

Ms. Jennifer Hoat APR 3 0 2018
Executive Director
Senior Care Plaza Associates, Inc.
624 Lysle Boulevard
McKeesport, Pennsylvania 15132

RE: Senior Care Plaza

Dear Ms. Hoat:

This is to acknowledge receipt of your request to appeal the Department's decision to REVOKE your regular license and issue a FIRST PROVISIONAL license for Senior Care Plaza. Your request has been forwarded to the Department of Human Services, Bureau of Hearings and Appeals. You will be contacted regarding the date and time of the hearing.

Sincerely,

Jaequeline L. Rowe

Director

cc: Gene Cuccarese, Office of General Counsel



Where 'Care' is our middle name

Thursday April 19, 2018

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

RECEIVED

APR 26 2018

Human Services Licensing

Dear Shivani.

On Monday April 16, 2018, Senior Care Plaza received a Provisional license on violations 2600.17, 1600.121(a), 231(c), 233(c). I Jennifer Float, Administrator of Senior Care would like to appeal the Provisional license, the reasons are as follows...

1. **121(a):** on 7/17/17 inspector stated the back gate leading to 5th avenue needed to be unlocked. I (Jennifer Float) then stated to her I would like to argue that preliminary violation as that gate does unlock immediately in the event of an emergency. She said she would contact her supervisor. I did not hear from a DHS representative or receive my violation report until 12/22/2017. At that time, I proceeded to plea my case that the gate was not violating any rules as the courtyard itself at the time of inspections on 7/17/2017, and 2/22/2018 was considered a fire safe area according to fire safety export and the gate in question was an additional exit route. After speaking with on 2/22/2018, he informed me that he regarding the fire codes for gate. would speak to his supervisor and Mckeesport Deputy fire chief spoke on clarification of fire codes on 3/2/2018. After explaining both sides we all agreed to just unlock the gate. The gate has been unlocked since 2/22/2018, completely disengaged on 3/2/2018. Please see attachment 1A



Where 'Care' is our middle name

- 2. <u>231(c)</u>. on 11/15/2017 when inspector stated to me (Jennifer Float) that we may be cited on code 231 (c), I rebutted her stating the pre-screening form was in fact completed within 72 hours of admission, on department approved form and signed by a physician at the bottom of page. Senior Care Plaza never received a previous violation on code 231(c), (we were not inspected on 7/27/2017). Please see attachment 2A.
- 3. 233(c). On inspection date 2/22/2018 code instructions were posted and secured into waii.

 Senior Care Plaza did not receive a previous violation on code 233(c) on 7/27/2017 (we were not inspected on that date). Please see attachment 3A.

Senior Care Plaza has been inspected six (6) times within a 90-day period and have corrected as violations and reports within a timely manner. We are asking for the provisional license to be revoked and to reinstate our license with good standing.

Sincerely,

-ennπer Float

Lautive Director

Senior Care Plaza



CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to SENIOR CARE PLAZA ASSO	DCIATES INC
To operate SENIOR CARE PLAZA	my
NAME OF FACILITY	YORAGENCY
Located at 624 LYSLE BOULEVARD, MCKEESPORT, PA 15132	
(COMPLETE ADDRESS OF	FACILITY OR AGENCY)
ADDRESS OF SATELLITE SITE	ADDRESS OF SATELLITE SITE
ADDRESS OF SATELLITE SITE	ADDRESS OF SATELLITE SITE
ADDRESS OF SATELLITE SITE	ADDRESS OF SATELLITE SITE
The total number of persons which may be cared for at one time may not exceed or the maximum capacity permitted by the Certificate of Occupancy, whichever Secure Dementia Care Unit - 55 Pa. Code §§ 2600.231-239 - Capacit Restrictions: This certificate is granted in accordance with the Human Services Code of 196	ty 20
55 Pa.Code Chapter 2600: Personal Care Homes	
(MANUAL NUMBER AND TITLE OF REGULA	·
and shall remain in effect from <u>April 12,</u> unless sooner revoked for non-compliance with applicable laws and regulations	018 until October 12, 2018 s.
No: 431061 Robert E. Robinson	Carolyn K Ellisn

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 - 2/18cse



CERTIFIED MAIL – RETURN RECEIPT REQUESTED MAILING DATE: APR 1 2 2018

Ms. Alma A. Hoffman Owner Senior Care Plaza Associates, Inc. 624 Lysle Boulevard McKeesport, Pennsylvania 15132

RE:

Senior Care Plaza License #: 431061

Dear Ms. Hoffman:

As a result of the Department of Human Services' licensing inspection on July 17, 2017; July 18, 2017; July 19, 2017; November 15, 2017; November 16, 2017; December 4, 2017; February 21, 2018 and February 22, 2018, of the above facility, the violations specified on the enclosed License Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license # 431060 dated February 19, 2018 to February 19, 2019, is REVOKED. A FIRST PROVISIONAL license is being issued. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated February 19, 2018 to February 19, 2019, is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed.

All violations specified on the 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.

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

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculat Fine = Per day	ed Mandated Correction Date (to avoid Fine)
17	Ш	46	\$3	\$138	15 calendar days from
121(a)	II	46	\$5	\$230	mailing date of this letter 5 calendar days from mailing date of this letter
231(c)	Ш	46	\$3	\$138	15 calendar days from mailing date of this letter
233(c)	II	46	\$5	\$230	5 calendar days from mailing date of this letter

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

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

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

Shivani Patel, Enforcement Manager Human Services Licensing Department of Human Services Room 631 Health and Welfare Building 625 Forster Street Harrisburg, Pennsylvania 17120 This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Jacqueline L. Rowe

Director

Enclosures License License Inspection Summary

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

Page 1 of 14

PCH Name: SENIOR CARE PLAZA	RE HOMES - 55 Pa.Code	License Number: 4310	of 1
Address: 624 LYSLE BOULEVARD, MCKEESPORT, PA 15132		County: Allegheny	<u>.</u>
Administrator; Jennifer Float		Region: WEST	<u>.</u>
Legal Entity Name: SENIOR CARE PLAZA ASSOCIATES INC		. [Region, YYLO)	
Legal Entity Address: 824 LYSLE BOULEVARD, MCK		The state of the s	
Certificate(s) of Occupancy	LEGEORY PA 1010%	MAR 12 2018	
I-2 .06/25/1999 City of McKeesport		WAR A DAUG SYEL TELECOPE - A COLUMBIA Eleman September 1 (Columbia)	
Staffing Hours			
-	tel Daily Staff; 60	Waking Staff; 45	•
Type of Inspection: Partial BH	A Docket Number:	Notice: Unannounced	•
Reason(s) for Inspection(s) . Interim, Monitoring			
On-Site Inspections Dates and Department Repres 02/21/2018: Roser, Ashley; Marini, Michael 02/22/2016::Roser, Ashley; Marini, Michael	sentativos On-Site		
•			
Off-Site inspection Dates and inspectors, if Applic	oable		
		• .	
•			
	٠		
	* ·		
	* :		
Other Details			
Other Details Partial or Full Triggers:	, Random Indica	alota:	
Partial or Full Triggers:	Random Indica emographic Data as of Inspe		
Partial or Full Triggers: Resident De	emographic Data as of Inspa		
Partial or Full Triggers: Resident De	emographic Data as of Inspe Number of R	ofion Dates	
Partial or Full Triggers: Resident De Licensed Capacity: 100 Number of Residents Served: 46	emographic Data as of Inspa Number of R Receive St	ofion Dates esidents who:	
Partial or Full Triggers: Resident De Licensed Capacity: 100 Nitmber of Residents Served: 46 Secured Dementia Care Unit in Home: Yes	emographic Data as of Inspa Number of R Receive St	otion Dates esidents who: applemental Security Income: 0 rs of Age or Older: 46	
Partial or Full Triggers: Resident De Licensed Capacity: 100 Nitmber of Residents Served: 46 Secured Dementia Care Unit in Home: Yes Area: West Wing	emographic Data as of Inspe Number of R Receive St Are 60 Yea Have Mont	otion Dates esidents who: applemental Security Income: 0 rs of Age or Older: 46	
Partial or Full Triggers: Resident De Licensed Capacity: 100 Number of Residents Served: 46 Secured Dementia Care Unit in Home: Yes	emographic Data as of Inspe Number of R Receive St Are 60 Yea Have Mont Have an In	otion Dates esidents who; uplemental Security Income: 0 rs of Age or Older: 46 al Illnese: 0 tellectual Disability: 2 bility Noed: 14	
Partial or Full Triggers: Resident De Licensed Capacity: 100 Number of Residents Served: 46 Secured Dementia Care Unit in Home: Yes Area: West Wing Secured Dementia Unit Capacity, If Applicable: 20 Number of Residents Served in Secured Dementia Care	emographic Data as of Inspe Number of R Receive St Are 60 Yea Have Mont Have an In	otion Dates esidents who: applemental Security Income: 0 rs of Age or Older: 46 al Illnese: 0 tellectual Disablity: 2	

					1
Pi	ag	Ġ	2	of	14

	MAR 1 9 7818 Page 2 01 14
Violation Report: 43106 - 02/21/2018 - Roser, Ashley PCH Name: SENIOR CARE PLAZA	
1. REGULATION 55 Pa,Code §2600 2600.5(a)(1) - The administrator or a designee shall provide, u and records to: Agents of the Department.	pon request, immediate access to the home, the residents
2a. DESCRIPTION OF VIOLATION On 2/21/18 and 2/22/18, agents of the Department requested quarte finances, annual training records for staff person A, the home's admit person B, the designee, indicated he/she did not have access to the	inistrator, and the home's fire orill records for the past year. Stait 🔠 📗
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remeninclude sleps to correct the violation described above and sleps to preventimmediately, include dates by which the sleps will be completed.	ther that you must sign and date any attached pages.) If a similar violation from occurring again. If steps cannot be completed
	· · · · · · · · · · · · · · · · · · ·
1. Financial records, Administrator training	, and fire drill records were faxed over to
the department on 2/26/18 when the Adi	ministrator returned to work from leave.
2. Staff person B, the director of resident	care, and new administrative assistant are
currently being trained on how to acquire	financial records, and where to find all
other documentation that may be reques	ted by the department.
3. Designee (s) will be able to acquire any re	equested documentation by the department
in the event of Administrator's absence,	immidrately upon lequest.
	J. P.
•	•
	• • •
	·
• •	
Repeat Violation: No Date(s) of Previous Violation(s):	
Signature of Legat Entity Rupresoniative (Regulred on EVERY Page)	luat)
Printed Name and Title of Logal Entity Representative (Required on EVERY Page)	ANNINISTRATOR DATE 3.12.18
DEPARTMENT USE ONLY - HOMES	MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of 3/20/18 (Date)	Plan of correction implementation status as of 3/30/(8
	Fully Implemented
f :	Partially Implemented - Adequate Progress

The above plan of correction was approved by

Partially Implemented - Inadequate Progress

が異常 きを(表現)
Violation Report: 43108 - 02/21/2018 - Roser, Ashley POH Name: SENIOR CARE PLAZA
1. REGULATION 55 Pa.Code §2600 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.
2a, DESCRIPTION OF VIOLATION 'On 2/21/18 at 10:40 am, a black binder containing resident information, including social security numbers, for numerous residents, including residents #3, #4, #5 and #6, was unlocked and unationed at the 2nd floor nurses station.
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.
1. Binder was removed from 2nd floor nurses station desk and placed in a locked
cabinet. 2. Staff persons were educated on 2/21/18 by Director on the importance of
confidentiality and where to place binder and all other paperwork containing
resident information when they leave the station. 3. All staff members have a key to the locking cabinet, Director and Administrator
will perform daily checks after each med pass, and shift report to ensure staff is
adhering to policy and locking all records containing resident information.
adhering to policy and locking an records containing resident information.
Λ
See Page 3A of 14
Repeat Violation: Yes Date(s) of Previous Violation(s): 08/94/2018 et al
Signature of Legal Entity Representative (Required on EVERY Page) (MAL)
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) MMHHY FULL AMMINISTATION Date 3.12.18
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE
The above plan of correction is approved as of 3/30/18 Plan of correction implementation status as of 3/30/18 (Date)
Fully Implemented (Date)
Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

The above plan of correction was approved by

<u> </u>
Violation Report: 43106 - 02/21/2018 - Roser, Ashley PCH Name: SENIOR CARE PLAZA
1. REGULATION 65 Pa,Code §2800 2800.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.
2s. DESCRIPTION OF VIOLATION On 2/21/18 at 10:40 am, a black binder containing resident information, including social security numbers, for numerous residents, including residents #3, #4, #6 and #8, was unlocked and unationded at the 2nd floor nurses station.
3. PLAN OF GORRECTION (POC) (Attach pages as accessary. Rentember that you must sign and date any attached pages.) Include sleps to correct the violation described above and steps to prevent a similar violation from accurring again. If sleps cannot be completed immediately, include dates by which the steps will be completed.
Immediately: The filing cabinet at the 2nd floor nurse's station shall be locked.
Immedialely, then daily thereafter: A designated stall person shall inspect the home, including the filing cabinet at the 2nd floor nurse's stallon, to ensure all resident information is kept in an area or container that is locked. Documentation of the checks shall be kept.
Wilhin 5 days of receipt of the plan of correction: All staff persons shall be educated on the importance of resident confidentiality and that all resident information must be kept in an area or container that is locked. Documentation of the education shall be kept.
Repeat Violation: Yes Pate(s) of Previous Violation(s): 08/04/2018 4
Signature of Legal Entity Representative (Required on EVERY Page) (Multiple Signature of Legal Entity Representative of Leg
Printed Name and Title of Logal Entity Representative (Required on EVERY Rage) UM HIV 11/14, Admin 15+V (A)
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of (Dale)
(Date) (Date)
Partially Implemented - Adequate Progress
The above plan of correction was approved by [Initials] Partially implemented - Inadequate Progress

Page 4	lof	14
--------	-----	----

MAR 12 7518 .____

Violation Report: 43106 - 02/21/2018 - Roser, Ashley PCH Name: SENIOR CARE PLAZA
1. REGULATION 65 Pa,Code §2600 2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.
2a. DESCRIPTION OF VIOLATION The home manages linences for numerous residents, to include residents #11 and #12.
The record of financial transactions for resident #11, dated 3/14/17 through 2/27/18, does not include the current balance after each transaction.
The record of financial transactions for resident #12, dated 2/1/17 through 2/15/18, does not include the current balance after each transaction.
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.
1. Staff person A, the homes administrator was educated on where to find
department approved form for resident accounts
2. All residents now have department approved forms to record all financial
transactions containing the balance after each transaction
3. Administrator will ensure all documentation of financial transactions are recorded
on department approved form
^
See lage 4A of 14
Repeat Violation: No Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)
Printed Name and Title of Legal Entity/Rebregeniative (Required on EVERY Page) WWW. H. W. F. Dut, AMMINISTRATOR Date 3-12-18.
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of 3/20/18 (Date) Plan of correction implementation status as of 3/20/18 (Date)
Fully Implemented
Parlially Implemented - Adequate Progress
The above plan of correction was approved by (initials) Partially Implemented - Inadequate Progress

MSD 2.0 2002

Violation Report: 43108 - 02/21/2018 - Roser, Ashley POH Name: SENIOR CARE PLAZA
1. REGULATION 65 Pa.Code §2600 2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.
2a. DESCRIPTION OF VIOLATION The home manages finances for numerous residents, to include residents #11 and #12.
The record of financial transactions for resident #11, dated 3/14/17 through 2/27/18, does not include the current balance effer each transaction.
The record of financial transactions for resident #12, dated 2/1/17 through 2/15/18, does not include the current balance after each transaction.
3. FLAN 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 egain. If steps cannot be completed immediately, include dates by which the steps will be completed. Immediately, then monthly thereafter: A designated staff person shall review all financial records for all residents whom the home manages finances, including residents #11 and #12, to ensure all items specified in 2600.20b1 are
present, including the current balance after each transaction. Within 6 days of receipt of the plan of correction: All staff persons involved in managing resident finances shall be readucated on proper disbursement and documentation of resident funds, including maintaining current and accurate financial records, which includes all items specified in 2600.20b1. Documentation of the education shall be kept.
·
·
Repeat Violation: No Date(s) of Previous Violation(s): Signature of Legal Entity Representative
Required on EVERY Page? MM A MARCHANIA COLOR PROPERTIES OF LARDER PROPER
(Required on EVERY Pages) Wiffer T Wit ALM MSTVATE Date 0.10.10
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of (Date) Plan of correction implementation status as of (Date)
Fully Implemented
The above plan of correction was approved by Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress
(Initials) Not implemented

Violation Report: 43106 - 02/21/2018 - Roser, Ashley PCH Name: SENIOR CARE PLAZA
1. REGULATION 55 Pa.Oode §2600 2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash diabursements at the time of diabursement.
2a. DESCRIPTION OF VIOLATION No signature was obtained from resident #12 for the following cash disbursements: * 11/14/17: \$40 withdrawal for "cash" * 9/19/17: \$20 withdrawal for "cash" * 9/19/17: \$14 withdrawal for "cash to POA" * 6/25/17: \$50 withdrawal for "cash to POA" * 6/19/17: \$23 withdrawal for "cash to POA"
3. PLAN OF CORRECTION (POC) (Altach pages as necessary. Remember that you must sign and date any attached pages.). Include sleps to correct the violation described above and sleps to prevent a similar violation from occurring again. If sleps cannot be completed immediately, include dates by which the sleps will be completed.
1. Staff person A, the homes administrator was educated on regulation 2600,20(b)(3)
by department
2. Resident #12 now has department approved form for all financial transactions, and
since has signed off on financial transaction
3. Administrator and Administrative assistant will ensure all residents sign off before
all cash disbursements
See Page 5A of 14
Repeat Violation: No Dute(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)
Printed Name and Title of Legal Entity Representative (Required on EVERY Panel) WHY + W 1 A AWM NISTVATV Date 317.18
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of 3/30/18 (Date) Plan of correction implementation status as of 3/30/18
Fully Implemented
Partially Implemented - Adequate Progress
The above plan of correction was approved by [Initials] Partially Implemented - Inadequate Progress

MAR 2 0 (28) Page 5 of	14
Violation Report: 43105 - 02/21/2018 - Roser, Ashley PCH Name: SENIOR CARE PLAZA	
1. REGULATION 55 Pa.Code §2500 2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.	
2a, DESCRIPTION OF VIOLATION No signature was obtained from resident #12 for the following cash disbursements; * 11/14/17; \$40 withdrawal for "cash" * 9/19/17; \$20 withdrawal for "cash" * 9/19/17; \$14 withdrawal for "cash" * 8/1/17; \$20 withdrawal for "cash to POA" * 6/25/17; \$50 withdrawal for "cash to POA" * 5/25/17; \$23 withdrawal for "cash to POA"	
3. PLAN OF CORRECTION (POO) (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.	
immedialely: The home shall obtain resident #12's signature on all transactions indicated in the 2500,20b1 violation.	
Immediately, then monthly thereafter: A designated staff person shall review all financial records for all residents whom the home manages finances, including resident #12, to ensure a written receipt is obtained from residents for cash disbursements at the time of the disbursements.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Within 5 days of receipt of the plan of correction: All staff persons involved in managing resident finances shall be readucated on proper disbursement and documentation of resident funds, including the requirement to obtain a written receipt from residents for cash disbursements at the time of the disbursements. Documentation of the education shall be kept.	
	1
•	
	ļ
	-
Repeat Violation; No Nate(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Fage)	
Printed Name and Title of Legal Entity Representative (Required on BVERY Page) (WINTER 1) AMINISTY A) 12 Date 3 20.19	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The state of a secont of a concepted of of	
(Date) Plan of correction implementation status as of (Date)	
Fully Implemented	ļ
Parlially Implemented - Adequate Progress	,
The above plan of correction was approved by [Initials] Partially Implemented - Inadequate Progress	

Violation Report: 43106 - 02/21/2016 - Roser, Ashley PCH Name: SENIOR CARE PLAZA	WHAT IS A LOUD
1. REGULATION 55 Pa.Code §2600 2600.20(b)(9) - A copy of the Itemized account shall be	kept in the resident's record.
2a. DESCRIPTION OF VIOLATION No copies of quarterly financial accounts were present in the	e records of residents #7 and #10.
3. PLAN OF CORRECTION (POC) (Altach pages as necessary include steps to correct the vicialion described above and steps immediately, include dates by which the steps will be completed.	to prevent a similar violation from occurring again. If stops cannot be completed
•	
1. Quarterly records were placed in	n residents charts instead of binder
2. Going forward all quarterly state	ements will be placed into residents file , ,
3. Administrator and Administrative	ve assistant will place all quarterly statements into
resident files	
, cargott, , noc	
	,
•	
•	
	See Page CeA of 14
Repeat Violation: No Oate(s) of Previous Violation	lon(s):
Signature of Legal Entity Representative (Required on EVERY Page)	Sluct
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	10st, Alminifrator Date 3-12-18
DEPARTMENT USE ONLY - H	IOMES MAY NOT WRITE BELOW THIS LINE!
	Plan of correction implementation status as of 3/20/18 (Date)
	Fully Implemented
f	Partially Implemented - Adequate Progress
The above plan of correction was approved by (In	Partially Implemented - Inadequate Progress

Violation Report: 43106 - 02/21/2018 - Roser, Ashley PCH Name: SENIOR CARE PLAZA
1. REGULATION 55 Pa.Code §2600 2600.20(b)(9) - A copy of the itemized account shall be kept in the resident's record. MAR 2 0 2018
2a, DESCRIPTION OF VIOLATION
No copies of quarterly financial accounts were present in the records of residents #7 and #10.
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 cocurring again. If steps cannot be completed immediately, include dates by which the steps will be completed. Immediately: Copies of quarterly statements shall be placed in the records of residents #7 and #10.
immedialely, then quaderly thereafler: A designated staff person shall review all resident records for whom the home manages finances to ensure a copy of the most recent quaderly statement is present in each record.
•
Repeat Violation: No (Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) (Magnifed on EVERY Page)
Printed Name and Mile of Legal Entity Representative (Required on EVERY Rage) (IN 1141) (IA ALMINISTY A)
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of Plan of correction implementation status as of
(Date)
Fully Implemented
Partially Implemented - Adequate Progress
The above plan of correction was approved by [Partially implemented - Inadequate Progress (Initials)

•	May 1.2 2002 Page 7 of 14
Violation Report: 43106 - 02/21/2018 - Roser, Ashley PCH Name: SENIOR CARE PLAZA	
1, REGULATION 65 Pa.Code §2000 2600.88(a) - Floors, walls, cellings, windows, doors and other s	urfaces must be clean, in good repair and free of hazards.
2a. DESCRIPTION OF VIOLATION On 2/21/18, a pipe was leaking water through a ceiling tile above the is present on the ceiling tile.	prep area in the kitchen and onto the floor. Also, a 3" brown stain
 PLAN OF CORRECTION (POC) (Attach pages as necessary. Rememinded sleps to correct the violation described above and sleps to prevent immediately, include dates by which the steps will be completed. 	ber that you must sign and date any attached pages.) a similar violation from occurring again. If steps cannot be completed
	,
•	
•	
1. Leaking pipe was fixed on 2/21/18 by :	Steimer Plumbing, ceiling tile was purchased
from HD supply and be replaced when	they arrive to the home. Please see attached
invoice.	•
2. Bulk ceiling tile has been purchased fo	r future immediate replacement of ceiling
tiles if water leakage occurs.	
3. Director of Maintenance and Administ	trator will periodically check inventory of
ceiling tile and order when low	
	•
	· .
	See Page 7A of 14
Repeat Violation: No (Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Why Hull Ad	MINISTRATION DATE 3.1218
DEPARTMENT USE ONLY - HOMES	MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of 3/30/18 (Date)	Plan of correction implementation status as of 3/30/18
	Fully implemented (Date)
· f	Partially Implemented - Adequate Progress
1. The above when of correction uses appropriately 1/	Dartielly Implemented - Inadequate Programs

MAR 20 7018

A Page 7 of 14

	Page 7 of 14
Violation Report; 43106 - 02/21/2018 - Roser, Ashley PCH Name: SENIOR CARE PLAZA	
1. REGULATION 55 Pa.Code §2600 2000.88(a) - Floors, walls, ceillings, windows, doors and other	surfaces must be clean, in good repair and free of hazards.
2a. DESCRIPTION OF VIOLATION On 2/21/18, a pipe was leaking water through a celling tile above the is present on the celling tile.	prep area in the kitchen and onto the floor. Also, a 3" brown stain
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Rememinative steps to correct the violation described above and steps to prevent immediately, include dates by which the steps will be completed. Immediately: A designated staff person shall inspect the home, of windows, doors and other surfaces are clean, in good repair and in disrepair or hazardous, shall immediately be cleaned, repaired kept.	on a dally basis, to ensure all floors, walls, ceilings, free of hazards. Any liems found to be unsanitary.
	· ·
Repeat Violation: No Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Regulred on EVERY Page) MM (M)	
Printed Name and Tide of Lebal Entity Representative (Required on EVERY Page)	MIMISTRATE Date 2.20.18
DEPARTMENT USE ONLY - HOMES I	MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of (Dale)	Plan of correction implementation status as of
	Fully Implemented Partially Implemented - Adequate Progress
The above plan of correction was approved by (initials)	Partially Implemented - Inadequate Progress

MAR 19 2012

		WHI. X & TATO
	ort: 43108 - 02/21/2018 - Roser, Ashley ENIOR CARE PLAZA	
	nN 55 Pa.Code §2000 niture and equipment must be in good repair, clea	an and free of hazards.
On 2/22/18 at secured deme home. People appliances: *Gas fryer	nila care unilis conference room, People's Gas Compa is Gas Company found gas teaks in muliple appliance is 10 burner range	led an odor natural gas omitting from the ventalation in the tny and the McKessport Fire Department were dispatched to the s in the main kitchen and red lagged the following kitchen
Include steps	ORRECTION (POC) (Attach pages as accessary. Rement to correct the violetion described above and steps to preven include dates by which the steps will be completed.	iber that you must sign and date any attached pages.) I a similar violation from occurring again. If stops cannot be completed
1.	RMS Mechanical Services Inc. came int	o the home on 2/22/18 and repaired gas
,		yer. Please see attached invoice. All red tags
	have been removed, all equipment is in g	ood repair, clean and free from hazard
· · 2,	Should any kitchen equipment need repo	aired, company phone numbers and contact
	person has been posted in kitchen area	for staff members.
3,	Dietary Director and Administrator will	
	contacted to repair equipment as neede	
,		· · · · · · · · · · · · · · · · · · ·
		See Page 8A of 14
Repeat Viola		
	Legal Entity Representative	Da
Printed Name (Required or	e and Title of Legal Entity Representative EVERY Page) JUM HV FIGUT, AU	MMH147. Date 31218
•,		MAY NOT WRITE BELOW THIS LINE!
The above p	tan of correction is approved as of 3/30/18.	Plan of correction implementation status as of 3/36/18
		(Date) Fully Implemented
	· -	Partially Implemented - Adequate Progress
The above p	lan of correction was approved by	Partially implemented - inadequate Progress

Violation Report: 43106 - 02/21/2018 - Roser, Ashley PCH Name: SENIOR CARE PLAZA	
1. REGULATION 55 Pa.Code §2800 2600.95 - Furniture and equipment must be in good repair, clea	MAR 2 0 2013 In and free of hazards.
2a, DESCRIPTION OF VIOLATION On 2/22/18 at approximately 4:40 p.m., agents of the Department not secured dementia care unit's conference room. People's Gas Compa home. People's Gas Company found gas leaks in muliple appliances appliances: "Gas fryer "Gas stove and 10 burner range "Double stack oven	ny and the McKeesport Fire Department were dispatched to the
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remem include sleps to correct the violation described above and sleps to prevent immediately, include dates by which the steps will be completed.	a similar violation from occurring again. If steps cannot be completed
Immediately: A designated staff person shall inspect the home, a equipment is in good repair, clean and free of hazards. Any furnit unsanitary or hazardous, shall immediately be repaired, cleaned o	ure or equipment found to be in disrepair,
	-
	·
Repeat Violation: No Date(s) of Previous Violation(s): /	
Signature of Legal Entity Representative [Required on EVERY Page]	
Printed Name and Title of Legal Entity Representatives [Required on EVERY Page]	+1MINSTRATOK Date 3.20.18
DEPARTMENT USE ONLY - HOMES I	MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of(Date)	Plan of correction implementation status as of
	Fully Implemented (Date)
	Partially implemented - Adequate Progress
The above plan of correction was approved by	Partially Implemented - Inadequate Progress

MAR 12 2612	· Page 9 of 14
Violation Report: 43106 - 02/21/2018 - Roser, Ashley PCH Name; SENIOR CARE PLAZA	
1. REGULATION 55 Pa.Code §2000 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed as Documentation of this fire drill and fire safety inspection shall be kept.	nnually,
2s. DESCRIPTION OF VIOLATION The home's most recent fire safety inspection and supervised fire drill conducted by a fire safety expert was conducted home's previous fire safety inspection and supervised fire drill conducted by a fire safety expert was a 10/27/18.	icted on 11/15/17, conducted on
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 of immediately, include dates by which the steps will be completed.	s.) annot be completed '
·	
1. Reminder has been set to contact fire department 60 days prior to expira	ition date
to set up inspection and drill of the home within certain time frame	
2. Date shall be scheduled by both parties before expiration of previous year	ır
3. Administrator will contact Mckeesport Fire Department to schedule a dat	
drill and inspection of the home before previous date expires.	
	1
	•
Repeat Violation: No Date(a) of Previous Violation(a):	<u> </u>
Signature of Legal Entity Representative (Required on EVERY Page)	,
Printed Name and Title of Legal Entity Representative [Required on EVERY Page] WM HW WILL AMMINETY Date 7.]	218
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LII	NEI

The above plan of correction is approved as of

Plan of correction implementation status as of 5/30/(Date)

Fully Implemented

Partially Implemented - Adequate Progress V

Partially Implemented - Inadequate Progress

The above plan of correction was approved by

(Initials)

		•	•	MAR 1 2 201	y		Page 10 of 1
	iorl: 43108 - 02/ SENIOR CARE P	21/2018 - Roser, Asl LAZA	nley				
2600 141/a\/	loner documen	§2600 shall have a medic led on a form spec	al evaluation by a lifled by the Depart	physician, phys ment, within 60	slelan's assistar) days prìor lo a	nt, or certified idmission of	i registered within 30 days
	TION OF VIOLA		however, a medical	evaluation for th	ie tealdeut was t	not completed	unlii 11/22/17,
Include steo.	s to correct the vio	POC) (Attach pages at lation described above which the stops will be	and sleps to pravent a	r that you must sig similar violation fr	gn and date any att om occurring agair	sched pages.) I. If steps canno	ol be completed
			•	·			
						g serv	•
1.	Desident #8	l was seen by a p	nhydician on 81	28/17 Place	airean attach	ad	
		on, Resident #8					d
					se doctor on	11/22/1/	TU()
		ed by house doc			· · · · · · · · · · · · · · · · · · ·	f. 12	*(1
		s will receive a r				cumentation	on Will
	•	d and filed in re					
i		resident care a			ntee all docu	mentation	is
	filed in rest	dent chart on d	ate of evaluatio	n.			
	,	•	•			•	
						*	
	,						
		, ,		•	See Pa	age 10A	of 14
Repeat Viol	atlon: No	Date(s) of Previou	(s Violation(s):			•	
Signature o	of Logal Entity R	lepresentative .	J. Sh			·	
Printed Nan (Required c	ne and Title of I on EVERY Page	Logal Eallty Repres	adiative Al	MINIMAY	war D	ate H. 17.	18
	DEPAI	RTMENT USE O	NLY - HOMES N	MAY NOT WR	ITE BELOW	THIS LINE	\$
The above	plan of correctle	on le approved as of	3/20/18: (Date)	Plan of co	rraction impleme	ntalion slalus	as of 3/30/

(loillals)

The above plan of correction was approved by

Fully Implemented

Partially Implemented - Adequate Progress 7 Parllally Implemented - Inadequate Progress

(Initials)

The above plan of correction was approved by

Fully implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Violation Report: 43108 - 02/21/2018 - Roser, Ashley PGH Name: SENIOR CARE PLAZA
1. REGULATION 55 Pa.Code §2800 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.
2a. DESCRIPTION OF VIOLATION On 2/21/18, the folloying medications were untocked and accessible at the 3rd floor nurses station: "Sama Sensitive Pramoxine Hydrochloride 1% Lotion "Zinc Oxide Ointment
*Desilin cream
3. FLAN 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. It steps cannot be completed immediately, include dates by which the steps will be completed.
1. Medications were placed inside medication cart and locked.
2. Third floor staff person was educated by the
2. Third floor staff person was educated by director on 2/22/18 on the importance of
locking all medications inside medication cart
3. Director of resident care and Administrator will conduct a walk through after each
medication pass to ensure all medications
medication pass to ensure all medications are placed inside the medication cart and
ensure cart is locked.
See Page 11A of 14
Repeat Violation: No (Date(i)) of Previous Violation(s);
Signature of Legal Entity Representative (Regulred on EVERY Page)
Printed Name and Title of Legal Entity Representative (Required on EVERX Page) JANATA TOTAL ANNALY ANNALY TOTAL
Wedguen out Exclusion Ministry Maria
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of 3/30/18 (Date). Plan of correction implementation status as of 3/30/18
Fully Implemented
Partially implemented - Adequate Progress
The above plan of correction was approved by [Initials] Partially Implemented - Inadequate Progress

	भूत अप र्व अ
Violation Report: 43106 - 02/21/2018 - Roser, Ashley PCH Name: SENIOR CARE PLAZA	
1. REGULATION 65 Pa.Code §2600 2600.183(b) - Prescription medications, OTC medications, CAM locked. This includes medications and syringes kept in the resi	A and syringes shall be kept in an area or container that is ident's room.
2s. DESCRIPTION OF VIOLATION On 2/21/18, the following medications were unlocked and accessible *Sama Sensitive Pramoxine Hydrochloride 1% Lotion *Zinc Oxide Oinlment *Desitin cream	at the 3rd floor nurses station:
3. PLAN OF CORRECTION (POC) (Attach pages as necessary, Remember include sleps to correct the violation described above and sleps to prevent immediately, include dates by which the steps will be completed.	
Immediately: All medications in the 3rd floor nurse's station shall	be lacked.
Immediately: A designated staff person shall inspect the home da medications, CAM and syringes are kept in an area or container th	
Within 5 days of receipt of the plan of correction: All staff persons reeducated that all prescription medications, OTC medications, Cacontainer that is locked.	
	•
	•
4	
Repeat Violation: No Unte(s) of Previous Violation(s):	
Signature of Legal Entity Representative	
Printed Name and Tille of Legal Entity Representative (Required on EVERY Page)	-AMMIAVIANL DATE 320.18
DEPARTMENT USE ONLY - HOMES I	MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of (Date)	Plan of correction implementation status as of (Data)
	Fully Implemented
	Partially Implemented - Adequate Progress
The above plan of correction was approved by (initials)	Partially Implemented - Inadequate Progress
	Mai Implemented

Violation Report: 43108 -	02/21/2018 - Roser, Asi	nlev	3350 1 3 mm	Page 12 of 14
FOH Name: SENIOR CAR	FLAZA			
1. REGULATION 66 Pa.Co 2600.183(d) - Only curre	de §2800 nt prescription, OTC,	sample and CA	AM for individuals living in the	home may be kept in the home
2a. DESCRIPTION OF VIO On 12/29/17, resident #7 w However, on 2/22/18, this n	as prescribed Naproven	Tablete 250 MC ent in the home.	3-Give 1 tablet by mouth twice a	day as needed for pain for 7 days.
3. PLAN OF CORRECTION include steps to correct the timmediately, include dates b	NOIBLION dascribed abova i	and slatte to maya	mber that you must sign and date an of a similar violation from occurring a	ny attached pagos,) again. Il sieps cannol be completed
	•			•
1. Resident #	7's medication was	disposed on	2/22/18. Please see att	ached document.
m c mmk syst	em to update med	lication tech	s when a medication has	evnined
Director of	resident care and	medication	supervisor will check E-A	expired,
for all expir	ed medications an	d dispose th	em.	MAR system daily
-				
•			•	
•				
				•
	-			
••				
	•		•	
W IN THE SECOND COMPANY TO THE SECOND COMPAN			See Pa	age 12A of 14
Repeat Violation: No	Date(s) of Previous	Violation(s);		
Signature of Legal Entity F (Regulred on EVERY Page	lepresentativo	Lui	360a-1	
Printed Name and Title of Regulfed on EVERY Page	edal Entity Represen	tative)	aministrator 1	Date 3.131.08
DEPAI	RTMENT USE ONL	Y-HOMES	MAY NOT WRITE BELOW	THIS LINE
The above plan of correctle		3/20/18 (Date)	Plan of correction implem	ientation status as of $3/20/18$
			Fully Implemented	(Dale)
		2	Partially implemented	f - Adaquate Progress

(Iniliais)

Partially Implemented - Inadequate Progress

Not implemented

The above plan of correction was approved by

MAR 20 com

Page 12 of 14

7age 12 of 14
In the home
in for 7 days,
ompleted
į
-
9
(Data)
(Dale)
35 988

Page	13	of	14
------	----	----	----

				5030 1 0 Sec			Page 13 of 14
Violation Report: PCH Name: SENI		2/21/2018 - Rosor, Ast PLAZA	nley .	MAR, A. S. Egybb 		•	
1. REGULATION & 2600,187(b) - Th administered.		e §2600 Ition in § 2600.187(a)(13) and § 2600).187(a)(14) shall b	e recorde	ed at the time	the medication is
administration reco *Donepezil 10MG- *Escilaloprem 10N *Memantine 5MG- *Metoprol Tar 25M	2/18, (he foord: Give 1 lab 1G-Give 1 Give 1 lab G-Give 1/2 px-Give 1/2	ollowing medications which daily tablet by mouth daily tablet by mouth daily let by mouth twice a day tablet (12,6MG) by mouth daily capsule by mouth daily	ay nouth fyice a day	s administerad on res	sident #10	o's February 20	18 medicalion
			,				
include steps to c	anual the v	(PDC) (Attach pages as lolation described above v which the slaps will be c	and steps to preven				
1.	E-MAR	R system has beer	n updated to r	iot move forwar	d with	any medica	tion pass
	until m	ed passer had su	ccessfully sig	ned off on curre	ent med	dication tha	it was
	admini	stered,		•			
2.	E-MAF	R system will cont	tinue to alert	medication pass	er that	a signaturi	e needs to be
		led before they c					
•		or of resident ca	-		,		
		stration.	. o ma, a oign		50,000	, 404 (0)	
. ا		or of resident co	na and dunan	deen will naview	all 두M	ÀD alant na	atifications
J .			•				
	atter	each medication	pass to ensur	e all signatures (are rec	oraea for e	ach resident,
,			4		See	Page 13A	of 14
Repeat Violation		Date(s) of Previous	violation(s):				
Signature of Leg (Required on EV			wdlex	进			
Printed Name an (Regulred on EV		Lagal Entity Reprede	ntative 1011t, Adv	unistratn	,	Date 3-1	218
	DEPA	RTMENT USE ON	ILY - HOMES I	VIAY NOT WRITE	BELO	W THIS LIN	El
The above plan	of correctle	on te approved as of	3/20/18 (Date)	Plan of correct	llon imple	mentalion stat	us as of 3/20/18
		, ,	;	Fully Imple			, ·•
The shows star	n(naves="	on was seened in the	f	}		ed - Adequale	_
The above plan	ol cottecti	on was approved by	(Initials)	Partially in	-	ed - Inadequal <i>D</i>	e Progress

		- MAR 20 2013	Page 13 of 14
Violation Report: 43106 - 02/21/2018 - Roser, Al PCH Name: SENIOR CARE PLAZA	shley		
1. REGULATION 55 Pa.Code §2600 2600,187(b) - The Information in § 2600.187(administered.	;a)(13) and § 2600	0.187(a)(14) shall be recor	ded at the time the medication is
2a. DESCRIPTION OF VIOLATION On 2/2/18 and 2/12/18, the following medications administration record; *Donepezii 10MG-Give 1 tablet by mouth daily *Escitatopram 10MG-Give 1 tablet by mouth daily *Memantine 6MG-Give 1 tablet by mouth twice a c *Meloprol Tar 26MG-Give 1/2 tablet (12.6MG) by t *Occuvite Lutein Zeax-Give 1 capsule by mouth daily *Therems-M-Give 1 tablet by mouth daily	, day moulh lwice a dav	s administered on resident #	10's February 2018 medication
3. PLAN OF CORRECTION (POC) (Attach pages a include steps to correct the violation described above immediately, include dates by which the steps will be immediately, then monthly thereafter. A design resident medication administration records to a the medications, at the time of medication administration.	o end sleps to prevent o completed, nated staff person c eneure all records a	a similar violation from occurde rualifiad to administar madic	g again. If steps cannot be completed
Within 5 days of receipt of the plan of correction reeducated by a Department-approved medicate to include documentation of medication administration. Documentation of the	ation Train-the-traine Istrailon on resident	er on proper medication adm I medication administration r	inistration procedures
		,	
Repeat Violation: No Date(e) of Previous Signature of Legal Entity Representative (Required on EVERY Page)	a Violation(s):		
Printed Name and Title of Legal Entity Represe (Required on EVERY Page)	10ax, AAN	unistrator	Date 3-10.16
DEPARTMENT USE ON	ILY - HOMES IV	IAY NOT WRITE BELC	W THIS LINE!
The above plan of correction is approved as of	(Date)	Plan of correction impl	(Date)
The above plan of correction was approved by	(Inliiala)		ed - Adequate Progress

Violation Report: 43106 - 02/21/2018 - Roser, Ashley PCH Name: SENIOR CARE PLAZA	Fage 14 01 14
1. REGULATION 65 Pa.Code §2800 2600.233(c) - If key-locking devices, electronic cards systems or lock and unlock exits, directions for their operation shall be cons	other devices that prevent immediate egrees are used to plouously posted near the device.
2a. DESCRIPTION OF VIOLATION The directions for operating the home's locking machanism are not con home's secure dementia care unit (SDCU).	replayously posted near the double glass exit doors in the
3. PLAN OF CORRECTION (POC) (Altech pages as necessary. Remembe include sleps to correct the violation described above and steps to prevent a immediately, include dates by which the sleps will be completed.	r that you must sign and date any attached pages.) similar violation from occurring again. If steps cannot be completed
•	
•	1
•	
1. Directions were posted on 2/22/18.	·
2. Directions are now screwed into wall	
,	h et wu
been removed	h of building to ensure directions have not
•	See Page 14A of 14
Repeat Violation: Yes Date(s) of Previous Violation(s): 0	7/47/2017
Signature of Legal Entity Representative (Required on EVERY Page)	D '
Printed Name and Title of Lagal Entity Representative (Required on EVERY Page)	MISTRATOV Date 3-12.18
DEPARTMENT USE ONLY - HOMES MA	AY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of 30(8)	Plan of correction implementation status as of 3/30/18
The above plan of correction was approved by (initials)	Fully Implemented Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not Implemented

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

Page 1 of 8

PCH Name: SENIOR CARE PLAZA License Number: 43106 Address: 624 LYSLE BOULEVARD, MCKEESPORT, PA 15132 County: Allegheny Administrator: JENNIFER FLOAT Ragion: WEŚT Legal Entity Name: SENIOR CARE PLAZA ASSOCIATES INC Logal Entity Address: 624 LYSLE BOULEVARD, MCKEESPORT, PA 15132 Certificate(s) of Occupancy MAR 12 2018 06/25/1999 City of McKeesport Staffing Hours Resident Support: D Total Dally Staff: 86 Waking Staff: 65 Type of Inspection: Partial BHA Docket Number: Notice: Unannounced Reason(s) for Inspection(s) Compfaint On-Site inspections Dates and Department Representatives On-Site 11/15/2017: Flinner-Alman, Lisa; Mulick, Cindy 11/16/2017: Filnner-Alman, Lisa; Mulick, Cindy 12/04/2017: Flinner-Alman, Lisa 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: 120 Number of Residents who: Number of Residents Served: 49 Receive Supplemental Security Income: O Secured Dementla Care Unit In Home: Yes Are 60 Years of Age or Older: 49 Area: 1st Floor Have Mental (Ilness: 2 Secured Dementia Unit Capacity, if Applicable: 20 Have an Intellectual Disability: 0 Number of Residents Served in Secured Demontia Care Unit, Have a Mobility Need: 37 If applicable: 7 Have a Physical Disability: 0

Number of Current Hospice Residents: 7

Number of Hospice Residents in past year: 13

	\{\langle \langle \chi \langle \
Violation Report: 43106 - 11/16/2017 - Filnner-Alman, Lisa PCH Name: SENIOR CARE PLAZA	
1. REGULATION 55 Pa.Code §2600 2600.23(a) - A home shall provide each resident with ass assessment and support plan.	Visitoria (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
2a, DESCRIPTION OF VIOLATION	
The assessment and support plan, dated 10/9/17, for rescare. According to multiple staff interviews, when the dasaturated with urine from head to toe due to lack of incor	sident #1, indicate staff are to provide assistance with incontinence y staff arrive at the home at 7:30 a.m., they find the resident atlance care during the 11:30 p.m 7:30 a.m. shift.
3. PLAN OF CORRECTION (POC) (Attach pages as necessary, include steps to correct the violation described above and steps to immediately, include dates by which the steps will be completed.	Remember that you must sign and date any attached pages.) provent a similar violation from occurring again. If steps cannot be completed
7	г .
	sident #1 refuses incontinent care during
sleeping hours. Please see attach	ments for example.
2. All third floor nursing aides held a	meeting about different ways they assist
resident #1 during incontinent che	cks and how to better assist resident #1 during
sleeping hours. Since then she has	been more cooperative.
3. Upon change of shift all nursing ai	ds conduct routine checks on each resident to
ensure they have been properly ca	red for during each shift
-	See Page 24 of 8
Repeat Violation: No Date(s) of Previous Violation(s	
Signature of Legal Entity Representative (Required on EVERY Page)	ustwat
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	AMMINISTRATIV Date 3.7.18
DEPARTMENT USE ONLY - HOW	IES MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of (Date)	
	Fully Implemented
The above plan of correction was approved by	Partially Implemented - Adequate Progress
(Initials	Partially Implemented - Inadequate Progress Not Implemented

. MAR 2 2 2018

A Page 2 of 8

Violation Report: 43106 - 11/15/2017 - Flinner-Alman, Lisa PCH Name: SENIOR CARE PLAZA	NEST REGION Flacta OFFICE Numan Services Cognesio
1. REGULATION 55 Pa,Code §2600 2600.23(a) - A home shall provide each resident with assistanc assessment and support plan.	e with activities of daily living as indicated in the resident's
2a. DESCRIPTION OF VIOLATION The assessment and support plan, dated 10/9/17, for resident a care. According to multiple staff interviews, when the day staff saturated with urine from head to too due to lack of incontinent	arrive at the home at 7:30 a.m., they find the resident
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember include steps to correct the violation described above and steps to prevent immediately, include dates by which the steps will be completed. Immediately: A designated staff person shall develop and implem support plans are immediately updated as resident care needs che within 5 days of receipt of the plan of correction: All direct care stassessments and support plans to ensure all residents are provided accordance with the residents' assessments and support plans.	a similar violation from occurring again. If steps cannot be completed ent a system to ensure resident assessments and ange, including supervision needs. laff persons shall be reeducated on resident ed assistance with activities of daily living in
	• •
Repeat Violation: No Dato(s) of Previous Violation(s): Signature of Legal Entity Representative	
(Required on EVERY Page)	QV
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	-10 at Date 3 22 18
DEPARTMENT USE ONLY - HOMES I	MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of (Date)	Plen of correction Implementation status as of (Date) Fully Implemented Partially Implemented - Adequate Progress
The above plan of correction was approved by (initials)	Partially implemented - Adequate Progress Partially implemented - Inadequate Progress Not Implemented

Partially Implemented - Inadequate Progress

Not Implemented

外部: [[F-17] [F-17] Page 3 of 8 Violation Report: 43106 - 11/15/2017 - Filnner-Alman, Lisa PCH Name: SENIOR CARE PLAZA 1. REGULATION 55 Pa.Code §2600 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside. 2a. DESCRIPTION OF VIOLATION On 11/16/17, resident #2 did not have a source of lighting that could be turned on/off from bedside. The nearest lamp was approximately 6 feet from the resident's bed. 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. 1. Nightstand and lamp have been moved next to bedside. 2. Administrator spoke with family and staff caring for resident #2 regarding regulation 2600.101 and instructed them to not remove the nightstand and lamp from bedside. 3. Administrator and Maintenance director periodically check resident #2's bedroom to quarantee nightstand and lamp are next to bed. See Page 3A of 8 Repeat Violation: No Rrevious Violation(s); Date(s) of Signature of Legal Entity Representative (Required on EVERY Page) Printed Name and Title of Lega (Regulred on EVERY Page) DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE! The above plan of correction is approved as of Plan of correction implementation status as of Fully Implemented Partially Implemented - Adequate Progress

(Initials)

The above plan of correction was approved by

RECENTED

MAR 8 9 2918

Page 3 of 8

	MA作業2 7010	Lude 2 OI p
Violation Report: 43108 - 11/15/2017 - Flinner-Alman, Lisa PCH Name: SENIOR CARE PLAZA	WEST PROJECT OF SUB-OFFICE	
1. REGULATION 55 Pa.Code §2800 2600.101(j)(7) - Each resident shall have the following in can be turned on at bedside.	the bedroom: An operable lamp or other source of	lighting lhat
2a. DESCRIPTION OF VIOLATION On 11/16/17, resident #2 did not have a source of lighting approximately 6 feet from the resident's bed.	g that could be lurned on/off from bedslde. The ne	arest lamp was
3. PLAN OF CORRECTION (POC) (Attach pages as necessary, include steps to correct the violation described above and steps to immediately, include dates by which the steps will be completed.	Remember that you must sign and date any attached pages,) - prevent a similar violation from occurring agoin. If steps cannot	l be completed
Immediately, then monthly thereafter: A designated staff p resident #2's bedroom, to ensure each resident has an ope on/off at bedside.	erson shall check all resident bedrooms, including erable lamp or other source of lighting which can be turn	ed
	· .	
		1
Repeat Violation: No Pate(s) of Previous Violation	(3):	
Signature of Legal Entity Representative (Regulred on EVERY Page)	Hond	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	F10at Date 3/22/	18
DEPARTMENT USE ONLY - HO	MES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of (Date	Plan of correction implementation status a	s of (Date)
·	Fully Implemented	•
The above plan of acceptable upon anground by	Partially Implemented - Adequate Prog	
The above plan of correction was approved by (Initia		აყი ს ია , ,

Page 4 of 8
Violation Report: 43106 - 11/15/2017 - Filmner-Alman, Lisa PCH Name: SENIOR CARE PLAZA
1. REGULATION 55 Pa.Code §2800 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.
2a. DESCRIPTION OF VIOLATION
The annual medical evaluation, dated 12/30/16, for resident #3 is blank in the areas of height, weight, pulse rate, blood pressure and temperature.
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 provent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
1. Resident #3 medical evaluation has been updated
2. Director of Resident Care will check medical evaluation documentation to confirm
all necessary sections are completed before filing paperwork into resident charts
3. Director of Resident Care and Administrator will double check that all sections of
medical evaluations are completed before filing
See lage 4Aof 8
Repeat Violation: No Date s) of Previous Violation(s):
Signature of Legal Entity-Representative (Required on EVERY Page) 1 M M M A M M M M M M M M M M M M M M M
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) WYN + Y + Y + Y + Y + Y + Y + Y + Y + Y +
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of 3/2/18 (Date) Plan of correction implementation status as of 3/2/18 (Date)
The above plan of correction was approved by (Initials) Fully Implemented Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not Implemented

Violation Report: 43108 - 11/15/2017 - Flinner-Alman, Lisa PCH Name: SENIOR CARE PLAZA	MAR 2 2 2013
1. REGULATION 55 Pa.Code §2600 2600.141(b)(1) - A resident shall have a medical evaluation at	least annually. WEST RE- ALBERT CORRES. Munan Larroses Econolog
2a. DESCRIPTION OF VIOLATION The annual medical evaluation, dated 12/30/16, for residerate, blood pressure and temperature.	ent #3 is blank in the areas of height, weight, pulse
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Rememblingline steps to correct the violation described above and steps to prevent immediately, include dates by which the steps will be completed. Immediately: A designated staff person shall review all resident revaluation, completed in its entirety, at least annually. A copy of the continuous of the continuous con	a similar violation from occurring again. If steps cannot be completed cords to ensure each resident has a medical
resident's record.	·
Repeat Violation: No / Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)	009
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	10at Date 3 22 18
DEPARTMENT USE ONLY - HOMES I	MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of (Date)	Plan of correction implementation status as of (Date)
The above plan of correction was approved by (initials)	Fully Implemented Partially Implemented - Adequate Progress Partially implemented - Inadequate Progress Not Implemented

			MAR 1	2 2018	Page 5 of 8
Violation Report: PCH Name: SENIO	43106 - 11/15/2017 - Flinner-/ OR CARE PLAZA	Alman, Lisa	v/1011		
2600.225(a) - Ar	55 Pa.Code §2600 esident shall have a written admission. The administra	initial assessmer itor or designee, c	it that is documente or a human service	ed on the Department's a agency may complete th	issessment form ie Initial
Lungs, no coucer	OF VIOLATION ordered a mechanical soft itrated sweets diet. Also, th not updated with this order	ils resident was oi	nowever, the asses dered a bed and c	sment, dated 2/16/17, or hair alarm on 9/25/17, ar	nly indicates nd the
Include steps to co	RECTION (FOC) (Attach pages pract the violation described above de dates by which the steps will b	e and slops to preven	nber that you must sign la similar violation from	and date any attached pages.) n occ <i>urding agein. If</i> steps can	not be completed
1.	Assessment for reside	ent #4 has bee	n updated		
2.	Director of Resident (Care and Hospic	e conducted a m	neeting on a better	
	communication system	between both	parties, System	in place for hospice t	to record
	tasks, orders, and cha	nges made to re	sidents daily		
3,	Director of Resident (lare, Hospice, a	nd Administrato	or will read all docume	ntation
	daily and record inform	nation as neede	d		ż
				,	
					•
	•				
				See Page SHO	£8
Repeat Violation:	I = I + I + I + I + I + I + I + I + I +	ıs Violation(s):			,
Signature of Lega (Required on EVI	I Entity Representative	literal	ixt)		-
Printed Name and (Required on EVE	Title of Legal Entity Repres	Plout A	Ministrati	N Date 3.7.1	8
	DEPARTMENT USE O		MAY NOT WRITE	BELOW THIS LINE!	
The above plan o	f correction is approved as of	3/22/11 (Date)	Plan of correc	tion implementation status	
			Fully Imple		(Date)
The above plan o	f correction was approved by	L	// -	nplemented - Adequate Pro	•
, xaz i y pisati V	ind apploade by	/2-20-1-X	Earnany In	nplemented - Inadequate P	Togress

(initials)

Not Implemented

MAP 2 2 2013

	13. L. × 2. Z. Z. (13.13)
Violation Report: 43106 - 11/15/2017 - Filmer-Alman, Lisa PCH Name: SENIOR CARE PLAZA	eregri egyedin 4600 CPPIGP
1. REGULATION 55 Pa.Code §2600 2600.225(a) - A resident shall have a written initial assessment within 15 days of admission. The administrator or designee, or assessment.	Human Economics 2004116 I that is documented on the Department's assessment form rainbanance agency may complete the initial
2a. DESCRIPTION OF VIOLATION Resident #4 was ordered a mechanical soft diet on 10/11/17; h "NCS" no concentrated sweets diet. Also, this resident was ord assessment was not updated with this order.	owever, the assessment, dated 2/16/17, only indicates dered a bed and chair alarm on 9/25/17, and the
3. PLAN OF CORRECTION (POC) (Attach pages as accessary. Remem include steps to correct the violation described above and steps to provent immediately, include dates by which the steps will be completed. Immediately: A designated staff person shall develop and implementations.	t a similar violation from occurring again. If steps cannot be completed
. are immediately updated as resident care needs change.	IN IN SYSTEM TO CHANGE ON YOUR CONTROL OF THE STATE OF TH
·	
·	
Repeat Violation: No Date(s) of Previous Violation(s): Signature of Legal Entity Representative	
Printed Name and Title of Leggi Entity Representative	2004
(Required on EVERY Page) Philip Reproduction (Required on EVERY Page)	at Date 3 22 18
DEPARTMENT USE ONLY - HOMES I	MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of (Date)	Plan of correction implementation status as of (Date)
	Fully Implemented Partially Implemented - Adequate Progress
The above plan of correction was approved by (Initials)	Partially Implemented - Inadequate Progress
	Not Implemented

Partially Implemented - Inadequate Progress

Not implemented

(Initials)

AMOENT.

MAR 2 2 2018

A Page 6 of 8

PCH Name: SENIOR CARE PLAZA 1. REGULATION 55 Pa.Code §2600 2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment learn and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.		MAL & & COLO
assassment learn and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit. 2a. DESORPTION OF VIOLATION The cognitive screening portion of the preadmission screening form for resident #5, dated	Violation Report: 43106 - 11/15/2017 - Flinner-Alman, Lisa PCH Name: SENIOR CARE PLAZA	VEST REGION FROM SERVICE Themes Service Services
The cognitive screaning portion of the preadmission screaning routed its secured demential care unit on a mane of the person who completed the screaning. Resident #5 was admitted to the secured demential care unit on a screaning completed the person who completed steps to prevent a similar violation from occurring again. If steps cannot be completed include steps to prevent a similar violation from occurring again. If steps cannot be completed include steps to prevent a similar violation from occurring again. If steps cannot be completed include steps to prevent a similar violation from occurring again. If steps cannot be completed includes steps to prevent a similar violation from occurring again. If steps cannot be completed in included the form. Immediately: The cognitive preadmission acroening for resident #5 shall be updated with the name of the person who completed the form who completed in the horne's secured dementia care with have a written cognitive preadmission screening, completed in its entirely, within 72 hours prior to admission to the secured dementia care unit. Documentation of the system shall be kept. Particle of the prevent of the prevent of the secured dementia care unit. Documentation of the system shall be kept. Particle of the prevent o	management learn and documented on the Department's D	iteatifilissinti acteoritid tottu augu na actualista
include stops to correct the vicialion described above and steps to provent a similar violation from counting egists. It is immediately. The cognitive preadmission acreaning for resident #5 shall be updated with the name of the person who completed the form. Immediately: A designated staff person shall review all resident records of the residents who reside in the homa's secured demandia care unit to ensure each resident has a written cognitive preadmission screening, completed in its entirely. Immediately: A designated staff person shall develop and implement a system to ensure all nowly-admitted residents to the home's secured demantia care unit have a written preadmission screening, completed in its entirely. Immediately: A designated staff person shall develop and implement a system to ensure all nowly-admitted residents to the home's secured demantia care unit. Documentation of the system shall be kept. Immediately: A designated staff person shall develop and implement a system to ensure all nowly-admitted in its entirely, within 72 hours prior to admission to the secured demantia care unit. Documentation of the system shall be kept. Immediately: A designated staff person shall develop and implementation of the system shall be kept. Immediately: A designated staff person shall develop and implementation of the system shall review and the shall resident to ensure all nowly-admitted in its entirely, within 72 hours prior to ensure all nowly-admitted in its entirely, within 72 hours prior to ensure all nowly-admitted in its entirely, within 72 hours prior to ensure all nowly-admitted in its entirely. Immediately: A designated staff person shall develop and implementation of the system to ensure all nowly-admitted in its entirely. Immediately: A designation shall review all resident tecords of the resident system to ensure all nowly-admitted in its entirely. Immediately: A designation shall review all resident interests and nowly-admitted in its entirely. Immediately: A designation shall review all r	nameof the person who completed the screening. Reside	ining form for resident #5, dated 16, does not include the infl #5 was admitted to the secured dementia care unit on
Immediately: A designated staff person shall review all resident records of the residents who reside in the homa's secured dementia care unit to ensure each resident has a written cognitive preadmission screening, completed in its entirety. Immediately: A designated staff person shall develop and implement a system to ensure all newly-admitted residents to the home's secured dementia care unit have a written preadmission screening, completed in its entirety, within 72 hours prior to admission to the secured dementia care unit. Documentation of the system shall be kept. Repeat Violation: Yes Bate(s) of Previous Violation(s): O7/27/2017 Signature of Legal Entity Representative Required on EVERY Page) Printed Name and Title of Legal Entity Representative Required on EVERY Page: DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE! The above plan of correction is approved as of (Date) Fully Implemented - Adequate Progress Patiletly Implemented - Inadequate Progress	Include steps to correct the violation described above and steps to planted interesting the completed. Immediately: The cognitive preadmission screening for residents.	dent #5 shall be updated with the name of the person
Repeat Violation: Yes Bate(s) of Previous Violation(s): 07/27/2017 Signature of Legal Entity (Representative Required on EVERY Page) Printed Name and Title of Legal Entity Representative Required on EVERY Page) DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE! The above plan of correction is approved by (Date) The above plan of correction was approved by (Date) The above plan of correction was approved by (Tablet) The above plan of correction was approved by (Tablet) The above plan of correction was approved by (Tablet) The above plan of correction was approved by (Tablet) The above plan of correction was approved by (Tablet) The above plan of correction was approved by (Tablet) The above plan of correction was approved by (Tablet) The above plan of correction was approved by (Tablet)	•	
Repeat Violation: Yes Bata(a) of Previous Violation(a): 07/27/2017	secured dementia care unit to ensure each resident has a we entirety.	miter cognitive preadmission scrooming, complete a principal and a second scrooming and a second scrooming and a second scrool s
Repeat Violation: Yes	t a compatible card the page of the page o	innian maximissiiin selecimis, completee ii ii ve viiii vii
Repeat Violation: Yes		
Repeat Violation: Yes		
Repeat Violation: Yes		
Repeat Violation: Yes	()	
Repeat Violation: Yes		1
Repeat Violation: Yes		
Repeat Violation: Yes		
Signature of Legal Entity Representative (Required on EVERY Page) Date 3 Z 2 X	. 1	
Signature of Legal Entity Representative (Required on EVERY Page) Date 3 Z 2 X		
Signature of Legal Entity Representative (Required on EVERY Page) Date 3 Z 2 X		
Signature of Legal Entity Representative (Required on EVERY Page) Date 3 Z 2 8		
Signature of Legal Entity Representative (Required on EVERY Page) Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 3 22 18 DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE! The above plan of correction is approved as of (Date) Plan of correction implementation status as of (Date) Fully Implemented Partially Implemented - Adequate Progress The above plan of correction was approved by (Ipitals)	Patels) of Provious Violation	(s): 07/27/2017
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE! The above plan of correction is approved as of (Date) Plan of correction implementation status as of (Date) Fully implemented Partially implemented - Adequate Progress The above plan of correction was approved by (Initials)		
Carl b DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE! The above plan of correction is approved as of Plan of correction implementation status as of (Date) Fully implemented Partially implemented - Adequate Progress Partially implemented - Inadequate Progress Partially	Signature of Legal Entity (Representation (Regulated on EVERY Page)	Float
The above plan of correction is approved as of (Date) Plan of correction implementation status as of (Date) Fully implemented Partially implemented - Adequate Progress The above plan of correction was approved by (Initials)	Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	FOAt Date 3 (22/18)
The above plan of correction is approved as of (Date) Plan of correction implementation status as of (Date) Fully implemented Partially implemented - Adequate Progress The above plan of correction was approved by (Initials)	DEPARTMENT USE ONLY - HO	MES MAY NOT WRITE BELOW THIS LINE!
Fully Implemented Partially Implemented - Adequate Progress The above plan of correction was approved by (bittale) Partially Implemented - Inadequate Progress	The chargedan of correction is approved as of	Plan of correction implementation status as of
Partially Implemented - Adequate Progress The above plan of correction was approved by (bittals) Partially Implemented - Inadequate Progress	· (Date	· · ·
The above plan of correction was approved by Partially Implemented - Inadequate Progress	1	
The above pren of confection vide approved of		L
	The above plan of correction was approved by (Initia	

			MAD 1-9 2012	Page 7 of 8
	43108 - 11/15/2017 - Flinner-A OR CARE PLAZA	ilman, Lisa	• • • • • • • • • • • • • • • • • • •	
	55 Pa.Code §2600 ne support plan shall be revis	sed at least annua	ally and as the resident's condition char	nges.
2a, DESCRIPTION According to the Indicates the res		be fed by an alde s and cues at me	at every meal; however, the assessmallimes.	ent, dated 12/22/16,
Include steps to c	RECTION (POC) (Attach pages orrect the violation described above de dates by which the steps will be	e and steps to preven	nber that you must sign and date any attached p I a similar violation from occurring again. If step	ages.) os cannot be completed
			•	
1,	Resident #3's assessme	nt has been up	dated	
			or and shift to record any change	•
	resident during their sh	ift. Communica	tion log in place for hospice to re	2S TO .
	changes to resident duri	ing their chift	non roy in place for nospice to re	cord any
	and make annual to t	vices and Admi	nistrator will read communication	1 log daily
`	and make appropriate ch	anges to asses:	sment of residents as needed	
			,	
:				
	•		α Λ	,
	., ., ., ., ., ., ., ., ., ., ., ., ., .		- See Pag 7A	0F8
Repoat Violation:		s Violation(s):		
(Required on EV	al Entity Representative ERY Page)	hust	wat)	
Printed Name and (Required on EVE	Titlo of Legal Entity Representation	. 46 I A . I . A . I	MMISTRATO Date 3	8.18
	DEPARTMENT USE OF	VLY - HOMES I	MAY NOT WRITE BELOW THIS LI	NEI
The above plan o	of correction is approved as of	3/>>/\% (Date)	Plan of correction implementation st	atus as of 3/3/18
			Fully implemented	(Date)
The phone where	f normalia a traca a a a a a a a a a a a a a a a a a a	f	Partially Implemented - Adequat	
rue anove blati d	of correction was approved by	(initials)	Partially implemented - Inadequ	ate Progress

The state of

MAR 2 2 2018

A Page 7 of 8

	Milder St St Fores
Violation Roport; 43106 - 11/15/2017 - Flinner-Alman, Lisa PCH Name: SENIOR CARE PLAZA	REST RECOVER OF THE PORTS
1. REGULATION 55 Pa.Codo §2600 2600.234(d) - The support plan shall be revised at least annua	ally and as the resident's condition changes.
2a. DESCRIPTION OF VIOLATION According to the home, resident #3 needs to be fed by an aide indicates the resident only requires reminders and cues at me	e al every meal; however, the assessment, dated 12/22/16, altimes.
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remer include steps to correct the violation described above and steps to prever immediately, include dates by which the steps will be completed. Immediately: A designated staff person shall review all support a secured demential care until to ensure accuracy and completion.	nt a similar violation from occurring again. If steps cannot be completed
· ·	
Repeat Violation: No Dato(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)	-lodt
Printed Name and Title of LegalEntity Representative (Required on EVERY Page)	00+ Date 3/22/18
DEPARTMENT USE ONLY - HOMES	MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of (Date)	Plan of correction implementation status as of (Date)
The above plan of correction was approved by (Initials)	Fully Implemented Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not Implemented

Violation Report: 43108 - 11/15/2017 - Filnner-Alman, Lisa PCH Name: SENIOR CARE PLAZA
1. REGULATION 55 Pa.Code §2600 2600,252 - Each resident's record must include the following information: (1) through (26)
2a. DESCRIPTION OF VIOLATION The photograph in resident #2's record is dated 10/22/14.
The photograph in resident #3's record is dated 7/10/13.
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.
1. Resident #2 and #3's photographs were updated
2. Reminder put into computer system to alert staff when residents photos need
updated
3. Administrator and Administrative assistant will update resident photos as needed
•
Se Page 8A0F8
Repeat Violation: No Date(s) of Previous Violation(s):
Signature of Legal Entity Representative [Required on EVERY Page]
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) WANT AMMIGNATION Date 3.8.18
The above plan of correction is approved as of 3/3/18 (Date) DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE! Plan of correction implementation status as of 3/3/18 (Date)
Fully Implemented Fully Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not Implemented - Inadequate Progress

PCH Name: SENIOR CARE PLAZA	
REGULATION 55 Pa.Code §2600 2600.252 - Each resident's record must include the following infor	mation: (1) through (26)
	MAR 2 2 2013
2a. DESCRIPTION OF VIOLATION The photograph in resident #2's record is dated 10/22/14.	OFFICELES FORESTEEN
, .	Human Services Licensing
The photograph in resident #3's record is dated 7/10/13.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember include steps to correct the violation described above and steps to prevent a simmediately, include dates by which the steps will be completed. Immediately: A designated staff person shall review all resident reco	imilar violation from occurring again. If steps cannot be completed
photograph, which is no more than 2 years old.	
•	
	·
Repeat Violation: No Rate(s) of Previous Violation(s)	
Signature of Legal Entity Representative (Required on EVERY Page)	nat
Printed Name and Title of Legal Entity Representative	21 1
(Required on EVERY Page)	10a+ Date 3/22/18
DEPARTMENT USE ONLY - HOMES MA	Y NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of (Date)	Plan of correction implementation status as of
	Fully Implemented (Date)
	Partially Implemented - Adequate Progress
	<u> </u>
The above plan of correction was approved by (Initials)	Partially implemented - Inadequate Progress
(material)	Not Implemented

VIOLATION REPORT
PERSONAL CARE HOMES - 66 Pa.Code Chapter 2600

Page 1 of 32

PCH Name: SENIOR CARE PLAZA		Liconse Number: 43106
Address: 624 LYSLE BOULEVARD, MCKEESPORT, PA 15132		County: Allegherry
Administrator: Jennifer Float	\ <u></u>	Region: WEST
Logal Ently Namo; SENIOR CARE PLAZAASSO	OCIATES INC	
Legal Enlity Addrose: 624 LYSLE BOULEVARD, N	MCKEESPORT, PA 15132	ARCENTED -
Certificate(s) of Occupancy		
1-2 06/25/1999		JAN 3 I 2018
City of McKaesport		AISS (ASSICULAÇÃ) (SEAIOE Tauxan Saudoso) (Soudom
Staffing Houra	**************************************	20 1 20 1 20 1 20 1 20 1 20 1 20 1 20 1
Rosidont Support: 0	Total Daily Staff; 82	Waking Staff: 82
Type of Inspection: Fult	8HA Docket Number:	Notice: Unannounced
Reason(a) for Inspection(a) Renewel, Complaint, Incident		
		•
Off-Site Impaction Dates and Inspectors, if A	pplicable	
Off-Site Inspection Dates and Inspectors, If A	pplicable	
	ppilcable Random Indicator	·
Other Details Partial or Full Triggers:	·	
Diher Datails Partisi or Full Triggers: Réciden	Random Indicator	on Dates
Other Details Partial or Full Triggers: Résiden Jonsed Capacity: 100	Random Indicator nt Domographic Data as of Inspectio Number of Resid	on Dates
Other Datails Partial or Full Triggare: Réciden Jiconsod Capacity: 100 Jumbor of Residents Sorved: 48	Random Indicator nt Domographic Data as of Inspectio Number of Real Receive Suppl	on Dates
Other Datails Partial or Full Triggers: Réciden Liconsod Capacity: 100 Yumbor of Residents Sorved: 48 Boowed Domenilo Caro Unit in Home: Yes	Random Indicator nt Domographic Data as of Inspectio Number of Real Receive Suppl	on Dates dents who: demantal Security Income: 0 of Age or Older: 4B
Other Datails Partial or Full Triggers: Residen Jonesed Capacity: 100 Jumber of Residents Served: 48 Beowed Dementic Care Unit in Home: Yes	Random Indicator Int Domographic Data as of Inspection Number of Residence Receive Supple Are 60 Years of Have Mental III	on Dates dents Who: lemental Security Income: 0 of Age or Older: 4B linese; 2
Other Datails Partial or Full Triggers: Réciden Licensed Capacity: 100 Number of Residents Served: 48 Secured Dementia Care Unit in Home: Yes Area: Memory Secured Dementia Unit Capacity, If Applicables 20 Number of Residents Served in Secured Dementia	Random Indicator It Demographic Data as of inspection Number of Residence Receive Supplemental III Have an Intellegent	dents who: dents who: demantal Security Income: 0 of Age or Older: 4B linese: 2 actual Disubility: 0
Other Details Partial or Full Miggers:	Random Indicator Int Domographic Data as of Inspection Number of Residence of Receive Supplemental III Have an Inteligence of Receive Supplemental III Have an Inteligence of Receive Supplemental III	dents who: Itemantal Security Income: 0 If Age or Older: 4B Inese: 2 Inctual Disubility: 0 Ity Need: 34

1/11	1 %	å	2018	
.1.11	1	L.	7 115.5	

Page 2 of 32

Violation Report: 43108 07/17/2017 - Roser, Asiley PCH Name: SENIOR CARE PLAZA	.773
1. REGULATION 55 Pa.Code §2600 2600.10(c) - The home shall report the incident or condition to personal care home complaint hotline within 24 hours in a man also follow the guidelines in section 2600.15 (relating to abuse	the Department's personal care home regional office or the iner designated by the Department. Abuse reporting shall
2a. DESCRIPTION OF VIOLATION Resident # 6 is prescribed Prednisone (5mg) - Take 2 tablets per day day from 3/17/17 - 5/8/17. This incident was not reported to the Deput	/; however, the home administered Prednisone (5mg) 3 tablets per artment's personal care home regional office until 7/17/17.
3. PLAN OF CORRECTION (POC) (Attach pages as accessary. Remens Include along to correct the violation described above and stops to provent immediately, include dates by which the steps will be completed.	
•	
1. Medication techs were unaware of medicat to pharmacy of her choice. After obtaining on E-MAR system. Incident report was filed.	tion change due to daughter having script sent script from pharmacy, the order was changed on 7/17/17 to regional office.
 POA, medication techs, and director of resi explaining the importance of communicatio pharmacy. Medication changes and origina staff members handling the care of residen 	on when using outside physicians and all scripts must be brought to the attention of
 Director of resident care, medication techs, place to inform everyone involved when res new orders arise. 	, and POA of resident #5 have a system in sident #5 has a doctor appointment and when
·	
·	
	See Page 2A of 32
Repeat Violation: No Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)	allik
Printed Name and Title of Logal Entity Representative (Required on EVERY Page)	MMISTY ATO 1.15-19
DEPARTMENT USE ONLY - HOMES I	MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of _3\\ (\text{Date})	Plan of correction implementation status as of 3/30/18 (Date)
The above plan of correction was approved by (Initials)	Fully Implemented Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not Implemented

Violation Report: 43106 - 07/17/2017 - Roser, Ashley PCH Name: SENIOR CARE PLAZA	**************************************
1. REGULATION 55 Pa.Code §2600 2600,16(c) - The home shall report the incident or condition to personal care home complaint hotline within 24 hours in a malso follow the guidelines in section 2600.15 (relating to abuse	nner designated by the Department. Abuse reporting shall
2a. DESCRIPTION OF VIOLATION Realdent # 5 is prescribed Prednisone (6mg) - Take 2 tablets per day from 3/17/17 - 5/8/17. This incident was not reported to the De	ny; however, the home edministered Prednisone (5mg) 3 tablets per partment's personal care home regional office until 7/17/17.
3. PLAN OF CORRECTION (POC) (Allech pages as necessary. Reme include sleps to correct the violation described above end eleps to preve immediately, include dates by which the sleps will be completed. Within 5 days of receipt of the plan of correction: All staff person and conditions indicated in 2600.16a must be reported to the December 24 hours. Documentation of the education shall be kept.	nt a similar violation from occurring again. It steps cannot be completed us shall be readucated that all reportable incidents partment's personal care home regional office within
Immediately: A designated staff person shall review all reportab any reportable incidents and conditions outlined in 2600.16a are regional office within 24 hours.	
·	•
	•
Repeat Violation: No Data(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Tille of Legal Entity Representative (Required on EVERY Page)	MINISTRATOR DATE 7.20-18
DERARTMENT USE ONLY - HOMES	MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of (Date)	Plan of correction implementation status as of (Dale)
	Fully Implemented
The above plan of correction was approved by (initials)	Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress

	Sandy Sanda varial
Violation Report: 43106 - 07/17/2017 - Roser, Ashley PCH Name: SENIOR CARE PLAZA	JAN \$ ≟ 2013
1. REGULATION 55 Pa.Code §2800 2800.17 - Resident records shall be confidential, and, except the resident, the resident's designated person if any, staff per greats of the Department and the long-term care ombutement	In emergencies, may not be accessible to anyone other than sons for the purpose of providing services to the resident, in without the written consent of the resident, an Individual all heare proxy or a resident's designated person, or if a court
Ra. DESCRIPTION OF VIOLATION On 7/17/17, residents #8 and #13's pharmacy packing slips, dated in a white binder, located in the top draw	7/15/17, containing resident medication information, were unlocked, wer of a 2-drawer file cabinet, at the 3rd floor nurse's station.
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remoi include stops to correct the violation described above end stops to prove immediately, include dates by which the stops will be completed.	mber that you must sign and date any attacked pages.) It a similar violation from occurring again. If stops connot be completed
•	
 All documents pertaining to residents wer purchased to conceal resident information 	·
	portance concealing resident information, and
3. Director of resident care, medication tech	s and administrator will do daily rounds on ad and resident information is not in plain site.
•	
	See Page 3A of 32
Repeat Violation: Yes Date(s) of Previous Violation(s);	08/04/2016 et al
(Required on EVERY Page)	10 With
rinted Name and Title of Ligal Entity Representative Regulred on EVERY Page)	MMINISTYGTAN Dato 1.29.198
7/3 ml .nz	MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of 3/20/18 (Date)	Plan of correction implementation status as of 300/18
	Fully Implemented (Date)

The above plan of correction was approved by

Purtially Implamented - Adequate Progress

Partially Implemented - Inadequate Progress

Not implemented of

Violation Report: 43100 - 07/17/2017 - Roser, Ashley PCH Name: SENIOR CARE PLAZA
1. REGULATION 55 Pa.Code §2800 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.
2a. DESCRIPTION OF VIOLATION On 7/17/17, residents #6 and #13's pharmacy packing slips, dated 7/15/17, containing resident medication information, were unlocked, unaltended and accessible in a white binder, located in the top drawer of a 2-drawer file cabinet, at the 3rd floor nurse's station.
3. PLAN OF CORRECTION (POC) (Attack 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 filling cabinet at the 3rd floor nurse's station shall be tocked.
immediately, then daily thereafter: A designated staff person shall inspect the home, including the filing cabinet at the 3rd floor nurse's station, to ensure all resident information is kept in an area or container that is locked. Documentation of the checks shall be kept.
Within 5 days of receipt of the plan of correction: All staff persons shall be educated on the importance of resident confidentiality and that all resident information must be kept in an area or container that is tocked. Documentation of the education shall be kept.
•
·
Repeat Violation: Yee Rate(a) of Previous Violation(s): 08/94/2016 et al
Signature of Legal Entity Representative (Regulated on EVERY Page)
Printed Name and Title of Legal Entity Representative [Required on EVERY Page] MMHW Mt AMMISTWAY Date 7.20-18
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of (Date) Plan of correction implementation status as of (Date)
Fully Implemented
Partially Implemented - Adequate Progress
The above plan of correction was approved by [Initials] Partially implemented - inadequate Progress

Page 4	4 of	32
--------	------	----

Violation Report: 43108 - 07/17/2017 - Roser, Ashley PCH Name: SENIOR CARE PLAZA		
REGULATION 55 Pa,Code §2500 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.		
2a. DESCRIPTION OF VIOLATION The Care Facility Cartion Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. No carbon monoxide detectors were present in the home in accordance with The Care Facility Carbon Monoxide Alarms Standards Act. The home has fossil fuel burning devices to include a gas slove and furnace.		
No publications regarding the influenza vaccine were posted in a public place in accordance with the influenza Awareness Act, enacted in July, 2016.		
On 7/17/17, staff person E prepared and served food to the home's 48 residents; however, staff person E does not have the Food Fetablishment Personnel Food Safety Certification required (ServSafe).		
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include stops to correct the violation described above and steps to prevent a simpler violation from occurring again. It steps cannot be completed immediately, include dates by which the steps will be completed.		
 Publications regarding influenza vaccine were placed throughout facility on 7/17/17. Carbon monoxide detectors were placed throughout facility on 7/17/17. Staff person E completed food safety class on 11/1/17. 		
2. System in place to ensure all necessary documents are posted, detectors are working		
properly, and all employees have needed certificates per state regulations.		
3. Administrator, Maintenance director, and Dietary Director will check as needed to		
guarantee mandatory documents are completed and detectors are operable		
See Page 44 of 32		
Repeat Violation: No Date(s) of Previous Violation(s):		
Signature of Logal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative 11 + 11MM(+V4+) Date 1.75.19		
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of 3/30/18 (Date) Plan of correction implementation status as of 3/20/18 (Date)		
Fully implemented Partially implemented - Adequate Progress The above plan of correction was approved by (Initials) Not implemented Not implemented		

•

			MAR 3 & 2012		Page 4 of 32
Violation Report: 43106 - 07/ PCH Name: SENIOR CARE P		V		,	
1. REGULATION 85 Pa.Code 2600.18 - A home shall con		deral, State a	nd local laws, ordi	nances and regulation	s.
2a. DESCRIPTION OF VIOLA The Care Facility Carbon Mon proximity of, but not less than the home in accordance with I Include a gas stove and furnace	oxide Alarms Standards 15 feet from, any fossil-f The Care Facility Carbon	Act, enacted 6 uel burning dev i Monoxide Alai	/23/16, requires carl vice or appliance. No rms Standards Act.	op monoxide alarma (o ocarbon monoxide delec The home has fossil (uel	be installed in close clors were present in burning devices lo
No publications regarding the enacted in July, 2018.	julineuxa Ascejue Mate t	oosled in a pub	lle place in accordar	nce with the Influenza Av	vareness Act,
On 7/17/17, staff person E pre Establishment Personnel Foo	pared and served food (d Safety Cerlification red	o lhe home's 4 ulted (ServSaf	8 rasidenta; howeva a).	ır, slaff pərson E does n	of have the Food
3. PLAN OF CORRECTION (I include sleps to correct the vio immediately, include dates by t	lalion described above and	sleps to prevent	ber ihat you must sign a similar violation fron	and date any attached page n occurring aguin. If sleps t	es.) cannot be completed
Immediately: A carbon mo the hot water tank in the m	noxide delector shall be echanical room.	installed in clo	se proximily of, but r	nol less thân 15 feet awa	ay (rom
Immediately: All carbon m in accordance with the ma			nd maintained, Inclu	ding the changing of bat	ledes,
Immediately: A designated Food Establishment Perso Documentation of the syste	nnel Food Safety, is pres	op and implem sent in the hom	ient a system to ens le white meals are p	ure a staff person, certif repared and served.	ied in
				÷	
		·	15 1	The state of the s	
Repeat Violation: No Signature of Legal Entity Re	Date(s) of Previous Vi	olation(s):	Α		
(Required on EVERY Page)	MAN	Medica	<u> </u>		
Printed Name and Title of L (Required on EVERY Page)	eyal Entity Representa	Vit AN	MMI Prat	W Date 3.	10.18
DEPAR	TMENT USE ONLY	- HÓMES N	MAY NOT WRITE	BELOW THIS LIN	El
The above plan of correction	is approved as of	(Date)	Plan of correc	ilon implementation stat	
			Fully Impl	emented	(Oate)
The above plan of correction	ı was approved by	(Initiale)	h	nplemented - Adequate nplemented - Inadequat	.

Violation Report: 43106 - 07/17/2017 - Roser, Ashley PCH Name: SENIOR CARE PLAZA	777.7
1. REGULATION 55 Pa.Code §2500 2600.20(b)(8) - The home shall give the resident and the residents made on the resident's behalf on a quarterly bas	Ident's designated person, an itemized account of financial sis.
2a. DESCRIPTION OF VIOLATION The home manages finances for multiple residents, including residenced a quarterly, itemized account of financial transactions in 2	ienls #1, #3, #4, #8, #7 and #8. However, none of these residents 2017.
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remainded sleps to correct the violation described above and sleps to prevent immediately, include dates by which the sleps will be completed. Immediately, then quarterly thereafter: Quarterly statements for including residents #1, #3, #4, #6, #7 and #6, shall be complete beginning and ending balances. The quarterly statements shall persons immediately upon completion.	eni a similar violation from occurring again. If sleps cannot be completed rail residents for whom the home manages (inances, ed. The quarterly statements shall include the
•	·
	•
·	
Repeat Violation: No Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative [Required on EVERY Page]	val
Printed Name and Title of Legal Entity Repletentative (Required on EVERY Page)	JMM8440V DAIO 3.20.18
	MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of (Date)	Plan of correction implementation status as of (Date)
	Fully Implemented
The above plan of correction was approved by	Partially implemented - Adequate Progress Partially implemented - Inadequate Progress
(inilials)	·

|--|

V0.1.0. 15	Page 7 of 32	
Violation Report: 43106 - 07/17/2017 - Roser, Ashky PCH Name: SENIOR CARE PLAZA	ACTIVITY OF A COLUMN	
1. REGULATION 65 Pa,Code §2800 2600.23(a) - A home shall provide each resident with assistance assessment and support plan.	with activities of daily living as Indicated in the resident's	
2a. DESCRIPTION OF VIOLATION The assessment for resident #6, dated 10/9/10, indicates the resident to wander, and requires assistance during evacuations with use of a windicates staff will assist as needed, escent and show the resident white resident #6 was observed unsupervised on the 4th floor, which is curn access to the 4th floor via the main elevator. The resident was disorted watking so much that he/she hurts. Multiple safety hazards were obse exposed, sharp nail tips and numerous exposed electrical wires.	rheeled walker. The resident's support plan, dated 10/9/16, ch way to go during an evacuation. On 7/17/17 at 3:45 PM, early undergoing renovation and not in use. The resident gained plant and locate the evaluation and indicated before the control of the control	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Rememblinched sleps to correct the violetton described above and steps to prevent a immediately, include dates by which the steps will be completed.	er that you must sign and date any attached payos.) a similar violation from occurring again. If steps cannot be completed	
1. Resident #6's support plan was updated		
2. System in place to review lall residents quar	terly or as it seems fit and support plans will	
be updated to reflect their needs	o apper plants till	
 Director of resident care and Administrator v 	vill review all resident ADL's monthly/as	
needed and update support plans to ensure all parties are aware of resident needs		
	The state of the s	
•		
·		
	. 0	
	See Page 7A of 32	
Repeat Violation: No Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)	(NC.)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	AllMMICTUITADATE 1271B	
DEPARTMENT USE ONLY - HOMES M	AV NOT METER BELOWETHE A LINE	
The above plan of correction is approved as of 3/30/18 (Date)	Plan of correction implementation status as of 3/20//8	
	Fully Implemented	
	Partially Implemented - Adequate Progress	
The above plan of conection was approved by (Initials)	Partially Implemented - Inadequate Progress	
(muala)	Not implemented	

MAR 2 V 1818	iga 7 of 32
Violation Report: 43106 - 07/17/2017 - Roser, Ashley PCH Name: SENIOR CARE PLAZA	
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 reassessment and support plan.	eldent's
Za. DEBORIPTION OF VIOLATION The assessment for resident #5, dated 10/9/15, indicates the resident has dementia, requires some supervision within the h to wander, and requires assistance during evacuations with use of a wheeled walker. The resident's support plan, dated 10 indicates staff will assist as needed, escon and show the resident which way to go during an evacuation. On 7/17/17 at 3:45 resident #6 was observed unsupervised on the 4th floor, which is currently undergoing renovation and not in use. The resident access to the 4th floor via the main elevator. The resident was disoriented, could not locate the exits and indicated he/she h walking so much that he/she hurts. Multiple safety hezards were observed on the 4th floor, to include multiple pieces of woo exposed, sharp nail tips and numerous exposed electrical wires.	/9/16, PM, anl galned
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 commediately, include dates by which the steps will be completed.	Impleted
immedialely: A designated staff person shall develop and implement a system to ensure resident assessments and support plans are immediately updated as resident care needs change, including supervision needs.	
Wilhin 5 days of receipt of the plan of correction: All direct care staff persons shall be reeducated on resident assessments and support plans to ensure all residents are provided assistance with activities of daily living in accordance with the residents' assessments and support plans. Documentation of the aducation shall be kept.	
	:
	,
Repeat Violation: No Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative	
Printed Name and Title of Legal Entity Representative 1	
(Required on EVERY Page) AMMHW PIWA HIMMINIAVATY Date 7,77.8	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of (Date) Plan of correction implementation status as of	()
Fully Implemented	(170(6)
The above plan of correction was approved by Partially implemented - Inadequate Progress	
The above plan of correction was approved by (Initials) Partially implemented - Inadequate Progress	

	See Page 8A of 32		
Repeat Violation; No Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative (Renulred on EVERY Page)	1062		
Printed Name and Title of Lagai Entity Representative (Required on EVERY Page)	UMMIRAVATOL DOGO 1-27-18		
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of 3/30/18 (Date) Plan of correction implementation status as of 3/50/18			
·	Fully Implemented (Date)		
. ب	Partially Implemented - Adequate Progress		
The above plan of correction was approved by (Initials)	Partially Implemented - Inadequate Progress		
(mass)	Not Implemented		

	- 場合学 多様 表示後 Page B of 32
Violation Report: 43106 - 07/17/2017 - Roser, Ashley PCH Name: SENIOR CARE PLAZA	
1. REGULATION 55 Pa.Code §2600 2600.42(b) - A resident may not be neglected, intimidated, phy punishment or disciplined in any way.	sically or verbally abused, mistreated, subjected to corporal
2a. DESCRIPTION OF VIOLATION On 7/19/17 at 12:05 PM, while in the home's secured demantia care "shut the fuck up". Agente began walking towards the sound of yellir fuck down." Agents of the department entered the kitchenetic area of disoriented.	g and heard staff person D yell again, "shut the fuck up and sit the
3. PLAN OF CORRECTION (POC) (Allach pages as necessary. Rementalling steps to correct the violation described above and steps to proventimmediately, include dates by which the steps will be completed. Immediately: A designated staff person shall interview at least 4 neglected, intimidated, physically or verbally abused, mistreated, any way.	if a similar violation from occurring again. If slaps cannot be completed residents monthly to ensure no resident is
•	
,	
	•
Repeat Violation: No Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative [Required on EVERY Page]	MM (V) Date 3.70. 18
DEPARIMENT USE ONLY - HOMES	MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of (Date)	Plan of correction implementation status as of (Duta)
	Fully Implemented
The above plan of correction was approved by (Initials)	Partially implemented - Adequate Progress Partially implemented - Inadequate Progress

	A major to the contract of the
	JAN % 1 2018 Page 9 of 32
Violation Report: 43106 - 07/17/2017 - Roser, Ashley PCH Name: SENIOR CARE PLAZA	Chiptian and the Chiptian
1. REGULATION 55 Pa.Codo §2600 2600.42(s) - A resident has the right to privacy of self and post bething, dressing, changing and medical procedures.	
2a. DESCRIPTION OF VIOLATION On 7/17/17, no lock was present on the common bathroom door, acc	russ from bedroom 103, to allow for privacy while in use.
3. PLAN OF CORRECTION (POC) (Allach pages as necessary). Remendenced allows for correct the violation described above and steps to proventimmediately, include dates by which the steps will be completed.	nber that you must sign and date any attached pages.) I a similar violation from occurring again. If alops cannot be completed
1 Alackwasplaced on Outhroom	door 7.17.17
System in place to check all bathroom's to condition	ensure lhere is a lock and it is in operable
 Maintenance director and administrator to perfect the check all locks on common bathrooms are 	perform physical site at least once a month to operable
	·
•	
,	
	See Page 9A of 32
Repeat Violation: Yes Date(s) of Previous Violation(s):	08/04/2016 et al
Signaturo of Logal Entity Representative (Required on EVERY Page)	DK. I
Printed Name and Title of Logal Entity Representative (Required on EVERY Page)	AMINICAVATOR Dato 1-17.18
DEPARTMENT USE ONLY - HOMES	MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of 3/20/18 (Date)	Plan of correction implementation status as of $\frac{3}{20/18}$
	Fully Implemented (Oate)
ا م	Partially Implemented - Adequate Progress

The above plan of correction was approved by

Partially Implemented - Inadequate Progress

Not implemented

Page 9 of 32 Violation Report: 43108 - 07/17/2017 - Roser, Ashley PCH Name: SENIOR CARE PLAZA 1. REGULATION 55 Pa.Code §2800 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures. 2a, DESCRIPTION OF VIOLATION On 7/17/17, no lock was present on the common bathroom door, across from bedroom 103, to allow for privacy white in use. 3. PLAN OF CORRECTION (POC) (Aliach pages as necessary. Remember that you must sign and date any attached pages.) include sleps to correct the violation described above and steps to prevent a similar violation from occurring again. It steps cannot be completed immediately, include dates by which the steps will be completed. Immediately: A lock shall be placed on the common bathroom door, across from bedroom #103. Within 6 days of receipt of the plan of correction: A designated staff person shall inspect all shared bathroom doors to ensure an operable lock is present on the door to afford privacy while in use. Repeat Violation: Yes Date(e) of Previous Violation(s): Signature of Legal Entity Representative (Required on EVERY Page) -Printed Name and Title of Legal Entity Representative (Required on EVERY Page) (DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE! The above plan of correction is approved as of Plan of correction implementation status as of (Date) (Dale) Fully Implemented Partially Implemented - Adequate Progress

(Initials)

Partially Implemented - Inadequate Progress

kini implemented

	(// h) V (an Page 40 at 89
Violation Report: 43108 - 07/17/2017 - Roser, Ashley PCH Name: SENIOR CARE PLAZA	JAN 3 1 20 Page 10 of \$2
1. REGULATION 55 Pa.Code §2800 2800.64(c) - An administrator shall have at least 24 hours of annual	ral training relating to the job duties.
2a. DESCRIPTION OF VIOLATION Staff person A, the home's administrator, completed only 18 hours of an	nual training during the 2016 Iraining year.
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember include steps to correct the violation described above and steps to prevent a sinumodiately, include dates by which the steps will be completed.	imitar violation from occurring egain. It steps cannot be completed
4 additional baining hous were co bearing year.	supleted towards the 2016
 Administrator was unaware the remaining 6 credits. VILLITATION OF CLASS WELL 1. Administrator was educated on different well Administrator will compete all 24 credits per approved 	ompleted by Administrator
	-
	See Page 10A of 32
Repeat Violation: Yes Date(9) of Previous Violation(8): OB	104/2016et al
Signature of Logal Entity Representative (Required on EVERY Page)	
Printed Name and Title of bagai Entity Representative (Regulred on EVERY Page)	MAY 14-72 Dato \ 27.158
DEPARTMENT USE ONLY - HOMES MA	/ NOT WRITE BELOW THE LINE
The above plan of correction is approved as of 3/20/18 (Date)	Plan of correction implementation status as of 3/20/18 (Date)
The above plan of correction was opproved by (Initials)	Fully Implemented Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not Implemented

	NAC 9 6 2003 Page 10 of 32
Violation Report: 43106 - 07/17/2017 - Roser, Ashfey PCH Name: SENIOR CARE PLAZA	
1. REGULATION 55 Pa.Code §2600	
2600.64(c) - An administrator shall have at least 24 hours of a	nnual training relating to the Job duties.
, , , , , , , , , , , , , , , , , , ,	
2a. DESCRIPTION OF VIOLATION Staff person A, the home's administrator, completed only 18 hours of	l annual training during the 2016 training year.
3. PLAN OF CORRECTION (POC) (Attach pages as necessary, Remem Include steps to correct the violation described above and steps to preventimmediately, include dates by which the steps will be completed.	aber that you must sign and date any attached pages.) I a similar violation from occurring again. If slaps cannol be completed
Immediately: The administrator shall review his/her training recordeast 24 hours of Department-approved annual training relating to year.	ds quarterly to ensure he/she has completed at their job duties during each established training
Immediately: The administrator's training shall be reviewed durin accordance with 2600,26b.	g the home's quality management review in
•	·
Repeat Violation: Yes Date(a) of Provious Violation(s):	08/04/2018 A al
Signature of Legal Entity Representative (Required on EVERY Page)	Deal)
Printed Name and Title of Legal Entily Representative (Required on EVERY Page)	MM1 AVATR Date 3.20.18
DEPARTMENT USE ONLY - HOMES I	MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of	Plan of correction implementation statue as of
(Date)	(Date)
	Fully Implemented
	Parisity implemented Adminis Oronzona

Partially Implemented - Inadequate Progress

Violation Report: 43108 - 07/17/2017 - Roser, Ashley Page 11 of 32 PCH Name: SENIOR CARE PLAZA 1. REGULATION 55 Pa.Code §2500 Alikaka pinan ngame 2800.65(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 acreening 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, mainutrition and dehydration. (5) Personal care service needs of the resident. (6) Safe management techniques. (7) Care for residents with mental illness or mental returdation, or both, if the population is served in the home. 2a. DESCRIPTION OF VIOLATION Direct care staff person B, hired 7/10/14, and direct care staff person C, hired 11/19/15, did not receive Iraining in the following topics Medication self administration * Instructions on mostling the needs of the residents as described in the preadmission screening form, assessment tool, medical 3. PLAN OF CORRECTION (POC) (Alinch 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 1. Staff members B & C were educated on above topics 2. System in place to ensure all staff members are educated on all training topics according to 2600.65f 3. Director of resident care and administrator will check all employee training sign in form to guarantee all staff wore present day of training and have an additional date planned for those who were not in attendance. Seo Page 11A of 35

Repeat Violation: No	Date(s) of Previous	Violation(s):		The	rage	777 01	22
Signature of Legal Entity Re (Required on EVERY Page)	epresentativo o		2	<u></u>			
Printed Name and Tille of L [Required on EVERY Page]	agal Enyty Reprose	htativa 21001, At	MANNIAYATI	<u> </u>	Date	07.18	
DEPAR	RTMENT USE ON	LY - HOMES M	AY NOT WRITE	BELOI	W THIS L	INEI	-
The above plan of correction	1 io approved as of	3/20/18 (Date)	Plan of correct				3/20/18
			Fully Imple	emonted			(Da(o)
The share of the same		1	Partially In	nplemonte	ed - Adequa	lo Progresa	
The above plan of correction) was approved by	(Initiala)				ate Progress	L
		(indiais)	Not implen				v –

		7 (2 to 18 18 18 18 18 18 18 18 18 18 18 18 18	F	age 11 of 32
Violation Report: 43106 - 07/17/2017 - Roser, A PCH Name: SENIOR CARE PLAZA	vahley	- 1000 2 0 000 ·		·
1. REGULATION 55 Pa,Code §2600 2600.85(f) - Training topics for the annual tra (1) Medication self-administration training. (2) Instruction on meeting the needs of the medical evaluation and support plan. (3) Care for residents with dementia and code (4) Infection control and general principles prevention of decubitus ulcers, incontinence (5) Personal care service needs of the residents with mental illness code (7) Care for residents with mental illness code.	e residents as desc cognitive impairme s of cleantiness and , mainutrition and d sident.	orlbed in the pread nts. I hygiene and area dehydration.	mission screening form, asse s associated with immobility,	such as
2a. DESCRIPTION OF VIOLATION Direct care staff person B, hired 7/10/14, and directions the 2016 training year; * Medication self administration * Instructions on meeting the needs of the reside evaluation, and support plan				
3. PLAN OF CORRECTION (POC) (Attack pages include steps to correct the violation described above immediately, include dates by which the steps will be	e and slaps to preven	ber that you must sign a similar violation from	and data any attaohed pages.) I occurring again. Il sleps cannol be	completed
Immediately: Staff persons B and C shall rec described in the preadmission screening form Documentation of the education shall be kept	ı, assessment lool, r	uction on meating th nedical evaluation ar	e needs of the realdents as nd support plan.	
immedialely: The administrator or designated care staff persons receive annual training on a Documentation of the system shall be kept.	f slaff person shall d all topics specified in	levelop and impleme n 2600.85f during ear	ni a system to ensure all direct ch established training year.	
Immediately: Direct care staff training shall b accordance with 2600,26b. Documentation o			ality management review in	
	·			
Repeat Violation: No Date(s) of Previous	us Violation(s);	\wedge		····
Signature of Legal Entity Representative (Required on EVERY Page)		00		
Printed Name and Title of Legal Entity Repres	aghility A	MINISTATO	12. Date 7.20.18	
DEPARTMENT USE O	NLY - HOMES I	MAY NOT WRITE	BELOW THIS LINE	
The above plan of correction is approved as of	ŀ	•	lon implementation status as of	
•	7-2-4	Fully Imple	emented	(Date)
		3-mas	nplemented - Adequate Progress	
The above plan of correction was approved by	(initials)	Partially in	iplemented - Inadequate Progre	9\$

(Initials)

Partielly Implemented - Inadequate Progress

Not Implemented

•	Page 12 of 32
Violation Report: 43106 - 07/17/2017 - Roser, Ashley PCH Name: SENIOR CARE PLAZA	1 880 (4 0) 04
1. REGULATION 55 Pa.Ocde §2600 2600.65(i) - A record of training including the staff person training any certificates received, shall be kept.	ained, date, source, content, length of each course and coples
2a. DESCRIPTION OF VIOLATION The home's training records, including training records for direct contilicates for the 2016 training year.	ফাৰ ধাৰ্মা persons B & C, do not include training dates on the training
 PLAN OF CORRECTION (POC) (Attach pages as accessary. Rem Include steps to correct the violation described above and steps to prev immediately, Include dates by which the steps will be completed. Immediately: A record of Iralning shall be kept for all Irainings specified in 2600.661. 	vent a similar violation from occurring again. It steps cannot be completed
immediately, then quarterly thereafter: A designated staff persitems specified in 2600,651 are present on each record of training	on shall review all records of staff training to ensure all ing.
•	
ŀ	
	•
•	
Repeat Violation: No Pale(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)	10 D
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	11715+V1+7R Date 3.20.18
DEPARTMENT USE ONLY - HOMES	MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of (Date)	Plan of correction implementation status as of
(Duito)	Fully implemented (Date)
	Partially Implemented - Adequate Progress
The above plan of correction was approved by (Initials)	Partially Implemented - Inadequate Progress

REPORTED.

Violation Report: 43106 - 07/17/2017 - Roser, Ashley	106 9 1 2060 Page 13 of 32
PCH Name: SENIOR CARE PLAZA	Washington and a second
 REGULATION 66 Pa.Codo §2600 2600.68(b) - The plan must include training aimed at impropersons in carrying out their job responsibilities. The staff (1) The name, position and duties of each direct care sta (2) The required training courses for each staff person. (3) The dates, times and locations of the scheduled train 	aff person.
2a. DESCRIPTION OF VIOLATION The home's 2017 staff training plan does not include the dates, if the training year.	imes, and tocations of the scheduled training for each staff person for
3. PLAN OF CORRECTION (POC) (Attach pages as accessary. Reinfolder stops to correct the violation described above and stops to presimmediately, include dates by which the steps will be completed.	member that you must sign and date any attached pages.) event a sladiar violation from occurring again. If steps connot be completed
·	,
Document was updated to include da	ite time and legation of each training
	"
•	e, and location of each staff training.
	to ensure all documents have the necessary items
per regulation 2600.66b	
•	
•	·
· ·	
Repeat Violation: No Date(s) of Provious Violation(s):	
Signature of Logal Entity Representative [Regulred on EVERY Page]	Aluc D
Printed Name and Yitle of Legal Entity Representative (Required on EVERY Page)	: AMMINIAVATIV DOLO 1-27.18
DEPARTMENT USE ONLY - HOME	S MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of 3/30//8 (Date)	Plan of correction implementation status as of 3/30/18
The above plan of correction was approved by (Inilials)	Fully Implemented Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not Implemented

\mathbf{p}_{n}	пa	14	of.	77
Гu	uч	14	$\mathbf{D}\mathbf{I}$	32

		Page 14 of 32
Violation Report: 43106 - 0 PCH Name: SENIOR CARE	•	JAN 3 1 2013
.1. REGULATION 55 Pa.Cod 2600.85(a) - Sanllary con	le §2800 dillions shall be mainlained.	Contract of the State of the St
2a. DESCRIPTION OF VIOL Resident #7's glucometer wa Date: Time: 7/18/17 7:46 AM 7/17/17 3.06 PM 7/16/17 7:50 AM 7/15/17 4:11 PM 7/14/17 8:25 AM		is for resident #4 on the following dates and limes:
Resident #9's glucomotor wa	as used to measure blood glucose level.	la for resident #1 on 7/11/17 at 8:22 AM.
Include slops to correct the v		mber that you must sign and date any attached puges.) It is similar violation from occurring again. If stops cannot be completed
2. Staff was re off each da only used o 3. Director of p	e educated on the Importance of while performing diabetic tases in the resident it's assigned for resident care and administrato	of sanitary conditions, system in place to sign sks that all glucometers are working and were will check signed documents daily to ensure sed on resident it is assigned to
	·	See Page 14A of 32
Repeat Violation; No	Dato(s) of Previous Violation(s);	
Signature of Legal Entity 		00.7
Printed Name and Title of [Required on EVERY Page	Logal Eritity Representative	MM/87/17 Data 17.190
The above plan of correct	7/2.110	Plan of correction implementation status as of 3/20/18 (Date)
The above plan of correct	ion was approved by [Initials]	Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not Implemented

Page	*	¥	
Page	14	οf	32

Violation Report: 43106 - 07/ PCH Name: SENIOR CARE P			Page 14 01 32
1. REGULATION 55 Pa.Code 2800.85(a) - Sanitary condi		MAR 2 0 2018	
2a. DESCRIPTION OF VIOLA Resident #7's glucomater was Date: Time: 7/18/17 7:46 AM 7/17/17 3.06 PM 7/16/17 7:50 AM 7/15/17 4:11 PM 7/14/17 8:25 AM		for realdent #4 on the following dates and times:	
Realdent #9's glucometer was	used to measure blood glucose levels .	s for resident#1 on 7/11/17 at 8;22 AM.	
Include steps to correct the violimmediately. Include dates by some immediately: The home at purchased by the home, the immediately: Each resider possibility of shared glucon Documentation of the notific based on the recommendation of the differentiated by a Certified Corresident's blood sugar with Documentation of the educated by the educated by a Certified Corresident's blood sugar with Documentation of the educated by a Certified Correction of the educated Correction of the e	lation described above and steps to prevention the steps will be completed. The steps will resident glucometers, at the steps with the resident physician, that receive bid the steps will be steps with the recommentations and the physician, the recommentions shall be maintained by the home the plan of correction: All staff person plabetic Educator on proper blood sugartheir own, labeted glucometer, and the staff or shall be kept. The plan of correction: A designated reon responsible for diabetic care performers.	ood augar testing, will be notified, in writing, of the ade by the physician should be followed. Idallons of the physician and the home's follow-up	
Repeat Violation: No	Date(s) of Previous Violation(s);		
Signature of Legal Entity Re (Regulred on EVERY Page)	presentative		
Printed Name and Title of L [Regulred on EVERY Rage]	ogal Entity Representative	MMISTVATOR DATE 3.20	.10
DEPAR	TMENT USE ONLY - HOMES I	MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction	(Date)	Plan of correction implementation status as Fully implemented Partially implemented • Adequate Progre	(Date)
The above plan of correction) was approved by	Partially Implemented - Inadequate Prop	300)

) Page 15 of 32
--	----------------------

Violation Report: 43106 - 07/17/2017 - Roser, Ashley PCH Namo: SCNIOR CARE PLAZA	JAN 3 1 2018
REGULATION 55 Pa,Codo §2600 2600.85(a) - Sanitary conditions shall be maintained.	POST POST A SECURITORS Permit A Secret Charles
2a. DESCRIPTION OF VIOLATION On 7/17/17, the home's main kitchen had numerous grease and food particles on the 10 burner stove and back splash. The back grates of the juice machine were coated in dust, and a thick layer of cheeries and food particles were observed under the juice machine. The interior of the white microvrave contained multiple food stains, approximately 1 inch in circumference, and food particles and splatter were observed throughout the interior.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary, Remer Include alops to correct the violation described above and steps to prevention mediately, include dates by which the steps will be exampleful.	mber that you must sign and date any attached pages.) It a similar violation from occurring again. If stops cannot be completed
The main kitchen was deep cleaned o	n 7/18/17 all unsanitary conditions were removed
	nce of sanltary conditions, system in place for
main kitchen to be deep cleaned mon 3. Administrator and Dietary director to a	·
ensure system is working and kitchen	observe kitchen sanitary conditions once a day to
	See Page 15A of 32
Ropeat Violation: No Data(a) of Previous Violation(a): Signature of Logal Entity Roprosentative (Required on EVERY Page) -	Nat
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	AMMINISTRATO Date 1.77.18
The above plan of correction is approved as of 3/20/18 (Oute)	Plan of correction implementation status as of 3/30/18' (Date)
The above plan of correction was approved by (initials)	Fully Implemented Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not Implemented

Violation Report: 43108 - 07/17/2017 - Roser, Ashley PCH Name: SENIOR CARE PLAZA	
1. REGULATION 55 Pa.Code §2800 2600.85(a) - Sanitary conditions shall be maintained.	
2a. DESCRIPTION OF VIOLATION On 7/17/17, the home's main kilchen had numerous grease and food particles on the 10 burner slove and back splash. The back grates of the juice machine were coated in dust, and a thick leyer of cheerios and food particles were observed under the juice machine. The interior of the white microwave contained multiple food stains, approximately 1 inch in circumference, and food particles and splatter were observed throughout the interior.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary, Remember that you must sign and date any attached pages.) Include sleps to correct the violation described above and sleps to prevent a similar violation from occurring again. If sleps cannot be completed immediately, include dates by which the sleps will be completed. Immediately: The 10 burner slove, the juice machine and white microvieve shall be cleaned.	
Immediately: The administrator or designated staff parson shall develop and implement a daily checklist to ensure sanitary conditions are maintained. Decumentation of the daily checklist shall be kept. All staff persons shall be educated on the new checklist.	
,	
Daniel Maria	
Repeat Violation: No Date(s) of Previous Violation(s): Signature of Legal Entity Representative (Required on EVERY Paget 1.4 V 1.4	
Printed Name and Title of Legal Entity Representative AMM MISTAR Date 3.20, 18	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of(Date) Plan of correction implementation status as of(Date)	
Fully Implemented	
The above plan of correction was approved by [Partially Implemented - Adequate Progress [Partially Implemented - Inadequate Progress [Initials]	

Violation Roport: 43108 - 07/17/2017 - Roser, Astriley PCH Name: SENIOR CARE PLAZA	(100 to 0.10 t	
1. REGULATION 65 Pa.Code §2800 2600.85(e) - Trash outside the home shall be kept in covered re rodents.	acaptacles that prevent the penetration of insects and	
2a. DESCRIPTION OF VIOLATION There is no lid on the 1/4 full trash can in the external courtyard by the	se double glass doors.	
3. PLAN OF CORRECTION (POC) (Allash pages as necessary. Rement Include stops to correct the violetian described above and stops to prevent immediately, include dates by which the steps will be completed.	ber that you must sign and date any attached pages.) a similar violation from occurring again. If steps cannot be completed	
1. Lid was placed on trash can 7/17/17		
	to chank troop ages to an au-	
Dally rounds in order for all housekeepers to check trash cans to ensure there is a lid on each one		
3. Housekeeping supervisor and Administrato	or will do daily rounds on all trach onne to	
check there is a lid on all cans both in and	outside of facility	
	Satisfies of Identity	
•		
	^	
	See Page 16A of 32	
	08/04/2018	
Signature of Logal Entity Representative (Regulard on EVERY Page)	luca	
Printed Name and Title of Cenal Entity Representative (Regulted on EVERY Page)	AMINICAY AT DATO 1-77-18	
DEPARTMENT USE ONLY - HOMES N	TAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of 3/30/18 (Date)	Plan of correction implementation status as of 3/30/18 (Date)	
·	Fully Implemented	
The above plan of correction was approved by	Partially Implemented - Adequate Progress	
(Iulilaja)	Partially Implemented - Inadequate Progress Not Implemented -	

Violation Report: 43106 - 07/17/2017 - Roser, Ashley PCH Name: SENIOR CARE PLAZA	1 dgv to of og
1. REGULATION 55 Pa.Code §2800 2800.85(e) - Trash outside the home shall be kept in covere rodents.	d receptacles that prevent the penetration of insects and
2a. DESCRIPTION OF VIOLATION There is no lid on the 1/4 full tresh can in the external countyard by	y lhe double glass doors.
immadiately, include dates by which the steps will be completed.	rent a similar violation from occurring again. If stops cannot be completed
Immediately: A lid shall be placed on the trash can in the exter	
Immediately, then daily thereafter: A designated staff person a outside the home is kept in covered receptacles. Documentalis	hall Inspect the exterior grounds to ensure all trash on of the checks shall be kept.
	•
_	·
Repeat Violation: Yes Date(s) of Previous Violation(s):	08/04/2018 et al
Signature of Legal Entity Representative (Required on EVERY Page)	C)
Printed Name and Title of Legal Entity Representative	
(Required on EVERY Rage) JMM TW FIGUR	AlmmitVity Date 3.20.19
DEPARTMENT USE ONLY - HOMÉS	MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of (Date)	Plan of correction implementation status as of (Date)
	Fully Implemented
	Parlially implemented - Adequate Prograss
The above plan of correction was approved by (initials)	Partially Implemented - Inadequate Progress

Page 17 of 32 Violation Report: 43106 - 07/17/2017 - Roser, Ashley POH Namo: SENIOR CARÉ PLAZA Barrier State of the State 1. REGULATION 55 Pa.Code §2600 2600.88(a) - Floors, walls, cellings, windows, doors and other surfaces must be clean, in good repair and free of hazards. 2a, DESCRIPTION OF VIOLATION On 7/17/17, the drop celling in the linen closest by the common shower room was missing a 26" X 7" celling tile. In addition, a black waste basket was wedged between the ceiling tile support rails and the ceiling. The surrounding ceiling tiles contained numerous water The latching mechanism on the door in bedroom #211 is broken, preventing the door from properly jatching. A 2" wide X 7/8" deep piece of fiberglass flooring is broken alf, next to the floor drain in the 1st floor shower room, exposing sharp edges, posing a skin tear hazard. The 4th floor, which is currently undergoing renovation and not in use, can be accessed via the main elevator. Multiple safety hazards were observed on the 4th floor, to include the following: * A 4" X 4" X 4' piece of wood, with the sheep tips of 4 nells protruding, was laying on the floor Exposed electrical wires Multiple 5 gallon buckets of cement and caulking Dedroom carpets were torn up, exposing aplintering wood on the floor 3. PLAN OF CORRECTION (POC) (Attach pages as accessary. Remember that you must sign and date any attached pages.) include steps to correct the violation described above third steps to provent a stritter violation from occurring again. If steps cannot be completed immediately, include dates by which the slope will be completed. 1. Ceiling tile was replaced, garbage can was removed, ceiling was inspected for any hazards, locking mechanism was replaced. System in place for physical site of home to be done to ensure all hazards are handled. properly. Maintenance director and administrator will conduct physical site of home once a month to fix any hazards or potential hazards See Page 17AOF 32 Date(s) of Previous Violation(s): Repeat Violation: No Signature of Legal Entity Reprojentative (Required on EVERY Page) Printed Name and Title of Logal Entity Representative Date (Regulred on EVERY Page) DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE! 3/20/18 The above plan of correction is approved as of Plan of correction implementation status as of (Date) Fully implemented

(Initials)

The above plan of correction was approved by

Partially Implemented - Adequate Progress

Not implemented

Partially Implemented - Inadequate Progress 7

	1	A	
Page	17	of	32

Page 17 of 32		
Violation Report: 43106 - 07/17/2017 - Roser, Ashley PCH Name: SENIOR CARE PLAZA		
1. REGULATION 55 Pa.Code §2600 2600.88(a) - Floors, walls, cellings, windows, doors and other surfaces must be clean, in good repair and free of hazards.		
2a, DESCRIPTION OF VIOLATION On 7/17/17, the drop celling in the linen closest by the common shower room was missing a 25" X 7" ceiling tile. In addition, a black waste basket was wedged between the ceiling tile support rails and the celling. The surrounding ceiling tiles contained numerous water stains.		
The latching mechanism on the door in bedroom #211 is broken, preventing the door from properly tatching.		
A 2" wide X 7/8" deep place of fiberglass flooring is broken off, next to the floor drain in the 1st floor shower room, exposing sharp edges, posing a skin tear hazard.		
The assessment for resident #6, dated 10/9/16, Indicates the resident has dementia, requires some supervision within the home, tenda to wander, and requires assistance during evacuations with use of a wheeled walker. The resident's support plan, dated 10/9/16, indicates staff will assist as needed, escont and show the resident which way to go during an evacuation. On 7/17/17 at 3:45 PM, resident #6 was observed unsupervised on the 4th floor, which is currently undergoing renovation and not in use. The resident gained access to the 4th floor via the main elevator. The resident was discrimined, could not locate the exits and indicated he/she has been walking so much that he/she huns. Multiple safety hezards were observed on the 4th floor, to include multiple places of wood with exposed, sharp nall tips and numerous exposed electrical wires.		
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include sleps to correct the violation desorbed 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 latching mechanism on the door in bedroom #211 shall be repaired or replaced. Immediately: The 4th floor shall be secured and inaccessible to residents until renovations are complete.		
Immediately: A designated staff person shall inspect the home, on a delly basis, to ensure all floors, walls, cellings, windows, doors and other surfaces are clean, in good repair and free of hazards. Any items found to be uneanitary, in disrepair or hazardous, shall immediately be cleaned, repaired or replaced. The delly checks shall also include a check of the 4th floor to ensure the floor is secure and inaccessible to residents until renovations are complete. Occumentation of the checks shall be kept.		
Repeat Violation: No Date(e) of Previous Violation(e):		
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JAN HW TIME AMMISTVATA Date 3.20.18		
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of Plan of correction implementation status as of		
(Date) Fully Implemented Partially Implemented - Adequate Progress The above plan of correction was approved by (Date) Partially Implemented - Inadequate Progress		

8105 1 F MAL Page 18 of 32 Violation Report: 43106 - 07/17/2017 - Roser, Ashley PCH Name: SENIOR CARE PLAZA 1. REGULATION 65 Pa.Code §2800 2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open. 2a. DESCRIPTION OF VIOLATION There are no screens in multiple windows in the home, to include bedrooms #211, #308, #318 and the top, right window in the dining 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. 1. Screens were placed in windows on 7/17/17 2. System in place for physical site of home to be conducted once a month to check that all windows have screens 3. Maintenance director and administrator to inspect all windows throughout home to ensure each one has a screen QMMH(/) Su Page 18A of Repeat Violation: No Date(s) of Previous Violation(s): Signature of Legal Entity Representative (Required on EVERY Page) Printed Name and Title of Degal Entity Representati (Required on EVERY Page) DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE! The above plan of correction is approved as of Plan of correction implementation status as of (Date) Fully Implemented Partially Implemented - Adequate Progress The above plan of correction was approved by Partially Implemented - Inadequate Progress Not implemented

· · · · · · · · · · · · · · · · · · ·	[韓國] ## 영 요양[韓	
Violation Report: 43108 - 07/17/2017 - Roser, Ashley PCH Name: SENIOR CARE PLAZA		
1. REGULATION 55 Pa.Code §2500 2600.92 - Windows, including windows in doors, must be in good open.	repair and securely screened when doors or windows are	
2a. DESCRIPTION OF VIOLATION There are no screens in multiple windows in the home, to include bedroom.	oms #211, #308, #316 and the top, right window in the dining	
3. PLAN OF CORRECTION (POC) (Altach pages as accessary. Remember include steps to correct the violation described above and steps to prevent a stammediately, include dates by which the steps will be completed. Immediately: Screens shall be placed in the windows of bedrooms #	similer violetion from occurring again. If steps cannot be completed	
dining room. Immediately, then monthly thereafter: A designated staff person shall inspect all windows, including windows in doors, to ensure they are in good repair and securely screened.		
	,	
Repeat Violation: No Date(s) of Previous Violation(s):		
Signature of Legal Entity-Representative [Required on EVERY Page]		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	MINISTRATE Date 3.20.18	
DEPARTMENT USE ONLY - HOMES MA	Y NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of (Date)	Plan of correction implementation status as of	
	(Date) (Date)	
}	Partially Implemented - Adequate Progress	
The above plan of correction was approved by	Partially Implemented - Inadequate Progress	

Violation Report: 43106 - 07/17/2017 - Roser, Ashley PCH Name: SENIOR CARE PLAZA	是是100000000000000000000000000000000000	
1. REGULATION 55 Pa.Codo §2600 2600-102(i) - A dispenser wilh soap shall be provided within rea unless there is a separate bar clearly labeled for each resident	ach of each ballyroom sink. Bar soan is not permitted	
2a. DESCRIPTION OF VIOLATION On 7/17/17, there was an unlabeted bar of white soap at the sink in the 1st floor common shower room.		
3. PLAN OF CORRECTION (POC) (Attach pages as accessary. Remonstructed above and steps to prevent functionally, include dates by which the steps will be completed.	ber that you must sign and date any attached pages.) a similar violation from occurring again. If stops cannot be completed	
1. Unlabeled soap was removed on 7/17/1	7	
Staff was re educated on regulation 102(i) and where they could find house stock of hygiene products		
 Director of resident care and housekeep bathrooms after each use to ensure all h discard any that are not 	ing supervisor will inspect all common ygiene products are properly labeled and	
· ·		
Repeat Violation: No Defects of Previous Violation(s);		
Signature of Legal Entity Representative (Required on EVERY Page)	100-	
Printed Name and Title of Logal Eutity Representative	aminity of the 1-1718	
DEPARTMENT USE ONLY - HOMES N	MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of 5/20/18 (Dato)	Plan of correction implementation status as of 3/30/18 (Date)	
The above plan of correction was approved by (initials)	Fully implemented Partially implemented - Adequate Progress Partially implemented - Inadequate Progress Not implemented	

	19 19 19 19 19 19 19 19 19 19 19 19 19 1
	IAM 9 1 2012 Page 20 of 32
Violation Report: 43106 - 07/17/2017 - Roser, Ashley PCH Name: SENIOR CARE PLAZA	
1. REGULATION 55 Pa.Code §2600 2600.103(f) - Food requiring refrigeration shall be stored at or I Thermometers are required in refrigerators and freezers.	pelow 40°F. Frozen food shall be kept at or below 0°F.
2a, DESCRIPTION OF VIOLATION On 7/17/17, at 3:41 PM, the refrigerator temperature of the refrigeration.	orffreezor in the 3rd floor kitchenette was 50 degrees Fahrenhelt.
 PLAN OF CORRECTION (POC) (Attach pages as necessary. Remein Include alops to correct the violation described above and stops to prevent immediately, include dates by which the stops will be completed. 	ber that you must sign and date any attached pages.) a similar violation from occurring again. If steps cannot he completed
floor temperature read 35 degrees fahre 2. System in place for dietary staff to record before placing any food inside for proper 3. Dietary supervisor and administrator will	temperatures of each floor refrigerator/freezer
	See Page 20A of 32
Repeat Violation: Yes Date(s), of Previous Violation(s):	08/04/2918e+a1
Signature of Legal Entity Representative (Required on EVERY Page)	01/4
Printed Name and Title of Legal Entity Representative (Regulrod on EVERY Page)	11/11/11/AVALIV Dato 1.27.18
DEPARTMENT USE ONLY - HOMES I	MAY NOT WRITE BELOW THIS LINE
The above plan of correction is approved as of 3/20/18 (Date)	Plan of correction implementation status as of 3/30/18

(Initials)

The above plan of correction was approved by

Fully implemented

Not implemented

Partially Implemented - Adequate Progress

Partially Implemented – Inadoquate Progress

BUDGIVED

Page 21 of 32 Violation Report: 43108 - 07/17/2017 - Roser, Ashley PCH Name; SENIOR CARE PLAZA 1. REGULATION 55 Pa.Code §2800 2600.103(g) - Food shall be stored in closed or sealed containers. 26. DESCRIPTION OF VIOLATION On 7/17/17, the following items were open and unscaled in the SDCU kitchenette area: 1 1 package of Lance cheese crackers * 1 bag of Shear's choose core puffa * 1 cup of fruit loops On 7/17/17, the following items were open and unseafed in the home's main freezer: 1 sleave of pancakes 1 box of sausage patties 1 box of turkey burgers * 1 bag of chrimp * 1 bag of cheese plerogles On 7/17/17, an uncovered plate, containing 2 pieces of pizza, was in the SDCU klichenette refrigerator. 3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) include slops to conget the violation described above and sleps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed. 1. All Items were removed and thrown away on 7/17/27 2. All staff was re educated 7/28/17 on regulation 2600.103(g) 3. Inspection of kitchen to be done after every meal prep to ensure all food is scaled and stored properly .4. Dietary director and administrator will review checklist daily to ensure all food is stored and sealed properly See Page 21A of 32 Dato(s) of)Previous Violation(s): Repeat Violation: No Signature of Logal Entity Representative (Regulred on EVERY Page) Printed Name and Title of Legal Entity (Required on EVERY Page) DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE! 3/20/18 The above plan of correction is approved as of Plan of correction implementation status as of (Date) Fully implemented Partially Implemented - Adequate Progress The above plan of correction was approved by Partially Implemented - Inadequate Progress 7 (Initials) Not implemented

Violation Report: 43108 - 07/17/2017 - Roser, Ashley PCH Name: SENIOR CARE PLAZA	,
1. REGULATION 55 Pa.Code §2600 2600.103(g) - Food shall be stored in closed or sealed contained	ors.
2a. DESCRIPTION OF VIOLATION On 7/17/17, the following items were open and unscaled in the SDCL * 1 package of Lance cheese crackers * 1 bag of Shear's cheese corn puffs * 1 cup of fruit loops	Uklichenelle øree: MAR 2 0 2018
On 7/17/17, the following Items were open and unsealed in the home 1 sleeve of pancakes 1 box of sausage pattles 1 box of turkey burgers 1 bag of shrimp 1 bag of cheese plerogles	
On 7/17/17, an uncovered plate, containing 2 pieces of pizza, was in	the SDCU kitchenette refrigerator.
 PLAN OF CORRECTION (POC) (Allach pages as necessary. Rememingled sleps to correct the violation described above and sleps to prevent immediately, include dates by which the slops will be completed. 	
immediately: A designated staff person shall check all food storag a dally basis to ensure all food is stored in closed or sealed contain	
Within 5 days of receipt of the plan of correction: All staff persons closed or sealed containers. Documentation shall be kept.	shall be educated that all food shall be stored in
	·
,	
•	
Repeat Violation: No Date(s) of Previous Violation(s):	Λ·
Signature of Legal Entity Representative (Required on EVERY Page)	J
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	N1HV40P Date 3.20.18
DEPARTMENT USE ONLY - HOMES A	NAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of (Date)	Plan of correction implementation status as of
(Date)	(Dale) Fully Implemented
	Partially Implemented - Adequate Progress
The above plan of correction was approved by	Partially Implemented - Inadequate Progress

	JAN 8 1 2018 Page 22 of 32
Violation Report: 43106 - 67/17/2017 - Roser, Ashley PCH Name: SENIOR CARE PLAZA	#### ### ############################
1. REGULATION 66 Pa.Code §2600 2600.121(a) - Stairways, hallways, doorways, passageways a unlooked and unobstructed.	and egress routes from rooms and from the building must be
Za. DESCRIPTION OF VIOLATION The gate in the enclosed courtyard, which exits to 5th Ave., is locke from the courtyard. The keypad to unlock the gate is located inside	ed with a magnetic locking device, preventing immediate ogross the exit doors that exit into the coudyard.
 PLAN OF GORRECTION (POC) (Affact pages an necessary. Remo- include steps to cornect the violetion described above and steps to prove immediately, include dates by which the steps will be completed. 	umber (hat you must sign and date any attached pages.) ant a similar violation from occurring again. If steps cannot be completed
believe this is not violating any regulations at 40ft from building. It gives residents the oppositions warmer months. This gate prevents trespass event of an emergency inside the facility the area of one must use that exit in the event becomes disengaged allowing for immediated disengages during an emergency i feel as the 2600.121(a)	contunity to freely roam outside of the home, sortunity to freely roam outside during sets entering the facility uninvited And in the black plan of Could be used as a cafe countyard itself could be used as a cafe of an emergency the locking mechanism the egress to 5th ave. being that lock hough this is not violating regulation
Immidiately: The home shall ensue he the coveryard in accordance with 1	his assessments and support
1 WC2. 4-3/20/18	See Page 22A of 32
Repeat Violation: Yes Dato(s) of Previous Violation(s):	12/22/2016
Regulred on EVERY Page X MALL	Wat
Printed Name and Tille of Legal Entity Representative Required on EVERY Page)	HIMMIGYETY Date 1.27-17
DEPARTMENT USE ONLY - HOMES I	MAY NOT WRITE BELOW THIS LINE
The above plan of correction is approved as of 2018 (Date)	Plan of correction implementation status as of 3/36/18
The above plan of correction was approved by (initials)	Fully Implomented Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not Implemented

Violation Report: 43108 - 07/17/2017 - Roser, Ashley PCH Name: SENIOR CARE PLAZA		
1. REGULATION 55 Pa.Code §2600 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.		
2a. DESCRIPTION OF VIQLATION The gate in the enclosed courtyard, which exits to 5th Ave., is locked with a magnetic locking device, preventing immediate egress from the courtyard. The keypad to unlock the gate is located inside the exit doors that exit into the courtyard.		
3, PLAN OF CORRECTION (POO) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include sleps 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 gate in the enclosed courtyard, which exits to 6th avenue, shall be unlocked and unobstructed.		
immediately: A designated staff person shall check all stairways, hallways, doorways, passagaways and egress routes from rooms and from the building, including the gate in the enclosed countyard which exits to 5th evenue, on a daily basis to ensure they are unlocked and unobstructed.		
Within 5 days of receipt of the plan of correction: All staff persons shall be educated that all stairways, hallways, doorways, passageways and agrees routes from rooms and from the building, including the gate in the enclosed courtyard which exits to 5th avenue, must be unlocked and unobstructed. Documentation of the education shall be kept.		
·		
Repeat Violation: Yes Catels) of Previous Violation(s): 12/22/2018		
Signature of Legal Enlity Representative (Required on EVERY Page) M. M. W.		
Printed Name and Title of Legal Entity Representative AMMISTVATIZ Date 3.20.18		
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of Plan of correction implementation status as of		
(Date)		
Fully Implemented		
Partially implamented - Adequate Progress		
The above plan of correction was approved by Partially Implemented - Inadequate Progress		

Violation Report: 43108 - 07/17/2017 - Roser, Ashley PCH Name: SENIOR CARE PLAZA	Page 23 0732
1. REGULATION 55 Pa,Code §2600 2600.123(c) - For a home serving nine or more residents, an emerg corridors, line of travel to exit doors and location of the fire extinguishard public place on each floor.	ency evacuation diagram of each floor showing here and pull signals shall be posted in a conspicuous
2a. DESCRIPTION OF VIOLATION There are no evacuation diagrams posted in the home's secured dementia	care unit.
3. PLAN OF CORRECTION (POC) (Allach pages as necessary. Remember the include stops to correct the violation described above and stops to prevent a similar immediately, include dates by which the steps will be completed.	il you must sign and date any attached pages.) far violation from ०५०सम्बाद बच्चांत. Il steps cannol be completed
 Evacuation diagrams were placed throughout of the conduct of the con	th floor had everyone
Repeat Violation: No Date(s) of Provious Violation(s): Signature of Legal Enlity Representative (Required on EVERY Page))
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	STY 210) Dato 1.27.18
DEPARTMENT USE ONLY - HOMES MAY	NOT WRITE BELOW THIS LINES
The shows also of a superior in the state of	Plan of correction implementation status as of 3/20/18 [Date]
The above plan of correction was approved by (Initials)	Partially Implemented - Adoquate Progress Partially Implemented - Inadequate Progress Not Implemented

京医宫军(学生)

Page 24 of 32 Violation Roport: 43100 - 07/17/2017 - Rosor, Ashley PCH Namo: SENIOR CARE PLAZA 1. REGULATION 55 Pa.Code §2800 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. 28. DESCRIPTION OF VIOLATION The medical evaluation for resident #1, dated 2/8/17, indicates "see medication addendum below"; however, nothing is attached. The medical evaluation for resident #2, dated 7/31/16, indicates "ass medication addendum below"; however, nothing is attached. 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. 1. Medication record for resident #1 and #2 were attached 2. All resident medical evaluations were checked to ensure medication records were 3. Director of resident care and administrator will check all resident medical evaluations quarterly to ensure all documents are attached. Repeat Violation: No Date(s) of Previous Violation(s); Signature of Legal Entity Representative (Required on EVERY Page) Printed Name and Title of Legal Phility Raprel (Required on EVERY Pago) DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE! 3/20/18 The above plan of correction is approved as of Plan of correction implementation status as of 3 (Date) Fully Implemented Partially Implemented - Adequate Progress The above plan of correction was approved by Partially Implomonted - Inadequate Progress (Inilials) Not Implemented

Violation Report: 43106 - 07/17/2017 - Roser, Ashley PCH Name: SENIOR CARE PLAZA	CECATOR OF CONTRACT	
1. REGULATION 55 Pa.Code §2600 2600.162(o) - Menus, stalling the specific food being served at a shall be followed. Weekly menus shall be posted 1 week in adv	each meal, shall be prepared for 1 week in advance and vance in a conspicuous and public place in the home.	
2a. DESCRIPTION OF VIOLATION The current menu posted in the home was from 7/37/17 - 7/23/37.		
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Rememblingling slops to correct the violation described above and slops to prevent immediately, include dates by which the slops will be completed.		
 A two week menu was posted on every f 		
2. Menus are made one month in advance		
Dietary director and admir listrator will chock each floor weekly to ensure menus are posted		
•		
	-	
	·	
•	S. D. 2001 P. 32	
Repeat Violation: No Date(s) of Previous Violation(s):	See Page 25A of 32	
Signature of Legal Entity Roprosentativo (Required on EVERY Page)	J// [/	
Printed Name and Title of Legal Entity Representative	3/6-1	
[Required on EVERY Page]	MINISTVATOV Date 1-1/18	
DEPARTMENT USE ONLY - HOMES IN	MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as at 3/20/18 (Date)	Plan of correction implementation status as of $\frac{3}{\sqrt{2000}}$	
_	Fully implomented	
The above plan of correction was approved by	Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress	
(Initials)	Not implemented — instruction of the second	

	Page 25 or 32
Violation Report: 43106 - 07/17/2017 - Roser, Ashley PCH Name: SENIOR CARE PLAZA	
1. REGULATION 55 Pa.Code §2600 2600.162(c) - Menus, stating the specific food being served a shall be followed. Weekly menus shall be posted 1 week in a	at each meal, shall be prepared for 1 week in advance and advance in a conspicuous and public place in the home.
2a. DESCRIPTION OF VIOLATION The current menu posted in the home was from 7/17/17 ~ 7/23/17.	
3. PLAN OF CORRECTION (POC) (Altach pages as necessary. Remoinclude steps to correct the violation described above and steps to preveinmediately, include dates by which the steps will be completed. Immediately: The home shall post the current weekly menu, as	ent a similar violation from occurring again. If steps cannot be completed
consplouous and public place in the home, including in the hom	
Immediately: A designated staff person shall check the home, as well as a menu one week in advance, is posed in a conspicutione's secured demantia care unit.	
•	'
·	
Repeat Violation: No Path(s) of Previous Violation(s):	
Signature of Legal Entity Replesentative	
Required on EVERY Rager MM	06.17
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	MINISTRATOR Date 3.20.19
DEPARTMENT USE ONLY - HOMES	MAY NOT WRITE BELOW THIS LINE!
The above plen of correction is approved as of (Date)	Plan of correction implementation status as of (Date)
,	Fully Implemented Partially Implemented - Adequate Progress
The above plan of correction was approved by	Partially Implemented - Inadequate Progress

Violation Report: 43106 - 07/17/2017 - Roser, Ashley PCH Name: SENIOR CARE PLAZA	JAN 3 4 2018	
1. REGULATION 55 Pa.Code §2800 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.		
2a. DESCRIPTION OF VIOLATION On 7/19/17, resident #10's Saline Nasal Gel-Spray was unlocked, unattended and accessible in a plastic bag on top of the 3rd floor medication cart.		
3. FLAN OF CORRECTION (POC) (Attach pages as necessary. Reason include steps to correct the violation described above and steps to preve immediately, include dates by which the steps will be completed.	mhor that you must sign and date any attached pages.) nt a simitar violation from occurring again. It stops cannot be completed	
 Wedication techs were re educated Director of resident care and admin 	ced in locked medication cart on 7/19/17 on 7/28/17 on proper storage of medications iistrator will check all medication carts periodically edications are properly stored in locked cart	
	See Page 26A of 32	
Repeat Violation: No Date(s) of Previous Violation(s):	see age tare of	
Signature of Legal Entity Representative [Required on EVERY Page] ////////////////////////////////////		
Printed Name and Title of Logal Entity Representative (Required on EVERY Page)	AMMIXIVATIV Dato 1-27.18	
DEPARTMENT USE ONLY - HOMES	MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of 3/30//8 (Date)	Plan of correction implementation status as of 3/30//8	
The above plan of corroction was approved by (Initials)	Fully Implemented Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not Implemented	

Violation Report: 43106 - 07/17/2017 - Roser, Ashley PCH Name: SENIOR CARE PLAZA	STAR STORES
1. REGULATION 86 Pa.Code §2600 2600.183(b) - Prescription medications, OTC medications, CAM locked. This includes medications and syringes kept in the resi	
2a. DESCRIPTION OF VIOLATION On 7/19/17, resident #10's Saline Nasal Gel-Spray was unlocked, unamedication cert.	attended and accessible in a plastic bag on top of the 3rd floor
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Rememble include steps to correct the violation described above and steps to provent immediately, include dates by which the steps will be completed. Immediately: All medications in the 3rd floor nurse's station shall?	a similar violation from occurring again. If steps cannot be completed
Immediately: A designated staff person shall inspect the home da	ity to ensure all prescription medications, OTC
medications, CAM and syringes are kept in an area or container (nat is locked.
Within 5 days of receipt of the plan of correction: All staff persons reeducated that all prescription medications, OTC medications, Container that is tocked.	
· 	į.
•	
Repeat Violation: No Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Pane)	04
Printed Name and Title of Aegal Entity Representative (Required on EVERY Page)	11/15+1/4/12 Date 3.20.18
DEPARTMENT USE ONLY - HOMES I	
The above plan of correction is approved as of (Date)	Plan of correction implementation status as of
(44.5)	(Date) Fully Implemented
	Partially Implemented - Adequate Progress
The above plan of correction was approved by	Partially Implemented - Inadequate Progress

Violation Report: 43108 - 07/17/2017 - Rosor, Ashley PCH Name: SENIOR CARE PLAZA	Alter a service service
1. REGULATION 55 Pa,Code §2500 2600,183(d) - Only current prescription, OTC, sample and CAI	M for individuals living in the home may be kept in the home
2a, DESCRIPTION OF VIOLATION Resident #10 no longer resides in the home; however, on 7/19/17, the 3rd floor medication cars.	is resident's Salkie Nasel Gel was in a plastic bug on top of the
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remem include slops to correct the violation described above and steps to provent immediately, include dates by which the slops will be completed.	ther that you must sign and date any attached pages.) I a similar violation from occurring again. If steps cannot be completed
 Resident #10's medication was properl Medication techs were re educated on documentation needed on resident who Director of resident care and administration proper disposal of medications of resident 	proper disposal of medications and no longer reside in the facility
	See Page 27A of 32
Repeat Violation: No Date(e) of Provious Violation(e): Signature of Legal Entity Representative (Regulred on EVERY Page)	(0GE)
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	MMMMSty Adv Date - 27-18
DEPARTMENT USE ONLY - HOME'S	MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of 3/30/18 (Date)	Plan of correction implementation status as of 3/30/18
The above plan of correction was approved by (Initials)	Fully implemented Partially implemented - Adoquate Progress Partially implemented - Inadequate Progress Not implemented

Violation Report: 43106 - 07/17/2017 - Roser, Ashley PCH Name; SENIOR CARE PLAZA				
1. REGULATION 55 Pa.Code §2800 2600.183(d) - Only current prescription, OTC, sample.and CAM	of for Individuals living in the home may be kept in the home			
2a. DESCRIPTION OF VIOLATION Resident #10 no longer resides in the home; however, on 7/19/17, this resident's Saline Nasai Gel was in a pleatic bag on top of the 3rd floor medication part.				
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include sleps to correct the violation described above and steps to prevent a similar violation from accounting again. If steps cannot be completed immediately, include dates by which the steps will be completed.				
Immediately, then weekly thereafter: A designated staff person shall inspect all medication storage areas to ensure only current prescription, OTC, sample and CAM's for individuals living in the home are present.				
Immediately: A designated staff person shall develop and implement a system to ensure medications discontinued by the prescriber, and medications for residents no longer residing in the home, are destroyed in accordance with the home's policies and procedures and in accordance with 2600,1831. Documentation of the system shall be kept. All staff persons qualified to administer medications shall be educated on the new system. Documentation of the education shall be kept.				
•				
•	·			
•				
·				
Repeat Violation: No Date(e) of Previous Violation(s):				
Signature of Legal Entity Representative [Required on EVERY Page]				
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	MY 187 HAR Date 3.20-18			
DEPARTMENT USE ONLY - HOMES IN	MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of (Date)	Plan of correction implementation status as of			
	Fully Implemented (Dale)			
The above plan of correction was approved by	Partially Implemented - Adequate Progress			
the phone high of correction was abbleage by	Partially Implemented - Inadequate Progress			

Violation Report: 43108 • 07/17/2017 - Roser, Ashley	リムボ かま 2018 Page 28 of 32
PCH Names SENIOR CARE PLAZA	AUL # Y CA10
1. REGULATION 65 Pa.Code §2600 2600.183(e) - Prescription medications, OTC medications am conditions of sanitation, temperature, moisture and light and i	d CAM shall be stored in an organized manner under proper naccordance with the manufacturer's instructions.
2a. DESCRIPTION OF VIOLATION Resident #3's boltle of Keletifen eye drops was marked with an ope medication expires 28 days after opening. According to the July 20's administered on the following dates: • 714/17 • 7/16/17 • 7/17/17 On 7/18/17, the medication was still present in the home.	n date of 6/16/17. According to manufacturer's Instructions, this I7 medication administration record (MAR), the medication was
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remer include steps to correct the violation described above and steps to prove immediately, include dates by which the steps will be completed.	nber that you must sign and date any attached pages.) at a similar violation from occurring again. It staps connot be completed
sent to department on 7/18/17. 2. Medication techs were re educated of 3. Director of resident care, medication when needed to ensure proper disposable bottles are discarded on date listed 3/30/16	ly disposed of, and documentation of error was n manufacturer's guidelines on eye drops. tech and administrator will check all eye drops sal dates are listed on medication bottles and
Repeat Violation: No Date(s) of Provious Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)	with
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	ARMISTRATO DATO 17118
DEPARTMENT USE ONLY - HOMES I	MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of 3/20//8 (Date)	Plan of correction implementation status as of 3/30//8 (Date)

(initials)

The above plan of correction was approved by

Fully Implemented

Not Implemented

Parlially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Maledon be	port: 43106 - 07/1	7/2017 Page 4	eblau	···	140 3 3 2013	Page 29 of 3
	pon: 43106 - 07/1 SENIOR CARE PL		sinoy 		and we have	
	ION 66 Pa.Code §				The second second	
2600,185(a) use of medi	- The home sha cations and medi	Il develop and im ical equipment by	plement proced y trained staff pe	ures for the sale sto rsons.	rage, access, security, d	istribution and
	TION OF VIOLAT					
Resident #1) lavels docum	ented on the resid	i glucose readings ent's July 2017 MA	3 limes per day, 1 AFR on the following	This resident's glucom g dates and times:	eler readings do not match	blood glucose
Date:	Time;	Glucometer R	teading	MAR entry	•	
7/17/17 7/18/17	8:00 PM 8:00 AM	184 No reading		148 118		
7/15/17 7/15/17	M9 00:8 MA 00:8	No reading No reading		140 167		
	's glucomatar is no	•	correct date and t			
						
Include slep	CORRECTION (PC na to correct the viola r. Include dates by wi	tion described above	avera of sasis io prove	mber that you must áigh ní a similer violallan fron	and date any attached pages.) I accurring again. If blops corn	botokanoo od tot
типосныену	, include belos dy w	iich the steps wii) De	сотрыва.			
٠					·	
ند	#W					
1.	All residents	received new	glucometers	to ensure they ar	e in working order	
2.	All medication	n techs were	educated on e	each glucometer	on proper use, how t	0
	document in	MAR, and sto	rage.			
3.	Director of re	esident care ar	nd administrat	or will check eac	h glucometer weekly	to oneuro
	they're opera	able and docu	mentation on :	MAR matches re	ading of each meter	to ensure
	<i>y</i>			Whit matches je	auling of each meter	-
•					See Page 29A	af 35
Repeat Viole	ation: AJO D	ate(s) of Previou	s Violation(s):			
	f Legal Entity Rop on EVERY Page)		100	().		
Printed Nam (Required o	ne and Title of Loc n EVERY Page)	al Entity Represe	oritativo A	HAINIAVEL	n/ Duto 31	18
	<u>, , , , , , , , , , , , , , , , , , , </u>	1 Martia	K77105 111	MALLIOI I WAL), [],	⊥ ◊
				MAY NOT WRITE	BELOW THIS LINE!	
The above	plan of correction i	s approved as of	3)30 18 (Date)	Plan of correc	tion implementation status	3/104/E 10 88
				Fully Imple	emented	(July)
			. P.	Partially to	nplemented - Adequate Pro	ığress
The above	plan of correction s	was approved by		Partially In	nplemented - inadequate P	rogreas 4
			(Inilials)	Not Imple	• -	=
			-	I I	•	

	- 製製 Xサインは	Page 29 of 32
Violation Report: 43106 - 07/17/2017 - Roser, Ashley PCH Name: SENIOR CARE PLAZA		,
1. REGULATION 65 Pa.Code §2600 2600.185(a) - The home shall develop and implement procedu use of medications and medical equipment by trained staff per	ures for the safe storage, access, security, dis rsons.	stribution and
2s. DESCRIPTION OF VIOLATION Resident #1 is prescribed blood glucose readings 3 times per day. T levels documented on the resident's July 2017 MAR on the following	his resident's glucometer readings do not match t dates and times;	eccoulg boold
Date: Time: Glucometer Reading 7/17/17 8:00 PM 184 7/16/17 8:00 AM No reading 7/16/17 9:00 PM No reading 7/16/17 8:00 AM No reading	MAR entry 148 116 140 187	
Resident # 4's glucometer is not calibrated to the correct date and the	me.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remain Include steps to correct the violation described above and steps to prevent immediately, include dates by which the steps will be completed. Immediately: A designated staff person qualified to administer madministration records for residents who are preactibed blood sugar thereafter, to ensure all blood sugar checks are accurately documed in accordance with the blood sugar readings on the residental be kept. Within 5 days of receipt of the plan of correction: All staff person readucated by a Certified Diabetic Educator on proper blood sugar resident's blood sugar with their own, tabeted glucometer, and do medication administration records. Documentation of the education	nt a similar violation from occurring again. It steps cannot be dications shall inspect all resident medication gar checks, daily for one week then weekly mented on resident medication administration dent's glucometers. Documentation of the audits as qualified to administer medications shall be partesting procedures, which includes testing occumenting all blood augar readings on resident	at be completed
Repeat Violation: NO Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)	06	- 1
Printed Name and Title of Lagal Entity Representative (Required on EVERY Page)	MINISTYLATOR Date 3.20.	16
DEPARTMENT USE ONLY - HOMES	MAY NOT WRITE BELOW THIS LINE	
The above plan of correction is approved as of (Dale)	Plan of correction implementation status a	es of (Dale)
	Partially Implemented - Adequate Pro	Blaaa
The above plan of correction was approved by	Partially implemented - inadequate Pr	'ogress

Page 30 of 32 Violation Roport: 43106 - 07/17/2017 - Roser, Ashley PCH Namo: SENIOR CARE PLAZA 1. REGULATION 55 Pa.Code §2800 2600.187(d) - The home shall follow the directions of the prescriber. 2a. DESCRIPTION OF VIOLATION Resident #8 is prescribed Prednisone (5mg) - Take 2 lablets by mouth per day; however, the home administered 3 Prednisone (5mg) tablets per day from 3/7/17 - 6/8/17. 3. PLAN OF CORRECTION (POC) (Altach pages as necessary. Remember that you must sign and thate any attached pages.) include sleps to correct the violation described ebove and steps to prevent a similar violation from eccurring again. If steps cannot be completed immediately, include dates by which the stops will be completed. 1. New order was obtained by residents physician to prescribed 2 tablets by mouth per day, documentation of error was sent to department on 7/18/17 2. System in place for all parties to be in close communication with medication changes. POA to bring original scripts of all medications back to facility on same day of appointment to ensure all medications are being given as prescribed. 3. Director of resident care, medication tech, and POA will ensure that all medication documents pertaining to resident #5 are handled and distributed to proper agencies to ensure medications are being given as prescribed by MD See Page 30A of 3. 08/04/2019/01 Ropeat Violation: Yes Date(s)(ohProvious Violation(s): Signature of Legal Entity Representative (Required on EVERY Page) Printed Namo and Title of Legal Entity Representat (Required on EVERY Page) DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE! The above plan of correction is approved as of Plan of correction implementation status as of 3 (Date) Fully implemented Partially Implemented - Adequate Progress The above plan of correction was approved by Parlially Implemented - Inadequate Progress (inilials) Not implemented

Violation Report: 43108 - 07/17/2017 - Roser, Ashley PCH Name; SENIOR CARE PLAZA				
	MAR. 2 0 30 A			
1. REGULATION 55 Pa.Code §2600 2600.187(d) - The home shall follow the directions of the preson				
2a, DESCRIPTION OF VIOLATION— Resident #5 is prescribed Prednisone (5mg) - Take 2 tablets by mouth tablets per day from 3/7/17 - 6/8/17,	h per day; however, the home administered 3 Prednisone (5mg)			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Rememble include steps to correct the violation described above and steps to provent immediately, include dates by which the steps will be completed.				
Resident #5 no longer resides in the home.	Ì			
Immediately, then monthly thereafter: A designated staff person qualified to administer medications shall review all medications, pharmacy labels and medication administration records to ensure all medications are administered in accordance with the prescriber's orders.				
Within 6 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be readucated by a Department-approved medication Train-the-trainer on proper medication administration procedures to ensure all medications are administered in accordance with the prescriber's orders. Documentation of the education shall be kept.				
	•			
•				
Repeat Violation: Yes Date(s)) of Previous Violation(s):	08/04/2016 et al			
Signature of Legal Entity Representative (Regulred on EVERY Page)	W:			
Printed Name and Title of Ledal, Entity Representative (Required on EVERY Page)	MINISTYLAR Date 3.20-19			
DEPARTMENT USE ONLY - HOMES IN	MAY NOT WRITE HELDWITHIS LINEL			
The above plan of correction is approved as of(Date)	Plan of correction implementation status as of (Oate)			
	Fully Implemented			
	Partially Implemented - Adequate Progress			
The above plan of correction was approved by	Partially Implomented - Inadequate Progress			

PORN Ames: SENIOR CARE PLAZA 1. REGULATION 55 Pa.Code \$2800 2000 225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form writtin 15 days or admission. The administrator or designee, or a human service agency may complete the initial assessment. 2a. DESCRIPTION OF VIOLATION Rouldont #33 secessment, dated \$64171, Indicates the resident needs prompting/ousing with transfers; however, the resident has left adted paralysis, an unsteady golf and requires hands-on assistance by staff members to eatily transfer. 3. PLAN OF CORRECTION (POC) (Attach pages as accessary. Remember that you must sign and date any attached pages.) Include staps to corned the violation designed above and staps to prevent a similar-violation from occurring again. It steps cannot be completed to encountering the violation designed and accompleted assessments and renewals together to correctly document care needs of residents. 2. Director of resident care and resident care aide supervisor will complete initial assessments and renewals together to correctly document care needs of residents. 3. Director of resident care, aide supervisor, and Administrator will go over each page of assessment to confirm all care needs are documented correctly. See Page 31A of 32 Repeat Violation: No Date(s) Previous Violation(s): Signature of Legal Entity Representative (Required on EVERY Page) Pathed Name and Title of Legal Entity Representative (Required on EVERY Page) This path of the page and Title of Legal Entity Representative (Required on EVERY Page)		MAR 13 2018	Page 31 of 3
2800.226(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 16 days of administro. The administrator or designee, or a human service agency may complete the initial assessment. 2a. DESCRIPTION OF VIOLATION. Resident 1875 accessment, delect 5/417, indicates the resident noods prompting/cueling with transfers; however, the resident has left addition 1875 accessment, delect 5/417, indicates the resident noods prompting/cueling with transfers; however, the resident has left addition 1875 accessment, delect 5/417, indicates the resident noods prompting/cueling with transfers; however, the resident has left addition 1875 accessed to the violation described amove and steps to prevent a similar violation from occurring agent. It steps cannot be completed immediately, include dates by which the steps will be completed. 1. Resident #3's support plan has been updated. Please see attached document 2. Director of resident care and resident care aide supervisor will complete initial assessments and renewals together to correctly document care needs of residents. 3. Director of resident care, aide supervisor, and Administrator will go over each page of assessment to confirm all care needs are documented correctly. See Page 31A of 33. Repeat Violation: No Date(s) Provious Violation(s): Signature of Legal Entity Representative.	Violation Report: 43106 - 07/17/2017 - Roser, Ashley PCH Name: SENIOR CARE PLAZA		
Resident #3's anasesment, dated 6/4/17, indicates the resident needs prompting/cueing with transfers; however, the resident has left alder paralysis, an unafeady galt and requires hands on assistance by staff members to safely transfer. 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 desorbed above and steps to prevent a similar violation from occurring again. It steps cannot be completed immediately, include dates by which the steps will be completed. 1. Resident #3's support plan has been updated. Please see attached document 2. Director of resident care and resident care aide supervisor will complete initial assessments and renewals together to correctly document care needs of residents. 3. Director of resident care, aide supervisor, and Administrator will go over each page of assessment to confirm all care needs are documented correctly. Repeat Violation: No Date(sof Previous Violation(s): Signature of Legal Entity Representative (Required on EVERY Pages)	2600.226(a) - A resident shall have a written initial assess within 16 days of admission. The administrator or design	ement that is decrimented as the Desire	Iment's assessment form mplate the initial
1. Resident #3's support plan has been updated. Please see attached document 2. Director of resident care and resident care aide supervisor will complete initial assessments and renewals together to correctly document care needs of residents. 3. Director of resident care, aide supervisor, and Administrator will go over each page of assessment to confirm all care needs are documented correctly. See Page 31A of 32 Repeat Violation: No Date(s) Provious Violation(s): Signature of Legal Entity Representative (Required on EVERY Page)	Resident #3's assessment dated 5/4/17 Indicates the roaldest	needs prompting/cueing with transfers; ho nee by staff members to safely transfer.	wever, the resident has left
2. Director of resident care and resident care aide supervisor will complete initial assessments and renewals together to correctly document care needs of residents. 3. Director of resident care, aide supervisor, and Administrator will go over each page of assessment to confirm all care needs are documented correctly. Repeat Violation: No Date(s) of Previous Violation(s): Signature of Legal Entity Representative (Regulred on EVERY Page) Printed Name and Tille of Legal Entity Ropresentative (Regulred on EVERY Page)	Include steps to correct the violation described above and steps to a	temember that you must sign and date any attact prevent a similar violation from occurring again. I	ned pages.) I steps cannot be completed
2. Director of resident care and resident care aide supervisor will complete initial assessments and renewals together to correctly document care needs of residents. 3. Director of resident care, aide supervisor, and Administrator will go over each page of assessment to confirm all care needs are documented correctly. Repeat Violation: No Dato(s) of Previous Violation(s): Signature of Legal Entity Representative (Regalized on EVERY Page) Printed Name and Tille of Legal Entity Ropresentative (Regalized on EVERY Page)	·		
2. Director of resident care and resident care aide supervisor will complete initial assessments and renewals together to correctly document care needs of residents. 3. Director of resident care, aide supervisor, and Administrator will go over each page of assessment to confirm all care needs are documented correctly. Repeat Violation: No Date(s) of Previous Violation(s): Signature of Legal Entity Representative (Regalized on EVERY Page) Printed Name and Tille of Legal Entity Ropresentative (Regalized on EVERY Page)		*	•
2. Director of resident care and resident care aide supervisor will complete initial assessments and renewals together to correctly document care needs of residents. 3. Director of resident care, aide supervisor, and Administrator will go over each page of assessment to confirm all care needs are documented correctly. Repeat Violation: No Date(s) of Previous Violation(s): Signature of Legal Entity Representative (Regalized on EVERY Page) Printed Name and Tille of Legal Entity Ropresentative (Regalized on EVERY Page)	1. Resident #3's support plan has been u	bdated Please see attached i	
Assessments and renewals together to correctly document care needs of residents. 3. Director of resident care, aide supervisor, and Administrator will go over each page of assessment to confirm all care needs are documented correctly. See Page 31A of 32 Repeat Violation: No Date(s) Previous Violation(s): Signature of Legal Entity Representative (Required on EVERY Page) Printed Name and Tille of Legal Entity Representative (A. I.	2. Director of resident care and residen	t care aide cunomitare all	ument
See Page 31A of 3) Repeat Violation: No Date(s) of Previous Violation(s): Signature of Legal Entity Representative (Required on EVERY Page) Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	assessments and renewals together to	connectly de supervisor will comple	te initial
Repeat Violation: No Date(s) of Previous Violation(s): See Page 31A of 32 Regulator of Legal Entity Representative (Required on EVERY Page) Printed Name and Tille of Legal Entity Representative (Regulation EVERY Page)	3. Director of resident core gide supary	icon and Advision and Advision	of residents.
Repeat Violation: No Date(s) of Previous Violation(s): Signature of Legal Entity Representative (Required on EVERY Page) Printed Name and Tille of Legal Entity Representative to A to the second se	of assessment to confirm all care never	isor, and Administrator will go ov	ver each page
Repeat Violation: No Date(s) of Previous Violation(s): Signature of Legal Entity Representative (Required on EVERY Page) Printed Name and Tille of Legal Entity Representative to A service of the serv	Mary 10 contain du crite Nesc	is are documented correctly.	
Repeat Violation: No Date(s) of Previous Violation(s): Signature of Legal Entity Representative (Required on EVERY Page) Printed Name and Tille of Legal Entity Representative to A service of the serv			
Repeat Violation: No Date(s) of Previous Violation(s): Signature of Legal Entity Representative (Required on EVERY Page) Printed Name and Tille of Legal Entity Representative to A service of the serv			
Repeat Violation: No Date(s) of Previous Violation(s): Signature of Legal Entity Representative (Required on EVERY Page) Printed Name and Tille of Legal Entity Representative to A service of the serv			
Repeat Violation: No Date(s) of Previous Violation(s): Signature of Legal Entity Representative (Required on EVERY Page) Printed Name and Tille of Legal Entity Representative to A service of the serv			
Repeat Violation: No Date(s) of Previous Violation(s): Signature of Legal Entity Representative (Required on EVERY Page) Printed Name and Tille of Legal Entity Representative to the second	•		
Repeat Violation: No Date(s) of Previous Violation(s): Signature of Legal Entity Representative (Required on EVERY Page) Printed Name and Tille of Legal Entity Representative to the second		See Page	31A of 32
Printed Name and Tille of Legal Entity Representative to A			
Printed Name and Tille of Legal Entity Representative (Regulred on EVERY Page) WHITE Date 3. 13.9.08	Signature of Legal Entity Representative (Required on EVERY Page)	ala)	
The state of the s	Printed Name and Tille of Legal Entity Representative (Regulred on EVERY Page)	Administrator Date	3.13.2018

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

The above plan of correction is approved as of

3/20/18 (Date)

Plan of correction implementation status as of

Fully Implemented

Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress

The above plan of correction was approved by

Violation Report: 43108 - 07/17/2017 - Roser, Ashley PCH Name: SENIOR CARE PLAZA		
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 5/4/17, indicates the resident needs prompting/cueling with transfers; however, the resident has left side paralysis, an unsteady gait and requires hands on assists by staff members to safely transfer.		
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: A designated staff person shall develop and implement a system to ensure all resident assessments are immediately updated as resident care needs change.		
·		
·		
Repeat Violation: No Date(s) of Previous Violation(s):		
Signature of Legal Entity Roppesentative [Required on EVERY Page) MM		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) WM + W + 1 W + 1 WM M St 4 X Date 7. 20. 18		
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of Plan of correction implementation status as of Plan of correction implementation status as of Plan of correction implementation status as of		
Fully Implemented (Date)		
The above plan of correction was approved by [Initials] Partially Implemented - Adequate Progress (Initials)		

Violation Report: 43106 - 07/17/2017 - Rosor, Ashloy PCH Namo: SENIOR CARE PLAZA	CENTER AND A STORE
1. REGULATION 65 Pa.Code §2800 2600.226(a) - The resident shall be assessed for mobility need	s as part of the resident's assessment.
2a, DESCRIPTION OF VIOLATION Resident #2's assessment, dated Y/31/16, indicates the resklent is m Indicates the resident is exit seeking and now weers a Wander Guard support plan, dated 6/9/17 and 6/13/17, indicate staff checks are increbehaviors.	and is checked by staff every 2 hours. Also, addendume to the
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Rememi include stops to correct the violation described above and stops to prevent immediately, include dates by which the stops will be exampleted.	ner that you must sign and date any attached pages.) u similar violation from occurring again. If steps cannot be completed
1. fesident #2 Support plan was w needs.	plated to indicate mobility
2. System in place to evaluate each residents assessments accordingly	
 Director of resident care and administrator v to ensure all resident mobility needs are rec 	vill asses residents and update assessments orded properly
•	See Page 32A of 32
Repeat Violation: No Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Regulred on EVERY Page)	Nal
Printed Name and Title of Lagal Entity Representative (Regulred on EVERY Page)	WINNERVELON DATO 1.27.18
DEPARTMENT USE ONLY - HOMES IN	MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of 3/20/18 (Dala)	Plan of correction implementation status as of 3/30/18
The above plan of correction was approved by (Initials)	Fully Implemented Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not Implemented

	MAR 2 0 2003 Page 32 of 32
Violation Report: 43108 - 07/17/2017 - Roser, Ashley PCH Name: SENIOR CARE PLAZA	T tigo op 10 a
1. REGULATION 55 Pa.Code §2800 2600.228(a) - The resident shall be assessed for mobili	ly needs as part of the resident's assessment.
indicatos ino resident is exit segificiano now weats a vyande	lent is mobile; however, an addendum to the support plan, dated 5/4/17, or Guard and is checked by staff every 2 hours. Also, addendums to the are increased to every 15 minules due to the resident's exit seeking
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Include steps to correct the violation described above and steps to immediately, include dates by which the steps will be completed.	Remember that you must sign and date any attached pages.) a prevent a similar violation from occurring again. If steps dannot be completed
Immedialely, then quarterly thereafter: A designated staff	The home shall develop and Implement a system to ensure
	·
	·
	·
	•
Repeat Violation: No ปัจเลย of Previous Violation	(a):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Laga Entity Representative (Regulred on EVERY Page)	HMINISTRATOR Date 3.20.10
DEPARTMENT USE ONLY - HO	MES MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of (Date	Plan of correction implementation status as of
	Fully Implemented (Date)
The above plan of correction was approved by(Initial	Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress