pill box which contained numerous pills.

Plan of Correction**Directed**

POC License # 44425 Inspection Date: 10/18/2021

Regulation 2600.183.b.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container

10/18/21 and 10/19/21 Immediate Action: The PCHA educated the resident # 5 verbally on locking medication up to ensure compliance with Regulation 183.b.

10/18/21 Action: The PCHA added daily checks to resident #5 Mar to ensure compliance with regulation 2600.183.b. The PCHA staff will sign-off for compliance on regulation 2600.183.b.

10/18/21 Action Plan: The PCHA will review resident #5's Mar daily for 4 weeks and observe resident is locking cabinet and then monthly ending on 4/18/22 to ensure compliance with regulation 2600.183 b. The PCHA or designee will do a self-administer assessment on Resident #5 monthly for a period of 3 months ending on 1/18/22 to ensure compliance with regulation 2600.183b documentation shall be kept. (DIRECTED: The observations shall be completed for all residents who self-administer medications. LM 11/18/21)

that is locked. This includes medications and syringes kept in the resident's room.

Attachments:

Resident #5 MAR

DIRECTED: Within 7 calendar days of receipt of the plan of correction: All residents who self-administer medications shall be reeducated that all prescription medications, OTC medications and CAM shall be kept in an area or container that is locked. LM 11/18/21

Completion Date: 11/30/2021 Licensee's Proposed Date for POC Implementation

 4/5/22
Implemented

Document Submission

Please see attached:

183b Audit Results

183b Resident Assessment

183b SAM & Observation Audit Tool

183b SAM Tool

185a&d Education

Staff Education on Survey All Tags

183d - Prescription Current

1. Requirements

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

Resident #7's Humalog Kwik Pen insulin pen expired on 10/8/21; however, the pen was used to administer insulin to the resident on the following dates and times:

- *2 units on 10/16/21 at 12:00 p.m.*
- *2 units on 10/16/21 at 4:00 p.m.*
- *2 units on 10/17/21 at 12:00 p.m.*
- *2 units on 10/17/212 at 4:00 p.m.*

On 10/19/21, Resident #8's Hydrocortisone-2.5% cream and Bacitracin zinc ointment-28.5g were present in the home's medication cart; however, the medications were discontinued on 6/10/21.

REPEAT VIOLATION: 10/29/2019, et. al.

Plan of Correction**Directed**

POC License # 44425 Inspection Date: 10/18/2021

Regulation 2600.183.d

183.d on your computer only current prescription, OTC, sample and Cam for individuals living in the home may be kept in the home

10/17/21 Immediate Action: The PCHA removed #7 expired medication from the cart. The PCHA removed residents #8 discontinued and expired medication on 10/19/21

11/5/21 Action: Cart Audit was completed by the PCHA and designee to ensure compliance with 2600.183.d for all residents. Staff education scheduled for 11/30/21 on Regulation 2600.183d (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. LM 11/18/21

10/18/21 Action: 10/18/21 Action Plan: The PCHA or designee will do monthly cart audits ~~for a period of 6 months ending on 4/18/22~~ (Unacceptable plan of correction LM 11/18/21) to ensure ongoing compliance with regulation 2600.183.d documentation shall be kept.

Attachments:

Cart Audits and education

Completion Date: 11/30/2021 Licensee's Proposed Date for POC Implementation


Document Submission

Please see attached:

183d Med Cart Audit Results

183d Med Cart Audit Tool

Staff Education on Survey All Tags

 4/5/22
Implemented

183d - Prescription Current (continued)

185a - Implement Storage Procedures

1. Requirements

2600.

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

Description of Violation

Resident #4 is prescribed Ventolin HFA-Inhale orally 2 puffs every 6 hours as needed. However, on 10/19/21, this medication was not available in the home.

Plan of Correction

Directed

POC License # 44425 Inspection Date: 10/18/2021

Regulation 2600.185.a

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

10/19/21 Immediate Action: The PCHA ordered resident # 4's medication through pharmacy. The PCHA did verbal education with staff to ensure compliance with Regulation 2600.185a (DIRECTED: Within 72 hours of receipt of the plan of correction: Resident #4's Ventolin shall be present in the home and available for administration in accordance with prescriber's orders. LM 11/18/21)

10/19/21 Action: Cart Audit was done by the PCHA and designee to ensure compliance with 2600.183.d for all residents. Cart audit completed on 11/5/21. Ongoing Staff education scheduled for 11/30/21 on Regulation 2600.183a (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. LM 11/18/21).

10/19/21 Action Plan: The PCHA or designee will do monthly cart audits ^(Unacceptable plan of correction LM 4/20/22) for a period of 6 months ending on 4/18/22 to ensure ongoing compliance with regulation 2600.185.a documentation shall be kept.

Attachments:

Audit tool

Completion Date: 11/30/2021 Licensee's Proposed Date for POC Implementation

 4/5/22

Not Implemented

191 - Resident Right to Refuse

1. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

191 - Resident Right to Refuse (continued)**Description of Violation**

Resident #1, admitted on [REDACTED]/21, has not been educated on the resident's right to question or refuse medication if the resident believes that there may be a medication error.

Plan of Correction**Accept**

POC License # 44425 Inspection Date: 10/18/2021

Regulation 2600.191

191 resident education- the home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept

10/19/21 Immediate Action: The PCHA had resident # 1 sign the Addendum Refusal of medications to ensure compliance for regulation 2600.191 (Please see attached form)

10/19/21 Action: The PCHA will have all resident charts Audited by 11/30/21 to ensure compliance with regulation 2600.191. Residents missing Education to refuse or question medication will be educated on Refusal of Medications to ensure compliance with regulation 2600.191

10/19/21 Action Plan: All new residents will be educated with Addendum of Refusal of medications or question medication form. Addendum to Refuse or question medication was added to resident agreement to ensure compliance with regulation 2600.191. Documentation shall be kept.


Attachments:

Audit tool

Corrected contract resident #1

Contract correction reflected in Exhibit F and Exhibit E

Completion Date: 11/30/2021 Licensee's Proposed Date for POC Implementation

 4/5/22
Document Submission**Implemented**

Please see attached:

25, 191, 225a, 227a New Admission Checklist

25s 191 Education

191 Refusal of Meds form

Staff Education on Survey All Tags

227a - Support Plan 30 Days**1. Requirements**

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #1 was admitted to the home on [REDACTED]/21; however, a support plan was not completed.

Plan of Correction**Directed**

POC License # 44425 Inspection Date: 10/18/2021

Regulation 2600.227.a

227a - Support Plan 30 Days (continued)

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the department support plan form.

10/18/21 Immediate Action: The PCHA completed Resident #1 initial assessment on 10/18/21 to ensure compliance with regulation 2600.227.a (DIRECTED: Within 72 hours of receipt of the plan of correction: A designated staff person shall complete a support plan for resident #1. The completed support plan shall be placed in the resident's record. LM 11/18/21)

10/18/21 Action: The PCHA will ensure that all new resident assessments are completed within 15 days of admission to ensure compliance with regulation 2600.225a. The PCHA will track Initial assessments with audit tool to ensure compliance. Audit of all Assessments was completed on 11/5/21 (DIRECTED: Support plans shall be completed within 30 days of admission for all newly-admitted residents. LM 11/18/21)

10/19/21 Action Plan: The PCHA will complete all Initial assessments with 15 days of admission to ensure compliance of regulation 2600.227.a. The PCHA will use Audit tool to ensure compliance with regulation 2600.227.a Documentation shall be kept.

Attachments:

Audit tool

Resident # 1 support plan

Completed audit

DIRECTED: Within 7 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a new admission checklist to ensure a support plan is completed in its entirety, for each new admission within 30 days of admission. The completed new admission checklist shall be kept in each resident's record. LM 11/17/21

DIRECTED: Within 10 calendar days of receipt of the plan of correction: All staff persons involved in the admission process shall be reeducated that a support plan shall be completed within 30 days of admission for all newly-admitted residents. Documentation of the education shall be kept in accordance with 2600.65i. LM 11/18/21

Completion Date: 11/30/2021 Licensee's Proposed Date for POC Implementation

Document Submission


Please see attached:

225a 227a Education

225a, 227a Support Plan Audit Tool

225a, 227a Support Plan Audit Result

Staff Education on Survey All Tags

 4/5/22
Implemented

25b - Contract Signatures

1. Requirements

2600.

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

Description of Violation

Resident #1's resident-home contract, dated [REDACTED] 21, is not signed by the resident. The contract is only signed by the administrator and the resident's representative.

REPEAT VIOLATION: 10/29/2019, et.al.

Plan of Correction

Directed

POC License # 44425 Inspection Date: 10/18/2021

Regulation 2600.25.b

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

10/18/21 Immediate Action: The PCHA reviewed the contract with the resident. The resident verbalized understanding of contract and resident #1 signed Contract on 10/18/21 to ensure compliance with regulation 2600.25b.

10/18/21 Action: The PCHA completed the resident agreement audit on 11/10/21. The PCHA will review all contracts within 24 hours of move in date for compliance. The PCHA will have all resident contracts signed by 11/30/21 to ensure compliance with regulation 2600.25.b

10/18/21 Action Plan: The PCHA or Designee will audit all new admission contracts for a period of 3 months ending on 1/18/22 to ensure compliance with regulation 2600.25.b. Documentation will be kept

Attachments:

Audit tool

Corrected contract resident #1

Completed audit tool

DIRECTED: Within 7 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a new admission checklist to ensure a resident-home contract is completed for each new admission within 24 hours of admission, and that all applicable parties specified in 2600.25b sign the resident-home contract. The completed new admission checklist shall be kept in each resident's record. LM 11/17/21

Completion Date: 11/30/2021 Licensee's Proposed Date for POC Implementation

 4/5/22
Implemented

Document Submission

Please see attached documents:

25, 191, 225a, 227a New Admission Checklist

25s 191 Education

25s Note for Resident DC

25b - Contract Signatures (continued)*Staff Education on Survey All Tags***225a - Assessment 15 Days****1. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1 was admitted to the home on [REDACTED] 21; however, an assessment was not completed.

REPEAT VIOLATION: 8/13/2020; 10/29/2019, et.al.

Plan of Correction**Directed**

POC License # 44425 Inspection Date: 10/18/2021

Regulation 2600.225.a.

225.a. A resident shall have a written initial assessment that is documented on the department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

10/18/21 Immediate Action: The PCHA completed Resident #1 initial assessment on 10/18/21 to ensure compliance with regulation 2600.225.a (DIRECTED: A copy of resident #1's completed assessment shall be kept in the resident's record. LM 11/18/21)

10/19/21 Action: The PCHA will ensure that all new resident assessments are completed within 7 days of admission to ensure compliance with regulation 2600.225a. The PCHA will track Initial assessments with audit tool to ensure compliance. Audit of all Assessments was completed on 11/5/21

10/19/21 Action Plan: The PCHA will complete all Initial assessments with 7 days of admission to ensure compliance of regulation 2600.225.a. The PCHA will use Audit tool to ensure compliance with regulation 2600.225.

Documentation shall be kept.

Attachments:

Audit tool


Resident #1 assessment

Completed audit

DIRECTED: Within 7 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a new admission checklist to ensure an assessment is completed in its entirety, for each new admission within 15 days of admission. The completed new admission checklist shall be kept in each resident's record. LM 11/17/21

DIRECTED: Within 10 calendar days of receipt of the plan of correction: All staff persons involved in the admission process shall be reeducated that an assessment shall be completed within 15 days of admission for all newly-admitted residents. Documentation of the education shall be kept in accordance with 2600.65i. LM 11/18/21

Completion Date: 11/30/2021 Licensee's Proposed Date for POC Implementation

225a - Assessment 15 Days (*continued*) 4/5/22
Implemented**Document Submission**

Please see attached:

225a 227a Education

225a, 227a Support Plan Audit Tool

225a, 227a Support Plan Audit Result

Staff Education on Survey All Tags