



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 23 2015

Ms. Tracy Moorehead, Regional Director of Operations
Grainger AID OPCO, LLC
330 North Wabash Ave, Suite 3700
Chicago, Illinois 60611


RE: Allegheny Place
10960 Frankstown Road
Penn Hills, Pennsylvania 15235
License #: 444890

Dear Ms. Moorehead:

As a result of the Department of Human Services' annual licensing inspections on January 29, 2015 and January 30, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,


Matthew J. Jones
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: ALLEGHENY PLACE		License Number: 44489
Address: 10960 FRANKSTOWN ROAD, PENN HILLS, PA 15235		County: Allegheny
Administrator: Cody Swartz		Region: WEST
Legal Entity Name: GRAINGER AID OPCO LLC		RECEIVED
Legal Entity Address: 10960 FRANKSTOWN ROAD, PENN HILLS, PA 15235		JUL 10 2014
Certificate(s) of Occupancy C-2 LP 02/02/1998 Labor and Industry		WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 45	Waking Staff: 34
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site		
01/29/2015: Garrigan, Laurie; Georgoulis, Karen		
01/30/2015: Garrigan, Laurie; Georgoulis, Karen		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 47 Number of Residents Served: 31 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 3 Number of Hospice Residents In past year: 7		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 28 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 14 Have a Physical Disability: 5

Violation Report: 44489 - 01/29/2015 - Garrigan, Laurie
PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE
Protective Services / Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 1/22/15 at approximately 3:00 PM, resident #1 notified staff member E, administrator, and staff member D that while providing morning care to the resident during the week of 1/19/15, staff members A and C were rough with transferring him/her and that the resident was afraid of staff members A and C. The resident requested the staff members no longer care for him/her. Staff member E assured the resident that staff members A and C will no longer provide care to the resident.

On 1/22/15 at approximately 9:00 PM, staff person F noticed a small red area, the approximate size of a penny, on the back of resident #1's head. Resident #1's family was present and stated that resident #1 also had bruising on his/her back. Staff person F examined the resident's back and noted numerous yellowish-green bruises to the top-right shoulder blade of resident #1, and one yellowish-green bruise on the left side of the resident's spine. Resident #1 told staff person F that during the week of 1/19/15, staff members A and C threw the resident in bed, causing the resident to hit his/her head off of the head board. The resident also reported that staff members A and C said, in a loud voice, "You will never get out of here, you will not help" and "You are going to stand here until you learn to stand by yourself." Resident #1 reported to staff person F that he/she was afraid of staff members A and C.

Staff members A and C provided unsupervised care to resident #1 on 1/23/15 at 6:00 AM.

The home did not report the allegation of abuse to the Area Agency on Aging until 1/23/15 at 2:49 PM.

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

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

Within 45 days of receipt of the plan of correction, all staff, including management will complete the Pennsylvania Department on Aging Older Adult Protective Services Act Self Study course which can be located at: http://www.portal.state.pa.us/portal/server.pt/community/self_study_course/18031/unit_1_overview/616726
Self-study test results for all staff, including management shall be kept. *SR 10/28/15*

Please see page 2^A of 19 for Plan of Correction.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Cathy Swartz</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Cathy Swartz</i>	Date	<i>8/1/10/2015</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10-28-15
(Date)

Plan of correction implementation status as of 10-28-15
(Date)

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

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

RECEIVED

JUL 10 2015

WEST REGION FIELD OFFICE
Human Services Licensing

2600.15(a)

On 01/23/2015 staff members A and C did not provide unsupervised care to resident #1. Med tech on duty, [REDACTED], provided the care to resident #1. Please see attached statement from med tech (Attachment A). ED added an extra shift in the morning effective 01/26/2015 to ensure staff person A did not provide direct unsupervised care to resident 1 (see attachment B).

On 01/23/2015 Executive Director (ED) conducted an investigation to determine the details of the reported incident. ED interviewed staff person A and staff person C on 01/23/2015 about the alleged abuse. It was identified that staff person C was an active participant in the abuse allegation, and staff person A witnessed the event and did not report it. (See attachment C)

Staff person C resigned from her position as a Resident Care Partner on 01/23/2015. Staff person A was put on suspension as of 01/30/2015 and subsequently relieved from her duties of the home on 02/25/2015.

ED did a self-study internet search on the topic of Elder Abuse & Neglect. After this self-study internet search, ED presented an in-service to staff on 02/10/2015.

On 2/10/2015 a staff in-service was conducted by the ED that covers Elder Abuse & Neglect and 20 staff members were in attendance. See attached testing documentation and list of staff members present, and the information that was presented (See attachment D-D17).

On 03/19/2015 an additional in-service was conducted by Gateway Hospice on Elder Abuse with 18 staff members present. See attached testing documentation and list of staff members present, and the information that was presented. (See attachment E-E24)

ED to immediately report an allegation of abuse to the Area Agency on Aging upon learning of such allegation under the Older Adults Protective Services Act and within 24 hours to the Department of Human Services to implement a plan of supervision or suspend staff.

There will be a mandatory monthly review of ACT-13 mandatory reporting of abuse guidelines at monthly staff meetings in July, August, and September and through self-study packets. Sign-in sheets will be maintained.

ED to round weekly to speak with residents to identify any further concerns regarding abuse or neglect in the home. Regional team will conduct monthly interviews as well during their monthly visits to the community. See attached resident concern log (Attachment G).

Within 15 days of receipt of the plan of correction, the administrator or designated staff person will review all reported incidents at least weekly to ensure any suspected abuse of a resident is reported in accordance with the Older Adult Protective Services Act (35 P.S. Sections 10225.701 – 10225.707) and 6 Pa. Code Sections 15.21 – 15.27.

Cody Swartz

Cody Swartz

8-13-15

Regional Licensing Approval of Plan of Correction *10-28-15*

Susie Pollock

Within 60 days of receipt of the plan of correction, all staff will receive training in abuse reporting and prevention from a Department-approved outside source.

Violation Report: 44489 - 01/29/2015 - Garrigan, Laurie
PCH Name: ALLEGHENY PLACE

JUL 10 2015

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 1/22/15 at approximately 3:00 PM, resident #1 notified staff member E, administrator, and staff member D that while providing morning care to the resident during the week of 1/19/15, staff members A and C were rough with transferring him/her and that the resident was afraid of staff members A and C. The resident requested the staff members no longer care for him/her. Staff member E assured the resident that staff members A and C will no longer provide care to the resident.

On 1/22/15 at approximately 9:00 PM, staff person F noticed a small red area, the approximate size of a penny, on the back of resident #1's head. Resident #1's family was present and stated that resident #1 also had bruising on his/her back. Staff person F examined the resident's back and noted numerous yellowish-green bruises to the top-right shoulder blade of resident #1, and one yellowish-green bruise on the left side of the resident's spine. Resident #1 told staff person F that during the week of 1/19/15, staff members A and C threw the resident in bed, causing the resident to hit his/her head off of the head board. The resident also reported that staff members A and C said, in a loud voice, "You will never get out of here, you will not help" and "You are going to stand here until you learn to stand by yourself." Resident #1 reported to staff person F that he/she was afraid of staff members A and C.

Staff members A and C provided unsupervised care to resident #1 on 1/23/15 at 6:00 AM.

Staff person A worked unsupervised in the home, including 1/23/15, 1/27/15, 1/28/15 and 1/29/15.

Staff person C worked unsupervised in the home on 1/23/15.

Please see page 3^A of 19 for Plan of correction.

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

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

Immediately - If the home receives an allegation of resident abuse that involves a staff person the home must immediately suspend the staff person involved or place the staff person on a plan of supervision that has been approved by the Department. The staff person will remain suspended or on the approved plan of supervision until the home receives approval from the Department that the suspension or supervision plan may be lifted. *SAP 10-28-15*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Cathy Swartz*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Cathy Swartz, Executive Director* Date *07/10/2015*

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

The above plan of correction is approved as of 10-28-15
(Date)

Plan of correction implementation status as of 10-28-15
(Date)

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

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

RECEIVED

JUL 10 2015

WEST REGION FIELD OFFICE
Human Services Licensing

2600.15(b)

On 01/23/2015 Executive Director (ED) conducted an investigation to determine the details of the reported incident. ED interviewed staff person A and staff person C on 01/23/2015 about the alleged abuse. It was identified that staff person C was an active participant in the abuse allegation, and staff person A witnessed the event and did not report it (See attachment C).

On 01/23/2015 staff members A and C did not provide unsupervised care to resident #1. Med tech on duty, D.C., provided the care to resident #1. Please see attached statement from med tech (Attachment A). ED added an extra shift in the morning effective 01/26/2015 to ensure staff person A did not provide direct unsupervised care to resident 1 (see attachment B).

Staff person C resigned from her position as a Resident Care Partner on 01/23/2015. Staff person A was put on suspension as of 01/30/2015 and subsequently relieved from her duties of the home on 02/25/2015.

On 03/19/2015 an in-service was conducted by Gateway Hospice on Elder Abuse with 19 staff members present. See attached testing documentation and list of staff members present, and the information that was presented. ED also attended this training (See attachment E-E24).

ED to immediately suspend any staff members who are involved in an allegation of abuse.

ED to immediately report an allegation of abuse to the Area Agency on Aging upon learning of such allegation under the Older Adults Protective Services Act and within 24 hours to the Department of Human Services to implement a plan of supervision or suspend staff.

Cody Swartz

Cody Swartz

8/13/15

Regional Licensing Approval of Plan of Correction Susie Pollock (sw)

Susie Pollock 10/28/15

Violation Report: 44489 - 01/29/2015 - Garrigan, Laune
PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(c) - The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

2a. DESCRIPTION OF VIOLATION

On 1/22/15 at approximately 3:00 PM, resident #1 notified staff member E, administrator, and staff member D that while providing morning care to the resident during the week of 1/19/15, staff members A and C were rough with transferring him/her and that the resident was afraid of staff members A and C. The resident requested the staff members no longer care for him/her. Staff member E assured the resident that staff members A and C will no longer provide care to the resident.

On 1/22/15 at approximately 9:00 PM, staff person F noticed a small red area, the approximate size of a penny, on the back of resident #1's head. Resident #1's family was present and stated that resident #1 also had bruising on his/her back. Staff person F examined the resident's back and noted numerous yellowish-green bruises to the top-right shoulder blade of resident #1, and one yellowish-green bruise on the left side of the resident's spine. Resident #1 told staff person F that during the week of 1/19/15, staff members A and C threw the resident in bed, causing the resident to hit his/her head off of the head board. The resident also reported that staff members A and C said, in a loud voice, "You will never get out of here, you will not help" and "You are going to stand here until you learn to stand by yourself." Resident #1 reported to staff person F that he/she was afraid of staff members A and C.

Staff members A and C provided unsupervised care to resident #1 on 1/23/15 at 6:00 AM.

The home did not submit a plan of supervision or a notice of staff suspension to the Department.

Please see page 4A of 19 for plan of correction

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

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

- Immediately - If the home receives an allegation of resident abuse the home will immediately take the following steps:
- Report the allegation of resident abuse in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 – 10225.707) and 6 Pa. Code Sections 15.21 – 15.27.
 - Suspend the staff person or persons involved in the alleged resident abuse or place the staff person on a plan of supervision that has been approved by the Department.
 - Report the allegation of resident abuse to the Department.
 - Report the allegation of resident abuse to the resident and the resident's designate person. *gr 10/28/15*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Cody Swartz*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Cody Swartz Executive Director* Date *07/10/2015*

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

The above plan of correction is approved as of <u>10-28-15</u> (Date)	Plan of correction implementation status as of <u>10-28-15</u> (Date)
The above plan of correction was approved by <u>Smr</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>Smr</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

JUL 10 2015

WEST REGION FIELD OFFICE
Human Services Licensing

2600.15(c)

On 01/23/2015 staff members A and C did not provide unsupervised care to resident #1. Med tech on duty, [REDACTED], provided the care to resident #1. Please see attached statement from med tech (Attachment A). ED added an extra shift in the morning effective 01/26/2015 to ensure staff person A did not provide direct unsupervised care to resident 1 (see attachment B).

On 03/19/2015 an in-service was conducted by Gateway Hospice on Elder Abuse with 19 staff members present. See attached testing documentation and list of staff members present, and the information that was presented. ED also attended this training (See attachment E-E24).

ED to immediately suspend any staff members who are involved in an allegation of abuse.

ED to immediately report an allegation of abuse to the Area Agency on Aging upon learning of such allegation under the Older Adults Protective Services Act and within 24 hours to the Department of Human Services to implement a plan of supervision or suspend staff.

Immediately - If the home receives an allegation of resident abuse that involves a staff person the home must immediately suspend the staff person involved or place the staff person on a plan of supervision that has been approved by the Department. The staff person will remain suspended or on the approved plan of supervision until the home receives approval from the Department that the suspension or supervision plan may be lifted. *SP 10/20/15*

Within 45 days of receipt of the plan of correction, all staff, including management will complete the Pennsylvania Department on Aging Older Adult Protective Services Act Self Study course which can be located at: http://www.portal.state.pa.us/portal/server.pt/community/self_study_course/18031/unit_1_overview/616726 Self-study test results for all staff, including management shall be kept. *SP 10/20/15*

Cody SWARTZ

Cody Swartz

8 13 15

Regional Licensing Approval of Plan of Correction. Susie Pollock (sup)

Susie Pollock 10/20/15

RECEIVED

JUL 10 2015

Page 5 of 19

Violation Report: 44489 - 01/29/2015 - Garrigan, Laurie
PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 1/22/15 at approximately 3:00 PM, resident #1 notified staff member E, administrator, and staff member D that while providing morning care to the resident during the week of 1/19/15, staff members A and C were rough with transferring him/her and that the resident was afraid of staff members A and C. The resident requested the staff members no longer care for him/her. Staff member E assured the resident that staff members A and C will no longer provide care to the resident.

On 1/22/15 at approximately 9:00 PM, staff person F noticed a small red area, the approximate size of a penny, on the back of resident #1's head. Resident #1's family was present and stated that resident #1 also had bruising on his/her back. Staff person F examined the resident's back and noted numerous yellowish-green bruises to the top-right shoulder blade of resident #1, and one yellowish-green bruise on the left side of the resident's spine. Resident #1 told staff person F that during the week of 1/19/15, staff members A and C threw the resident in bed, causing the resident to hit his/her head off of the head board. The resident also reported that staff members A and C said, in a loud voice, "You will never get out of here, you will not help" and "You are going to stand here until you learn to stand by yourself." Resident #1 reported to staff person F that he/she was afraid of staff members A and C. Staff members A and C provided unsupervised care to resident #1 on 1/23/15 at 6:00 AM.

The home did not report the allegation of abuse to the Department until 1/23/15 at 4:00 PM.

Please see page 5^A of 19 for Plan of Correction.

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

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

The administrator or designated staff person will review all reportable incidents and conditions daily to ensure all reportable incidents and conditions are reported to the Department in accordance with regulation 2600.16c.

Within 15 days of receipt of the plan of correction, the administrator will develop and implement written policy and procedures to ensure all reportable incidents and conditions are reported in accordance with regulation 2600.16c.

Within 30 days of receipt of the plan of correction, all staff persons will be educated on the home's policy and procedures for reporting reportable incidents and conditions.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Cody Swartz*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Cody Swartz Executive Director* Date *07/10/2015*

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

The above plan of correction is approved as of <u>10-28-15</u> (Date)	Plan of correction implementation status as of <u>10-28-15</u> (Date)
The above plan of correction was approved by <u>smc</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>smc</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

JUL 10 2015

WEST REGION FIELD OFFICE
Human Services Licensing

2600.16(c)

On 01/23/2015 staff members A and C did not provide unsupervised care to resident #1. Med tech on duty, [REDACTED] provided the care to resident #1. Please see attached statement from med tech (Attachment A). ED added an extra shift in the morning effective 01/26/2015 to ensure staff person A did not provide direct unsupervised care to resident 1 (see attachment B).

ED did a self-study internet search on the topic of Elder Abuse & Neglect. After this self-study internet search, ED presented an in-service to staff on 02/10/2015.

On 2/10/2015 a staff in-service was conducted by the ED that covers Elder Abuse & Neglect and 20 staff members were in attendance. See attached testing documentation and list of staff members present, and the information that was presented (See attachment D-D17).

On 03/19/2015 an additional in-service was conducted by Gateway Hospice on Elder Abuse with 18 staff members present. See attached testing documentation and list of staff members present, and the information that was presented. ED also attended this in-service (See attachment E-E24).

ED to immediately report an allegation of abuse to the Area Agency on Aging upon learning of such allegation under the Older Adults Protective Services Act and within 24 hours to the Department of Human Services to implement a plan of supervision or suspend staff.

There will be a mandatory monthly review of ACT-13 mandatory reporting of abuse guidelines at monthly staff meetings in July, August, and September and through self-study packets. Sign-in sheets will be maintained.

ED to immediately suspend any staff members who are involved in an allegation of abuse.

ED to round weekly to speak with residents to identify any further concerns regarding abuse or neglect in the home. Regional team will conduct monthly interviews as well during their monthly visits to the community. See attached resident concern log (See attachment G)

Cody Swartz Cody Swartz

8/13/15

Regional Licensing Approval of Plan of Correction.

Susie Pollack (sm)
Susie Pollack

10/28/15

Violation Report: 44489 - 01/29/2015 - Garrigan, Laurie
PCH Name: ALLEGHENY PLACE WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION
On 9/25/14 at approximately 6:30 AM, staff member G transferred resident #4 from the bed to wheelchair utilizing a Hoyer lift. At 10:20 AM, resident #4 was assessed for swelling and deformity of the right hip. Resident #4 was taken to the hospital and admitted with a right hip fracture, requiring surgery. Resident #4's support plan, dated 5/10/13, requires the assistance of two direct care staff persons to transfer the resident to/from from bed to wheelchair utilizing a Hoyer lift.

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

Staff re-trained on use of hoyer lift conducted by ED and CSM on 06/09/2015.

ED and CSM to train new staff members upon hire on correct usage of a hoyer lift.

See attachments F-F3.

Immediately – The administrator or designated staff person will review all medical evaluations, assessments and support plans to ensure resident mobility and transfer needs are accurately identified. Any resident record identified through this process as not reflecting the residents current care needs, an update or new assessment and support plan will be completed immediately. *SMP 10/20/15*

Immediately – All direct care staff will review all current resident assessments and supports plans to ensure they are informed and able to safely meet the residents care needs. If through this review a direct care staff person identifies a care need or adaptive equipment that they are unfamiliar with, staff will notify the administrator or designated supervisor and training will immediately be conducted. *SMP 10/20/15*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cathy Swartz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cathy Swartz* Director Date *07/10/2015*

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

The above plan of correction is approved as of 10-28-15 (Date)
The above plan of correction was approved by SMP (Initials)

Plan of correction implementation status as of 10-28-15 (Date)

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

RECEIVED

JUL 10 2015

Page 7 of 19

Violation Report: 44489 - 01/29/2015 - Garrigan, Laurie
PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION

The home has not conducted a quality management review since 9/12/13.

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

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

ED to conduct a quality management on 07/10/2015.

ED will conduct a quality management review quarterly.

See attachment N-N2.

Within 15 days of receipt of the plan of correction, the administrator will devise and implement a system to ensure a quality management review is conducted at least annually. The quality management review will include reportable incident and condition reporting procedure, complaint procedure, staff person training, licensing violations and plans of correction and resident council. Documentation of the review shall be kept. *sd 10/28/15*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Carol Swartz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carol Swartz Executive Director* Date *07/10/2015*

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

The above plan of correction is approved as of 10-28-15 (Date)

Plan of correction implementation status as of 10-28-15 (Date)

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

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

RECEIVED

JUL 10 2015

Violation Report: 44489 - 01/29/2015 - Garrigan, Laurie
PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 1/22/15 at approximately 3:00 PM, resident #1 notified staff member E, administrator, and staff member D that while providing morning care to the resident during the week of 1/19/15, staff members A and C were rough with transferring him/her and that the resident was afraid of staff members A and C. The resident requested the staff members no longer care for him/her. Staff member E assured the resident that staff members A and C will no longer provide care to the resident.

On 1/22/15 at approximately 9:00 PM, staff person F noticed a small red area, the approximate size of a penny, on the back of resident #1's head. Resident #1's family was present and stated that resident #1 also had bruising on his/her back. Staff person F examined the resident's back and noted numerous yellowish-green bruises to the top-right shoulder blade of resident #1, and one yellowish-green bruise on the left side of the resident's spine. Resident #1 told staff person F that during the week of 1/19/15, staff members A and C threw the resident in bed, causing the resident to hit his/her head off of the head board. The resident also reported that staff members A and C said, in a loud voice, "You will never get out of here, you will not help" and "You are going to stand here until you learn to stand by yourself." Resident #1 reported to staff person F that he/she was afraid of staff members A and C.

Staff members A and C provided unsupervised care to resident #1 on 1/23/15 at 6:00 AM.

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

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

All direct care and management staff, including the administrator will receive training in resident rights, abuse prevention and reporting from a Department-approved outside source within 30 days of receipt of the plan of correction. Documentation of training shall be kept. *SWP 10/28/15*

Immediately - The administrator will attend at least one resident council meeting per month to address any care needs or resident right concerns that are reported. *SWP 10/28/15*

Please see page 8^A of 19 for Plan of Correction.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Cedric Schwartz*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Cedric Schwartz Executive Director* Date *07/10/2015*

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

The above plan of correction is approved as of 10-28-15
(Date)

Plan of correction implementation status as of 10-28-15
(Date)

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

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

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JUL 10 2015

WEST REGION FIELD OFFICE
Human Services Licensing

2600.42(b)

On 01/23/2015 staff members A and C did not provide unsupervised care to resident #1. Med tech on duty, [redacted] provided the care to resident #1. Please see attached statement from med tech (Attachment A). ED added an extra shift in the morning effective 01/26/2015 to ensure staff person A did not provide direct unsupervised care to resident 1 (see attachment B).

ED did a self-study internet search on the topic of Elder Abuse & Neglect. After this self-study internet search, ED presented an in-service to staff on 02/10/2015.

On 2/10/2015 a staff in-service was conducted by the ED that covers Elder Abuse & Neglect and 20 staff members were in attendance. See attached testing documentation and list of staff members present, and the information that was presented (See attachment D-D17).

On 03/19/2015 an additional in-service was conducted by Gateway Hospice on Elder Abuse with 18 staff members present. See attached testing documentation and list of staff members present, and the information that was presented. ED also attended this in-service (See attachment E-E24).

ED to immediately suspend any staff members who are involved in an allegation of abuse.

ED to immediately report an allegation of abuse to the Area Agency on Aging upon learning of such allegation under the Older Adults Protective Services Act and within 24 hours to the Department of Human Services to implement a plan of supervision or suspend staff.

There will be a mandatory monthly review of ACT-13 mandatory reporting of abuse guidelines at monthly staff meetings in July, August, and September and through self-study packets. Sign-in sheets will be maintained.

Cody Swartz Cody Swartz 8/13/15

Regional Licensing Approval of Plan of Correction. Susie Pollock (sno)
Susie Pollock 10/20/15

Violation Report: 44489 - 01/29/2015 - Garrigan, Laurie
PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, hired [redacted] 09, did not receive annual training in the following topics during the 2014 training year:

- * Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- * Personal care service needs of the resident

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

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

Staff person B completed required training related to meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan on 02/24/2015.

Staff person B to complete personal care service needs self-study packet by 07/10/2015.

Training calendar to be followed for all required staff trainings by all staff members.

ED to ensure all current staff complete required trainings as noted on training calendar.

Within 15 days of receipt of the plan of correction, the administrator will review all current staff training records to ensure all staff persons have completed the required training in accordance with regulation 2600.65(f) during the 2014 training year or thus far in the 2015 training year to ensure all direct care staff receive the necessary training to successfully provide essential resident care services. Any staff person identified through this review as not having had received the required training under regulation 2600.65(f) training will be provided immediately. 7/10/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Cody Swartz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cody Swartz Director* Date *07/10/2015*

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

The above plan of correction is approved as of <u>10-28-15</u> (Date)	Plan of correction implementation status as of <u>10-28-15</u> (Date)
The above plan of correction was approved by <u>gmp</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SWP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44489 - 01/29/2015 - Garrigan, Laurie
PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

On 1/29/15 at 1:02 PM, there were four inoperable emergency lights next to bedrooms #132 thru #137 during an electrical power outage, posing a safety hazard to the residents.

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

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

Emergency lights were ordered on 02/02/2015 to replace the four lights that were defective during the power outage. Please see attached for order confirmation.

The lights were physically replaced by the Maintenance Technician (MT) on 02/05/2015 when they were delivered to the community.

ED and MT to test emergency lights in building on a bi-weekly basis to assess working order, and ED to order new lights as needed and document accordingly.

See attachment H-H1.

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

Cody Swartz

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

Cody SWARTZ Executive Director

Date 6/7/10/2015

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

The above plan of correction is approved as of 10-28-15
(Date)

Plan of correction implementation status as of 10-28-15
(Date)

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

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

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JUL 10 2015

Page 11 of 19

Violation Report: 44489 - 01/29/2015 - Garrigan, Laurie
PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

On 1/29/15 at 10:47 AM, the hot water temperature in the sink at the serving counter in the dining room was 123.2 degrees Fahrenheit.

On 1/29/15 at 11:10 AM, the hot water temperature in the sink at the common bathroom by the living room was 122.9 degrees Fahrenheit.

On 1/29/15 at 11:40 AM, the hot water temperature in kitchenette sink in resident bedroom #106 was 123.2 degrees Fahrenheit.

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

Immediately on 01/29/2015 the water tanks were adjusted to lower the temperature by the MT.
Since the time of survey, MT has conducted at least bi-weekly checks on water temperatures and they have all been within regulation.

ED has reviewed the temperature checks and confirmed that they are less than 120.0 degrees Fahrenheit in the appropriate common areas and resident rooms.

MT will continue bi-weekly checks of water temperatures to ensure they are below 120.0 degrees Fahrenheit, and the ED will also check for proper temperatures.

Please see attachments I - I-8.

Within 15 days of receipt of the plan of correction, all staff persons will be educated on safe hot water temperatures and the risk of unsafe water temperatures to residents. SW 1/28/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cody Swartz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cody Swartz Executive Director* Date *07/10/2015*

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

The above plan of correction is approved as of 10-28-15 (Date) Plan of correction implementation status as of 10-28-15 (Date)
The above plan of correction was approved by SWP (Initials)
 Fully Implemented
 Partially Implemented - Adequate Progress *SWP*
 Partially Implemented - Inadequate Progress
 Not Implemented

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JUL 10 2015

Violation Report: 44489 - 01/29/2015 - Carrigan, Laurie
PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION
On 1/29/15, 12 of the 20 dining room chairs were loose and wobbly, posing a safety hazard to the residents.

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

Immediately on 01/29/2015 MT reviewed chairs in question and tightened 9 of them to make them sturdy. 3 chairs that were unable to be fixed by the MT were removed from use by residents.

MT and ED have identified chairs which need tightened since time of survey, and MT has fixed them accordingly.

MT and ED used furniture medic on 07/02/2015 and had 15 chairs professionally refurbished and tightened to ensure maximum sturdiness.

MT and ED to assess additional chairs in the future and remove them when necessary to protect the safety of residents and have refurbished.

See Attachment J.

Within 15 days of receipt of the plan of correction, all staff persons will be educated on reporting and or repairing furniture and equipment that is not in good repair, not clean or is hazardous. Any piece of furniture identified as hazardous or not in good repair will be immediately removed until repairs are made. SW 10/28/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cody Swartz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Executive Director Cody Swartz* Date *07/10/2015*

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

The above plan of correction is approved as of 10-28-15 (Date)

Plan of correction implementation status as of 10-28-15 (Date)

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

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

Violation Report: 44489 - 01/29/2015 - Garrigan, Laurie
PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

On 1/29/15, the first aid kit in the medication room did not include tweezers.

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

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

On 1/30/2015 ED added tweezers to the first aid kit in the medication room.

On this date, the first aid kit was zip tied to ensure all items stayed within the kit unless and emergency arises.

CSM to conduct weekly audit of first aid kit to inventory supplies. Please see attached audit sheet.

CSM and ED to replace inventory in the event the first aid kit needs to be utilized by staff persons.

See Attachment K.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cathy Swartz

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

Executive Director *Cathy Swartz*

Date 07/10/2015

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

The above plan of correction is approved as of 10-28-15
(Date)

Plan of correction implementation status as of 10-28-15
(Date)

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

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

Violation Report: 44489 - 01/29/2015 - Garrigan, Laurie
PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION

On 1/29/15, approximately 4-6" of wet leaves and light snow covered the concrete pad outside the emergency exit door by bedroom #123.

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

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

Immediately on 01/29/15 MT removed the leaves from the concrete pad outside the emergency exit door by room #123.

MT and ED to make weekly rounds of building to ensure all emergency exit outdoor zones are clear of hazards to ensure a safe egress in the event of an emergency.

Housekeeper also checks emergency outdoor zones five times per week to ensure they are free from hazards, and cleans them as necessary. Please see attached housekeeping task sheet (attachment L).

Within 15 days of receipt of the plan of correction, all staff persons will be educated on reporting and or removing any ice, snow and obstructions from outside walkways, ramps, steps, recreational areas and exterior fire escapes. Documentation of this education shall be kept. *SWP 10/20/15*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/16/2013		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Cathy Swartz*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Executive Director Cathy Swartz* Date *01/10/2015*

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

The above plan of correction is approved as of <u>10-28-15</u> (Date)	Plan of correction implementation status as of <u>10-28-15</u> (Date)
The above plan of correction was approved by <u>SWP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SWP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

JUL 10 2015

Violation Report: 44489 - 01/29/2015 - Garrigan, Laurie
PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

On 1/29/15, the menus posted in the home were dated 1/18/15 to 1/31/15, and did not include a menu posted 1 week in advance.

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

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

Immediately on 1/29/2015 the menu was correctly posted to show the current week's menu and the following weeks menu.

Weekly menu print-outs are available to Chef's in the home, and they are replaced every Sunday to reflect the current week's menu, and the following week's menu.

ED will ensure each Monday that the correct menu is posted for the current week and following week.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cody Swartz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Executive Director Cody SWARTZ* Date *07/10/2015*

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

The above plan of correction is approved as of 10-28-15 (Date)

Plan of correction implementation status as of 10-28-15 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *SNP*
- Partially Implemented - Inadequate Progress
- Not implemented

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

Violation Report: 44489 - 01/29/2015 - Garrigan, Laurie
PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

On 1/29/15, the first aid kit in the van used to transport residents did not include eye coverings.

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

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

On 01/30/2015 eye coverings were placed in the first aid kit located in the transport vehicle by the ED and MT.

The kit was sealed shut by the MT and ED to ensure all items remained within the kit unless needed.

Home does not currently have a transport vehicle, but upon the delivery of a transport vehicle, ED will install a first aid kit with the appropriate materials.

ED and MT to check bi-weekly to ensure all items are within the transport vehicle.

See attachment K.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Cody Swartz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Executive Director Cody SWARTZ* Date *07/10/2015*

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

The above plan of correction is approved as of 10-28-15
(Date)

Plan of correction implementation status as of 10-28-15
(Date)

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

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

Violation Report: 44489 - 01/29/2015 - Garrigan, Laurie
PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

The following medications belonging to resident #3 were not labeled with the name and title of the prescriber:

- * Omeprazole-20mg capsule
- * Acetaminophen-500mg

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

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

Immediately, the CSM updated the label on resident #3's medications to show the name and title of the prescriber.

On 05/07/2015 training was completed by the ED and CSM on Administering Medications the right way. See attached document for training (attachment M).

On 06/16/2015 a medication technician refresher course was provided through RUK properties. This refresher training re-trained technician on properly documenting new medication orders, how to discontinue medications and auditing the carts to ensure medications are labeled correctly with the prescribers name and title.

Weekly MAR to cart audits will be conducted by the med techs, ED or CSM to ensure all medications are labeled correctly.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Cody Swartz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Executive Director Cody Swartz* Date *07/10/2015*

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

The above plan of correction is approved as of 10-28-15 (Date)

Plan of correction implementation status as of 10-28-15 (Date)

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

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

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JUL 10 2015

Page 18 of 19

Violation Report: 44489 - 01/29/2015 - Garrigan, Laurie
PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #3's assessment, dated 1/16/15, does not include an assessment of the resident's medication needs. Resident #3 does not self-administer medications.

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

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

Resident #3's assessment was updated on 06/26/2015 to reflect the resident's medication needs by the CSM.

ED and CSM to review each assessment before finalization to ensure all required fields are entered correctly.

CSM will assess each resident for medication management and ensure it is appropriately documented on the resident assessment and support plan by 07/30/2015.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cody Swartz

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

Executive Director *Cody Swartz*

Date

07/10/2015

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

The above plan of correction is approved as of 10-28-15
(Date)

Plan of correction implementation status as of 10-28-15
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *SM*

Partially Implemented - Inadequate Progress

Not Implemented

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

Violation Report: 44489 - 01/29/2015 - Garrigan, Laurie
PCH Name: ALLEGHENY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.225(c) - The resident shall have additional assessments as follows:
- (1) Annually.
 - (2) If the condition of the resident significantly changes prior to the annual assessment.
 - (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
The most recent assessment for resident #4 was completed on 5/10/13.

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

Resident #4's assessment cannot be corrected in the home due to her no longer residing here as of [redacted] 2014. On 7/2/2015 resident assessments were up to date.

ED and CSM to monitor resident TICKLR system to ensure that all assessments are updated in the allotted time frame.

ED and CSM to monitor TICKLR monthly to anticipate renewal assessments in order for them to be completed within the allotted time.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Cody Swartz*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Executive Director Cody Swartz* Date *07/10/2015*

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

The above plan of correction is approved as of <u>10-28-15</u> (Date)	Plan of correction implementation status as of <u>10-28-15</u> (Date)
The above plan of correction was approved by <u>SMP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SMP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented