



**pennsylvania**

DEPARTMENT OF HUMAN SERVICES

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,

Jacqueline L. Rowe  
Director

cc: Gene Cuccarese, Office of General Counsel

*Senior Care Plaza*  
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, 2600.121(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 [REDACTED] stated the back gate leading to 5<sup>th</sup> 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 expert [REDACTED] and the gate in question was an additional exit route. After speaking with [REDACTED] on 2/22/2018, he informed me that he would speak to his supervisor [REDACTED] regarding the fire codes for gate. [REDACTED] and McKeesport Deputy fire chief [REDACTED] 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

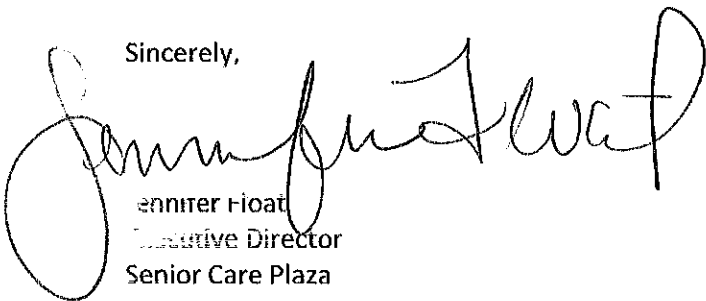
# Senior Plaza

Where 'Care' is our middle name

2. 231(c), on 11/15/2017 when inspector [REDACTED] 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 wall. 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 all 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,



Jennifer Float  
Executive Director  
Senior Care Plaza



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to SENIOR CARE PLAZA ASSOCIATES INC

LEGAL ENTITY

To operate SENIOR CARE PLAZA

NAME OF FACILITY OR AGENCY

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

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 100  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Secure Dementia Care Unit - 55 Pa. Code §§ 2600.231-239 - Capacity 20

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from April 12, 2018 until October 12, 2018,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **431061**

*Robert E. Robinson*

ISSUING OFFICER

*Carolyn K. Ellison*

DEPUTY SECRETARY

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

HS 628 - 2/18cse



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE:** APR 12 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.

Ms. Hoffman

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

Ms. Hoffman

3

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,

A handwritten signature in black ink, appearing to read "J. Rowe", written over the printed name.

Jacqueline L. Rowe  
Director

Enclosures  
License  
License Inspection Summary

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 58 Pa.Code Chapter 2600**

Page 1 of 14

PCH Name: SENIOR CARE PLAZA		License Number: 43108
Address: 824 LYSLE BOULEVARD, MCKEESPORT, PA 15132		County: Allegheny
Administrator: Jennifer Float		Region: WEST
Legal Entity Name: SENIOR CARE PLAZA ASSOCIATES INC		
Legal Entity Address: 824 LYSLE BOULEVARD, MCKEESPORT, PA 15132		
Certificate(s) of Occupancy I-2 06/25/1999 City of McKeesport		MAR 12 2018 WELLSBORO, PA 16896 THOMAS R. BROWN, JR.
Staffing Hours Resident Support: 0      Total Daily Staff: 60      Working Staff: 45		
Type of Inspection: Partial      BHA Docket Number:      Notice: Unannounced		
Reason(s) for Inspection(s) Interim, Monitoring		
On-Site Inspection Dates and Department Representatives On-Site 02/21/2018: Roser, Ashley; Marini, Michael 02/22/2018: Roser, Ashley; Marini, Michael		
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: 100 Number of Residents Served: 48 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 Unit, if applicable: 7 Number of Current Hospice Residents: 8 Number of Hospice Residents in past year: 15	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 48 Have Mental Illness: 0 Have an Intellectual Disability: 2 Have a Mobility Need: 14 Have a Physical Disability: 0	



RECEIVED

MAR 12 2018

Violation Report: 43106 - 02/21/2018 - Roser, Ashley  
PCH Name: SENIOR CARE PLAZA

1. REGULATION 65 Pa.Code §2600

2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION

On 2/21/18 and 2/22/18, agents of the Department requested quarterly financial records for all residents for whom the home manages finances, annual training records for staff person A, the home's administrator, and the home's fire drill records for the past year. Staff person B, the designee, indicated he/she did not have access to the requested records.

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. Financial records, Administrator training, and fire drill records were faxed over to the department on 2/26/18 when the Administrator 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 requested by the department.
3. Designee (s) will be able to acquire any requested documentation by the department in the event of Administrator's absence, *immediately upon request.*

*[Signature]*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Signature]*

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

*Janette Plank, Administrator*

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

☒ Partially Implemented - Adequate Progress

☐ Partially Implemented - Inadequate Progress

The above plan of correction was approved by

*[Signature]*

(Initials)

MAR 12 2018

Page 3 of 14

Violation Report: 43108 - 02/21/2018 - Roger, Ashley  
 POH Name: SENIOR CARE PLAZA

### 1. REGULATION 56 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 unattended 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.

See Page 3A of 14

Repeat Violation: Yes

Date(s) of Previous Violation(s):

08/04/2016 et al

Signature of Legal Entity Representative  
 (Required on EVERY Page)

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

Annex Flout, Administrator

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
- ☐ Partially Implemented - Adequate Progress
- ☒ Partially Implemented - Inadequate Progress

The above plan of correction was approved by

(Initials)

MAR 28 2018

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.

**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 #8, was unlocked and unattended 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.*

**Immediately:** The filing cabinet at the 2nd floor nurse's station shall be locked.

**Immediately, then daily thereafter:** A designated staff person shall inspect the home, including the filing cabinet at the 2nd 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 locked. Documentation of the education shall be kept.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/04/2016 et al
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Veronica Fink, Administrator</i>	Date <i>3.20.18</i>
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**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)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress

MAR 12 2018

Violation Report: 43106 - 02/21/2018 - Roser, Ashley

PCH Name: SENIOR CARE PLAZA

**1. REGULATION 65 Pa. Code §2600**

2800.20(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 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 Page 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 Representative (Required on EVERY Page)		Date
Shirley Floate, Administrator		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)

The above plan of correction was approved by

(Initials)

Plan of correction implementation status as of 3/20/18  
(Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☒ Not Implemented

MAR 20 2018

A  
Page 4 of 14

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 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.*

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 reeducated 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)

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

Date

**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

RECEIVED

MAR 12 2018

Violation Report: 43106 - 02/21/2018 - Roser, Ashley  
 PCH Name: SENIOR CARE PLAZA

1. REGULATION 56 Pa.Code §2600  
 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"  
 \* 8/19/17: \$20 withdrawal for "cash"  
 \* 9/19/17: \$14 withdrawal for "cash"  
 \* 8/1/17: \$20 withdrawal for "cash to POA"  
 \* 5/25/17: \$50 withdrawal for "cash to POA"  
 \* 5/19/17: \$23 withdrawal for "cash to POA"

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 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	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)		Date
Jennifer Sloan Homes Administrator		3-12-18

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

The above plan of correction is approved as of <u>3/20/18</u> (Date)  The above plan of correction was approved by <u>R</u> (Initials)	Plan of correction implementation status as of <u>3/20/18</u> (Date)  <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress
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MAR 20 2018

Page 5 of 14

Violation Report: 43105 - 02/21/2018 - Roser, Ashley  
 PCH Name: SENIOR CARE PLAZA

**1. REGULATION 55 Pa.Code §2800**

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"
- \* 6/26/17: \$50 withdrawal for "cash to POA"
- \* 6/19/17: \$23 withdrawal for "cash to POA"

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

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

Immediately: The home shall obtain resident #12's signature on all transactions indicated in the 2600.20b1 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 reeducated 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.

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)

Date 3/20/18

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

The above plan of correction is approved as of \_\_\_\_\_  
 (Date)

The above plan of correction was approved by \_\_\_\_\_  
 (Initials)

Plan of correction implementation status as of \_\_\_\_\_  
 (Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress

RECEIVED

MAR 12 2018

Page 6 of 14

Violation Report: 43108 - 02/21/2018 - Roser, Ashley  
PCH Name: SENIOR CARE PLAZA

1. REGULATION 65 Pa.Code §2800  
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 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 occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. Quarterly records were placed in residents charts instead of binder
2. Going forward all quarterly statements will be placed into residents file
3. Administrator and Administrative assistant will place all quarterly statements into resident files

See Page 6A 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)

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)

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

Plan of correction Implementation status as of 3/20/18  
(Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☒ Not Implemented



Violation Report: 43106 - 02/21/2018 - Roser, Ashley  
PCH Name: SENIOR CARE PLAZA

1. REGULATION 56 Pa.Code §2600  
2600.20(b)(9) - A copy of the itemized account shall be kept in the resident's record.

MAR 20 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 occurring 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.

Immediately, then quarterly thereafter: A designated staff person shall review all resident records for whom the home manages finances to ensure a copy of the most recent quarterly statement is present in each record.

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)

Date 3-20-18

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ \_\_\_\_\_

RECEIVED

MAY 19 2018

Page 7 of 14

Violation Report: 43108 - 02/21/2018 - Roser, Ashley  
PCH Name: SENIOR CARE PLAZA

**1. REGULATION 55 Pa.Code §2000**

2800.88(a) - Floors, walls, ceilings, 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 ceiling tile above the prep area in the kitchen and onto the floor. Also, a 3" brown stain is present on the ceiling tile.

**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. 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 for future immediate replacement of ceiling tiles if water leakage occurs.
3. Director of Maintenance and Administrator 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)		Date
Jennifer Floet, Administrator		3.12.18

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

The above plan of correction is approved as of <u>3/20/18</u> (Date)	Plan of correction implementation status as of <u>3/20/18</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAR 20 2018

Page 7 of 14

Violation Report: 43108 - 02/21/2018 - Roser, Ashley  
 PCH Name: SENIOR CARE PLAZA

**1. REGULATION 56 Pa.Code 52600**

2000.88(a) - Floors, walls, ceilings, 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 ceiling tile above the prep area in the kitchen and onto the floor. Also, a 3" brown stain is present on the ceiling tile.

**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 inspect the home, on a daily basis, to ensure all floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Any items found to be unsanitary, in disrepair or hazardous, shall immediately be cleaned, repaired or replaced. Documentation of the checks shall be kept.

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)

Date

**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

☐ Partially Implemented - Inadequate Progress

The above plan of correction was approved by

(Initials)

MAR 12 2018

Page 8 of 14

Violation Report: 43108 - 02/21/2018 - Roser, Ashley

PCH Name: SENIOR CARE PLAZA

1. REGULATION 55 Pa.Code §2000

2000.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 2/22/18 at approximately 4:40 p.m., agents of the Department noted an odor natural gas emitting from the ventilation in the secured dementia care unit's conference room. People's Gas Company and the McKeesport Fire Department were dispatched to the home. People's Gas Company found gas leaks in multiple appliances in the main kitchen and red tagged the following kitchen appliances:

\*Gas fryer

\*Gas stove and 10 burner range

\*Double stack oven

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. RMS Mechanical Services Inc. came into the home on 2/22/18 and repaired gas stove and double stack oven, and gas fryer. Please see attached invoice. All red tags have been removed, all equipment is in good repair, clean and free from hazard.
2. Should any kitchen equipment need repaired, company phone numbers and contact person has been posted in kitchen area for staff members.
3. Dietary Director and Administrator will guarantee proper persons have been contacted to repair equipment as needed.

See Page 8A 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)		Date
Summer Floet, Administrator		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
- ☒ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress

The above plan of correction was approved by

(Initials)

Violation Report: 43108 - 02/21/2018 - Roser, Ashley  
PCH Name: SENIOR CARE PLAZA

**1. REGULATION 55 Pa.Code §2600**

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

MAR 20 2018

**2a. DESCRIPTION OF VIOLATION**

On 2/22/18 at approximately 4:40 p.m., agents of the Department noted an odor natural gas emitting from the ventilation in the secured dementia care unit's conference room. People's Gas Company and the McKeesport Fire Department were dispatched to the home. People's Gas Company found gas leaks in multiple appliances in the main kitchen and red tagged the following kitchen appliances:

- \*Gas fryer
- \*Gas stove and 10 burner range
- \*Double stack oven

**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 inspect the home, on a daily basis, to ensure all furniture and equipment is in good repair, clean and free of hazards. Any furniture or equipment found to be in disrepair, unsanitary or hazardous, shall immediately be repaired, cleaned or replaced.

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)

Date 3-20-18

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ .....

MAR 12 2018

Violation Report: 43106 - 02/21/2018 - Roer, 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 annually. Documentation of this fire drill and fire safety inspection shall be kept.

**2a. DESCRIPTION OF VIOLATION**

The home's most recent fire safety inspection and supervised fire drill conducted by a fire safety expert was conducted on 11/15/17, however, the home's previous fire safety inspection and supervised fire drill conducted by a fire safety expert was conducted on 10/27/16.

**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. Reminder has been set to contact fire department 60 days prior to expiration 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
3. Administrator will contact McKeesport Fire Department to schedule a date for fire drill and inspection of the home before previous date expires.

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)

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



Partially Implemented - Adequate Progress



Partially Implemented - Inadequate Progress

The above plan of correction was approved by

(Initials)

MAR 12 2018

Page 10 of 14

Violation Report: 43106 - 02/21/2018 - Roser, Ashley  
 PCH Name: SENIOR CARE PLAZA

**1. REGULATION 55 Pa. Code §2600**

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.

**2a. DESCRIPTION OF VIOLATION**

Resident #8 was admitted to the home on [REDACTED] 17; however, a medical evaluation for the resident was not completed until 11/22/17.

**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 #8 was seen by a physician on 8/28/17, Please see attached documentation. Resident #8 changed physicians to house doctor on 11/22/17 and was evaluated by house doctor on 11/22/17
2. All residents will receive a medical evaluation within time frame. Documentation will be completed and filed in resident chart on date of evaluation.
3. Director of resident care and Administrator will guarantee all documentation is filed in resident chart on date of evaluation.

See Page 10A 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)			Date
[Signature]			3-12-18
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE			
The above plan of correction is approved as of <u>3/20/18</u> (Date)		Plan of correction implementation status as of <u>3/20/18</u> (Date)	
The above plan of correction was approved by <u>[Signature]</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress	

Violation Report: 43108 - 02/21/2018 - Roser, Ashley  
PCH Name: SENIOR CARE PLAZA

**1. REGULATION 55 Pa.Code §2600**

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.

**2a. DESCRIPTION OF VIOLATION**

Resident #8 was admitted to the home on [REDACTED] 17; however, a medical evaluation for the resident was not completed until 11/22/17.

**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 review all resident records to ensure the most recent, completed medical evaluation is present in the resident record.

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)

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

☐ Partially Implemented - Adequate Progress

☐ Partially Implemented - Inadequate Progress

The above plan of correction was approved by \_\_\_\_\_

(Initials)



MAR 12 2018

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Violation Report: 43108 - 02/21/2018 - Roser, Ashley  
FCH 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 following medications were unlocked and accessible at the 3rd floor nurses station:

\*Sarna Sensitive Pramoxine Hydrochloride 1% Lotion

\*Zinc Oxide Ointment

\*Desitin cream

**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. Medications were placed inside medication cart and locked.
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 are placed inside the medication cart and ensure cart is locked.

See Page 11A 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)

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

☐ Partially Implemented - Adequate Progress

☐ Partially Implemented - Inadequate Progress

The above plan of correction was approved by

(Initials)

MAR 20 2018

Page 11 of 14

Violation Report: 43108 - 02/21/2018 - Roser, Ashley

PCH Name: SENIOR CARE PLAZA

## 1. REGULATION 88 Pa.Code §2600

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 following medications were unlocked and accessible at the 3rd floor nurses station:

\*Sarna Sensitive Pramoxine Hydrochloride 1% Lotion

\*Zinc Oxide Ointment

\*Desitin cream

## 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: All medications in the 3rd floor nurse's station shall be locked.

Immediately: A designated staff person shall inspect the home daily to ensure all prescription medications, OTC medications, CAM and syringes are kept in an area or container that is locked.

Within 5 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be reeducated that all prescription medications, OTC medications, CAM and syringes must be kept in an area or container that is locked.

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)

Date 3.20.18

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)The above plan of correction was approved by \_\_\_\_\_  
(Initials)Plan of correction implementation status as of \_\_\_\_\_  
(Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Violation Report: 43108 - 02/21/2018 - Roser, Ashley  
 POH Name: SENIOR CARE PLAZA

1. REGULATION 86 Pa.Code §2600

2600.103(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

On 12/29/17, resident #7 was prescribed Naproxen Tablets 250 MG-Give 1 tablet by mouth twice a day as needed for pain for 7 days. However, on 2/22/18, this medication was still present in the home.

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 #7's medication was disposed on 2/22/18. Please see attached document.
2. E-MAR system to update medication techs when a medication has expired.
3. Director of resident care and medication supervisor will check E-MAR system daily for all expired medications and dispose them.

See Page 12A 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)		Date
JANET FLOW, Administrator		3/3/18
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE		
The above plan of correction is approved as of <u>3/20/18</u> (Date)		Plan of correction implementation status as of <u>3/20/18</u> (Date)
The above plan of correction was approved by <u>P</u> (Initials)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAR 20 2018

Page 12 of 14

Violation Report: 43106 - 02/21/2018 - Roser, Ashley  
 PCH Name: SENIOR CARE PLAZA

**1. REGULATION 05 Pa.Code §2800**

2800.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

**2a. DESCRIPTION OF VIOLATION**

On 12/29/17, resident #7 was prescribed Naproxen Tablets 250 MG-Give 1 tablet by mouth twice a day as needed for pain for 7 days. However, on 2/22/18, this medication was still present in the home.

**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, 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 2800.183f. 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(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)

Date 3.20.18

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The above plan of correction is approved as of

(Date)

The above plan of correction was approved by

(Initials)

Plan of correction implementation status as of

(Date)

☐ Fully Implemented

☐ Partially Implemented - Adequate Progress

☐ Partially Implemented - Inadequate Progress

☐ Not Implemented

Violation Report: 43108 - 02/21/2018 - Roser, Ashley  
 PCH Name: SENIOR CARE PLAZA

## 1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

## 2a. DESCRIPTION OF VIOLATION

On 2/2/18 and 2/12/18, the following medications were not initiated as administered on resident #10's February 2018 medication administration record:

- \*Donepezil 10MG-Give 1 tablet by mouth daily
- \*Escitalopram 10MG-Give 1 tablet by mouth daily
- \*Memantine 5MG-Give 1 tablet by mouth twice a day
- \*Metoprol Tar 25MG-Give 1/2 tablet (12.5MG) by mouth twice a day
- \*Ocuvite Lutein Zeax-Give 1 capsule by mouth daily
- \*Therema-M-Give 1 tablet by mouth daily

## 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. E-MAR system has been updated to not move forward with any medication pass until med passer had successfully signed off on current medication that was administered.
2. E-MAR system will continue to alert medication passer that a signature needs to be recorded before they can log off of current medication pass. E-MAR will also alert director of resident care that a signature needs to be recorded for medication administration.
3. Director of resident care and supervisor will review all E-MAR alert notifications after each medication pass to ensure all signatures are recorded for each resident.

See Page 13A 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)		Date
JENNIFER FLOAT, Administrator		3-12-18

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

The above plan of correction is approved as of <u>3/20/18</u> (Date)	Plan of correction implementation status as of <u>3/20/18</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

MAR 20 2018

Page 13 of 14

Violation Report: 43106 - 02/21/2018 - Roser, Ashley  
 PCH Name: SENIOR CARE PLAZA

**1. REGULATION 55 Pa.Code §2600**

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

**2a. DESCRIPTION OF VIOLATION**

On 2/2/18 and 2/12/18, the following medications were not initialed as administered on resident #10's February 2018 medication administration record:

- \*Donepezil 10MG-Give 1 tablet by mouth daily
- \*Escitalopram 10MG-Give 1 tablet by mouth daily
- \*Memantine 5MG-Give 1 tablet by mouth twice a day
- \*Metoprolol Tar 25MG-Give 1/2 tablet (12.5MG) by mouth twice a day
- \*Ocuvite Lutein Zeax-Give 1 capsule by mouth daily
- \*Therems-M-Give 1 tablet by mouth daily

**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, then monthly thereafter: A designated staff person qualified to administer medications shall review all resident medication administration records to ensure all records are initialed by the staff person who administered the medications, at the time of medication administration.

Within 5 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be reeducated by a Department-approved medication Train-the-Trainer on proper medication administration procedures, to include documentation of medication administration on resident medication administration records, at the time of medication administration. 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)

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

Date 3-10-18

**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

SECTION D

MAR 12 2018

Page 14 of 14

Violation Report: 43106 - 02/21/2018 - Roser, Ashley  
 PCH Name: SENIOR CARE PLAZA

1. REGULATION 65 Pa.Code §2600  
 2600.233(o) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION  
 The directions for operating the home's locking mechanism are not conspicuously posted near the double glass exit doors in the home's secure dementia care unit (SDCU).

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. Directions were posted on 2/22/18.
2. Directions are now screwed into wall
3. Administrator will conduct walk through of building to ensure directions have not been removed

*See Page 14A of 14*

Repeat Violation: Yes -	Date(s) of Previous Violation(s):	07/27/2017
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Summit Point Administrator</i>	Date <i>3-12-18</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>3/20/18</u> (Date)	Plan of correction implementation status as of <u>3/20/18</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented <i>L</i>

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

Page 1 of 8

PGH Name: SENIOR CARE PLAZA		License Number: 43106
Address: 624 LYSLE BOULEVARD, MCKEESPORT, PA 15132		County: Allegheny
Administrator: JENNIFER FLOAT		Region: WEST
Legal Entity Name: SENIOR CARE PLAZA ASSOCIATES INC		
Legal Entity Address: 624 LYSLE BOULEVARD, MCKEESPORT, PA 15132		
Certificate(s) of Occupancy I-2 06/25/1999 City of McKeesport		MAR 12 2018 WEST VIRGINIA DEPARTMENT OF HEALTH HOSPITALS & HEALTH CARE DIVISION
<b>Staffing Hours</b> Resident Support: 0                      Total Daily Staff: 86                      Working Staff: 65		
Type of Inspection: Partial                      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 11/15/2017: Flinner-Alman, Lisa; Mulick, Cindy 11/16/2017: Flinner-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 Served: 49 Secured Dementia Care Unit In Home: Yes Area: 1st Floor Secured Dementia Unit Capacity, If Applicable: 20 Number of Residents Served In Secured Dementia Care Unit, If applicable: 7 Number of Current Hospice Residents: 7 Number of Hospice Residents In past year: 13	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 49 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 37 Have a Physical Disability: 0	



Violation Report: 43106 - 11/16/2017 - Fillner-Alman, Lisa  
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 resident's assessment and support plan.

**2a. DESCRIPTION OF VIOLATION**

The assessment and support plan, dated 10/9/17, for resident #1, indicate staff are to provide assistance with incontinence care. According to multiple staff interviews, when the day staff arrive at the home at 7:30 a.m., they find the resident saturated with urine from head to toe due to lack of incontinence care during the 11:30 p.m. - 7:30 a.m. shift.

**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. According to nursing aide notes resident #1 refuses incontinent care during sleeping hours. *Please see attachments for example.*
2. All third floor nursing aides held a meeting about different ways they assist resident #1 during incontinent checks and how to better assist resident #1 during sleeping hours. Since then she has been more cooperative.
3. Upon change of shift all nursing aids conduct routine checks on each resident to ensure they have been properly cared for during each shift

*See Page 2A of 8*

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)

*Janice Float, Administrator*

Date *3.7.18*

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

The above plan of correction is approved as of

*3/22/18*  
(Date)

Plan of correction implementation status as of

*3/22/18*  
(Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☒ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

The above plan of correction was approved by

*[Signature]*  
(Initials)

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MAR 22 2018

A  
Page 2 of 8

Violation Report: 43106 - 11/15/2017 - Flinner-Alman, Lisa PCH Name: SENIOR CARE PLAZA		WEST REGION FIELD OFFICE Human Services Liaison	
<b>1. REGULATION 55 Pa.Code §2600</b> 2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.			
<b>2a. DESCRIPTION OF VIOLATION</b> The assessment and support plan, dated 10/9/17, for resident #1, indicate staff are to provide assistance with incontinence care. According to multiple staff interviews, when the day staff arrive at the home at 7:30 a.m., they find the resident saturated with urine from head to toe due to lack of incontinence care during the 11:30 p.m. - 7:30 a.m. shift.			
<b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>  Immediately: 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.  Within 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 education shall be kept.			
Repeat Violation: No		Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Jennifer Float</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jennifer Float</i>		Date <i>3/22/18</i>	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
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)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 43106 - 11/15/2017 - Flinner-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 guarantee nightstand and lamp are next to bed.

See Page 3A of 8

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)

Jennifer Float, Administrator

Date 3.7.18

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

The above plan of correction is approved as of

3/22/18  
(Date)

The above plan of correction was approved by

[Signature]  
(Initials)

Plan of correction implementation status as of 3/22/18  
(Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☒ Not Implemented [Signature]

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MAR 22 2018

A  
Page 3 of 8

Violation Report: 43108 - 11/15/2017 - Flinnor-Alman, Lisa

POH Name: SENIOR CARE PLAZA

WEST REGIONAL OFFICE  
Human Services Licensing

## 1. REGULATION 55 Pa.Code §2800

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.*

Immediately, then monthly thereafter: A designated staff person shall check all resident bedrooms, including resident #2's bedroom, to ensure each resident has an operable lamp or other source of lighting which can be turned on/off at bedside.

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)

Date 3/22/18

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)The above plan of correction was approved by \_\_\_\_\_  
(Initials)Plan of correction implementation status as of \_\_\_\_\_  
(Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Violation Report: 43106 - 11/15/2017 - Finner-Alman, Lisa  
PCH Name: SENIOR CARE PLAZA

1. REGULATION 55 Pa.Code §2000

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 prevent 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 Page 4A of 8

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)

Date 3.7.18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of

3/22/18  
(Date)

Plan of correction implementation status as of

3/22/18  
(Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☒ Not Implemented

The above plan of correction was approved by

[Signature]  
(Initials)

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A  
Page 4 of 8Violation Report: 43108 - 11/15/2017 - Flinner-Alman, Lisa  
PCH Name: SENIOR CARE PLAZA

MAR 22 2018

## 1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

WEST PENNSYLVANIA OFFICE  
Nursing Services Licensing

## 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 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 review all resident records to ensure each resident has a medical evaluation, completed in its entirety, at least annually. A copy of the medical evaluation shall be kept in each resident's record.

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)

Date 3/22/18

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)The above plan of correction was approved by \_\_\_\_\_  
(Initials)Plan of correction implementation status as of \_\_\_\_\_  
(Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

MAR 12 2018

Page 5 of 8

Violation Report: 43108 - 11/15/2017 - Finner-Alman, Lisa  
 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 #4 was ordered a mechanical soft diet on 10/11/17; however, the assessment, dated 2/16/17, only indicates "NCS" no concentrated sweets diet. Also, this resident was ordered a bed and chair alarm on 9/25/17, and the assessment was not updated with this order.

**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. Assessment for resident #4 has been updated
2. Director of Resident Care and Hospice conducted a meeting on a better communication system between both parties. System in place for hospice to record tasks, orders, and changes made to residents daily
3. Director of Resident Care, Hospice, and Administrator will read all documentation daily and record information as needed

See Page 5A of 8

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)

Jennifer Floet, Administrator

Date 3-7-18

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

The above plan of correction is approved as of

3/22/18  
 (Date)

The above plan of correction was approved by

(Initials)

Plan of correction implementation status as of

3/22/18  
 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

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MAR 22 2018

A  
Page 5 of 8

Violation Report: 43106 - 11/15/2017 - Filler-Alman, Lisa  
PCH Name: SENIOR CARE PLAZA

WEST BAYVIEW HOSPITAL  
Human Services Liaison

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 #4 was ordered a mechanical soft diet on 10/11/17; however, the assessment, dated 2/16/17, only indicates "NCS" no concentrated sweets diet. Also, this resident was ordered a bed and chair alarm on 9/25/17, and the assessment was not updated with this order.

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 Representative  
(Required on EVERY Page)

Jennifer Float

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

Jennifer Float

Date 3/22/18

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented



Violation Report: 43106 - 11/15/2017 - Flinner-Alman, Lisa  
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 team 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. DESCRIPTION OF VIOLATION

The cognitive screening portion of the preadmission screening form for resident #5, dated [REDACTED] 16, does not include the name of the person who completed the screening. Resident #5 was admitted to the secured dementia care unit on [REDACTED] 16.

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. Preadmission screening form was signed by physician at bottom of page. I believe this shouldn't be a violation as form was signed and completed by a physician, on the department approved screening form, and dated within time frame according to regulation 2600.231.

See Page 6A of 8

Repeat Violation: Yes

Date(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)

UNITED STATES, Administrator

Date 3-8-18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of

3/22/18  
(Date)

The above plan of correction was approved by

[Signature]  
(Initials)

Plan of correction Implementation status as of 3/22/18  
(Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☒ Not Implemented [Signature]

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MAR 22 2018

A  
Page 6 of 8

Violation Report: 43108 - 11/15/2017 - Flinner-Alman, Lisa  
 PCH Name: SENIOR CARE PLAZA

WEST REGION FIELD OFFICE  
 11/15/2017 10:00 AM

### 1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team 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. DESCRIPTION OF VIOLATION

The cognitive screening portion of the preadmission screening form for resident #5, dated [REDACTED] 16, does not include the name of the person who completed the screening. Resident #5 was admitted to the secured dementia care unit on [REDACTED] 16.

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

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

Immediately: The cognitive preadmission screening 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 home'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

Date(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)

Date

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

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MAR 12 2018

Violation Report: 43108 - 11/16/2017 - Flinner-Alman, Lisa  
PCH Name: SENIOR CARE PLAZA

**1. REGULATION 55 Pa.Code §2600**

2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.

**2a. DESCRIPTION OF VIOLATION**

According to the home, resident #3 needs to be fed by an aide at every meal; however, the assessment, dated 12/22/16, indicates the resident only requires reminders and cues at mealtimes.

**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 #3's assessment has been updated
2. Communication log in place for each floor and shift to record any changes to resident during their shift. Communication log in place for hospice to record any changes to resident during their shift.
3. Director of resident services and Administrator will read communication log daily and make appropriate changes to assessment of residents as needed

*See Page 7A of 8*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 3/22/18  
(Date)

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

Plan of correction Implementation status as of 3/22/18  
(Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☒ Not Implemented [Signature]

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MAR 22 2018

A  
Page 7 of 8

Violation Report: 43108 - 11/15/2017 - Flinner-Alman, Lisa  
PCH Name: SENIOR CARE PLAZA

WEST REGIONAL OFFICE  
HUMAN SERVICES DIVISION

1. REGULATION 55 Pa.Code §2600

2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.

2a. DESCRIPTION OF VIOLATION

According to the home, resident #3 needs to be fed by an aide at every meal; however, the assessment, dated 12/22/16, indicates the resident only requires reminders and cues at mealtimes.

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 review all support plans for the residents who reside on the home's secured dementia care unit to ensure accuracy and completion.

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)

Date 3/22/18

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

MAR 12 2018

Page 8 of 8

Violation Report: 43106 - 11/15/2017 - Flinner-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

See Page 8A of 8

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)

Date 3-8-18

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

The above plan of correction is approved as of

3/22/18  
 (Date)

The above plan of correction was approved by

[Signature]  
 (Initials)

Plan of correction Implementation status as of

3/22/18  
 (Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☒ Not Implemented [Signature]

Violation Report: 43106 - 11/15/2017 - Finner-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)

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2a. DESCRIPTION OF VIOLATION  
The photograph in resident #2's record is dated 10/22/14.

WEST PENNSYLVANIA OFFICE  
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 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 review all resident records to ensure all residents have a current photograph, which is no more than 2 years old.

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)

Date 3/22/18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 56 Pa.Code Chapter 2600**

Page 1 of 32

PCH Name: SENIOR CARE PLAZA		License Number: 43108
Address: 624 LYSLE BOULEVARD, MCKEESPORT, PA 15132		County: Allegheny
Administrator: Jennifer Flost		Region: WEST
Legal Entity Name: SENIOR CARE PLAZA ASSOCIATES INC		
Legal Entity Address: 624 LYSLE BOULEVARD, MCKEESPORT, PA 15132		
Certificate(s) of Occupancy 1-2 06/26/1999 City of McKeesport		<b>RECEIVED</b>  <b>JAN 31 2018</b>  WEST REGIONAL OFFICE (Allison G. Gorman)
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 82	Working Staff: 82
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal, Complaint, Incident		
<b>On-Site Inspection Dates and Department Representatives On-Site</b> 07/17/2017: Roser, Ashley; Georgoulis, Karen 07/18/2017: Roser, Ashley; Georgoulis, Karen 07/19/2017: Roser, Ashley; Georgoulis, Karen		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 100 Number of Residents Served: 48 Secured Dementia Care Unit in Home: Yes Area: Memory Secured Dementia Unit Capacity, if Applicable: 20 Number of Residents Served in Secured Dementia Care Unit, if applicable: 10 Number of Current Hospice Residents: 6 Number of Hospice Residents in past year: 12	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 48 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 34 Have a Physical Disability: 0	

Violation Report: 43108 07/17/2017 - Roser, Ashley

PCH Name: SENIOR CARE PLAZA

**1. REGULATION 65 Pa.Code §2600**

2600.10(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

Resident # 5 is prescribed Prednisone (5mg) - Take 2 tablets per day; however, the home administered Prednisone (5mg) 3 tablets per day from 3/17/17 - 5/8/17. This incident was not reported to the Department's personal care home regional office until 7/17/17.

**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 techs were unaware of medication change due to daughter having script sent to pharmacy of her choice. After obtaining script from pharmacy, the order was changed on E-MAR system. Incident report was filed on 7/17/17 to regional office.
2. POA, medication techs, and director of resident care held an Informed meeting explaining the importance of communication when using outside physicians and pharmacy. Medication changes and original scripts must be brought to the attention of staff members handling the care of resident #5.
3. Director of resident care, medication techs, and POA of resident #5 have a system in place to inform everyone involved when resident #5 has a doctor appointment and when new orders arise.

See Page 2A of 32

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)	Date
JENNIFER ELIOT, Administrator	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE	
The above plan of correction is approved as of <u>3/20/18</u> (Date)	Plan of correction implementation status as of <u>3/20/18</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented



MAR 20 2018

Violation Report: 43106 - 07/17/2017 - Roser, Ashley

PCH Name: SENIOR CARE PLAZA

**1. REGULATION 56 Pa.Code §2600**

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

**2a. DESCRIPTION OF VIOLATION**

Resident # 5 is prescribed Prednisone (5mg) - Take 2 tablets per day; however, the home administered Prednisone (5mg) 3 tablets per day from 3/17/17 - 5/8/17. This incident was not reported to the Department's personal care home regional office until 7/17/17.

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

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

Within 5 days of receipt of the plan of correction: All staff persons shall be reeducated that all reportable incidents and conditions indicated in 2600.16a must be reported to the Department's personal care home regional office within 24 hours. Documentation of the education shall be kept.

Immediately: A designated staff person shall review all reportable incidents and conditions on a daily basis to ensure any reportable incidents and conditions outlined in 2600.16a are reported to the Department's personal care home regional office within 24 hours.

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)

Jennifer Ploft, Administrator

Date 3-20-18

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress

Violation Report: 43100 - 07/17/2017 - Rover, Ashley  
PCH Name: SENIOR CARE PLAZA

JAN 31 2018

**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 7/17/17, residents #8 and #13's pharmacy packing slips, dated 7/15/17, containing resident medication information, were unlocked, unattended 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) (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. All documents pertaining to residents were removed. A locking file cabinet was purchased to conceal resident information.
2. Nursing staff were re-educated on the importance concealing resident information, and that all documentation must be placed in specific file folder and locked at all times.
3. Director of resident care, medication techs and administrator will do daily rounds on each floor to ensure all cabinets are locked 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	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
JENNIFER PLOAT, Administrator		1-29-18
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of <u>3/20/18</u> (Date)	Plan of correction implementation status as of <u>3/20/18</u> (Date)	
The above plan of correction was approved by <u>L</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented	

Violation Report: 43106 - 07/17/2017 - Ruser, Ashley  
FCH Name: SENIOR CARE PLAZA

**1. REGULATION 56 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, unattended 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) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

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

Immediately: The filing cabinet at the 3rd floor nurse's station shall be locked.

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 locked. 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 (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Summer Host, Administrator		7.20.18
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
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)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43108 - 07/17/2017 - Roser, Ashley  
 PCH Name: SENIOR CARE PLAZA

### 1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

### 2a. DESCRIPTION OF VIOLATION

The Care Facility Carbon 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 stove 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 Establishment 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 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. 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 4A of 32

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)		Date
J. Roser, Administrator		1-25-18
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of <u>3/20/18</u> (Date)	Plan of correction implementation status as of <u>3/20/18</u> (Date)	
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <u>[Signature]</u> <input type="checkbox"/> Not Implemented	

MAR 20 2017

Page 4 of 32

Violation Report: 43106 - 07/17/2017 - Roger, Ashley  
 PCH Name: SENIOR CARE PLAZA

**1. REGULATION 85 Pa.Code §2800**

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

**2a. DESCRIPTION OF VIOLATION**

The Care Facility Carbon 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 stove 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 46 residents; however, staff person E does not have the Food Establishment 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 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 carbon monoxide detector shall be installed in close proximity of, but not less than 15 feet away from the hot water tank in the mechanical room.

Immediately: All carbon monoxide detectors shall be inspected and maintained, including the changing of batteries, in accordance with the manufacturer's instructions.

Immediately: A designated staff person shall develop and implement a system to ensure a staff person, certified in Food Establishment Personnel Food Safety, is present in the home while meals are prepared and served. Documentation of the system shall be kept.

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)			Date
Jennifer Fleet, Administrator			3.20.18

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

The above plan of correction is approved as of \_\_\_\_\_  
 (Date)

The above plan of correction was approved by \_\_\_\_\_  
 (Initials)

Plan of correction implementation status as of \_\_\_\_\_  
 (Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress

1. REGULATION 65 Pa.Code §2600

2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION

The home manages finances for multiple residents, including residents #1, #3, #4, #6, #7 and #8. However, none of these residents received a quarterly, itemized account of financial transactions in 2017.

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. Financial statements were sent to all residents
2. System in place to send out quarterly statements to all resident poa
3. Administrative assistant and administrator will send out statements quarterly to all resident poa

See Page 6A of 32

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)

Date 1-25-18

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The above plan of correction is approved as of 3/29/18  
(Date)

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

Plan of correction implementation status as of 3/20/18  
(Date)

- ☐ 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 56 Pa.Code §2600

2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION

The home manages finances for multiple residents, including residents #1, #3, #4, #6, #7 and #8. However, none of these residents received a quarterly, itemized account of financial transactions in 2017.

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, then quarterly thereafter: Quarterly statements for all residents for whom the home manages finances, including residents #1, #3, #4, #6, #7 and #8, shall be completed. The quarterly statements shall include the beginning and ending balances. The quarterly statements shall be distributed to the residents and their designated persons immediately upon completion.

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)

Date 3.20.18

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress

RECEIVED

Violation Report: 43106 - 07/17/2017 - Roser, Ashley  
PCH Name: SENIOR CARE PLAZA

JAN 11 2018

1. REGULATION 85 Pa.Code §2800

2800.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

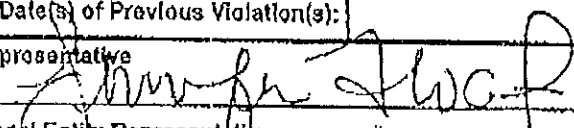
The assessment for resident #6, dated 10/9/16, indicates the resident has dementia, requires some supervision within the home, tends to wander, and requires assistance during evacuations with use of a wheeled walker. The resident's support plan, dated 10/9/16, indicates staff will assist as needed, escort 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 disoriented, could not locate the exits and indicated he/she has been walking so much that he/she hurts. Multiple safety hazards were observed on the 4th floor, to include multiple pieces of wood with exposed, sharp nail 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 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 #6's support plan was updated
2. System in place to review all residents quarterly or as it seems fit and support plans will be updated to reflect their needs
3. Director of resident care and Administrator will review all resident ADL's monthly/as needed and update support plans to ensure all parties are aware of resident needs

See Page 7A of 32

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)		Date
Jennifer E. Boat Administrator		1-27-18

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

The above plan of correction is approved as of <u>3/20/18</u> (Date)	Plan of correction implementation status as of <u>3/20/18</u> (Date)
The above plan of correction was approved by <u>Z</u> (Initials)	<input type="checkbox"/> Fully Implemented
	<input type="checkbox"/> Partially Implemented - Adequate Progress
	<input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress
	<input type="checkbox"/> Not Implemented



MAR 20 2018

A  
Page 7 of 32

Violation Report: 43106 - 07/17/2017 - Roser, Ashley  
 PCH Name: SENIOR CARE PLAZA

### 1. REGULATION 55 Pa.Code §2600

2000.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

### 2a. DESCRIPTION OF VIOLATION

The assessment for resident #6, dated 10/9/16, indicates the resident has dementia, requires some supervision within the home, tends 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, escort and show the resident which way to go during an evacuation. On 7/17/17 at 3:46 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 disoriented, could not locate the exits and indicated he/she has been walking so much that he/she hurts. Multiple safety hazards were observed on the 4th floor, to include multiple pieces of wood with exposed, sharp nail 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 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 resident assessments and support plans are immediately updated as resident care needs change, including supervision needs.

Within 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 education shall be kept.

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)			Date
Jennifer Rios, Administrator 3.20.18			
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
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)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 43108 - 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, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

### 2a. DESCRIPTION OF VIOLATION

On 7/19/17 at 12:05 PM, while in the home's secured dementia care unit (SDCU), agents of the Department heard staff person D yell, "shut the fuck up". Agents began walking towards the sound of yelling and heard staff person D yell again, "shut the fuck up and sit the fuck down." Agents of the Department entered the kitchenette area of the unit and found resident #8 very upset, agitated, and disoriented.

### 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 D was immediately fired on 7/17/17, reports to all institutions were submitted on 7/17/17
2. Staff meeting was held to re educate all staff on resident rights and proper ways to communicate with residents
3. Director of resident care and Administrator will guarantee staff meetings are in place each month to educate all staff members on the importance of resident rights and ways to handle difficult or combative residents without violating any rights to that person

See Page 8A of 32

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)		Date
Jennifer E. Roser, Administrator		
1-27-18		
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE</b>		
The above plan of correction is approved as of <u>3/20/18</u> (Date)	Plan of correction implementation status as of <u>3/20/18</u> (Date)	
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

MAR 20 2018

A  
Page 8 of 32

Violation Report: 43108 - 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, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**2a. DESCRIPTION OF VIOLATION**

On 7/19/17 at 12:05 PM, while in the home's secured dementia care unit (SDCU), agents of the Department heard staff person D yell, "shut the fuck up". Agents began walking towards the sound of yelling and heard staff person D yell again, "shut the fuck up and sit the fuck down." Agents of the department entered the kitchenette area of the unit and found resident #8 very upset, agitated, and disoriented.

**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 interview at least 4 residents monthly to ensure no resident is neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

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)

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

☐ Partially Implemented - Adequate Progress

☐ Partially Implemented - Inadequate Progress

The above plan of correction was approved by

(Initials)

Violation Report: 43106 - 07/17/2017 - Rosor, Ashley  
 PCH Name: SENIOR CARE PLAZA

**1. REGULATION 65 Pa.Code §2600**

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 while in use.

**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. A lock was placed on Bathroom door 7-17-17

2. System in place to check all bathroom's to ensure there is a lock and it is in operable condition
3. Maintenance director and administrator to perform physical site at least once a month to check all locks on common bathrooms are operable

See Page 9A of 32

Repeat Violation: Yes	Date(s) of Previous Violation(s): 08/04/2016 et al	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Jennifer Elia, Administrator		1-17-18
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of <u>3/20/18</u> (Date)	Plan of correction implementation status as of <u>3/20/18</u> (Date)	
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented	
	<input type="checkbox"/> Partially Implemented - Adequate Progress	
	<input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <u>[Signature]</u>	
	<input type="checkbox"/> Not Implemented	

Violation Report: 49108 - 07/17/2017 - Roser, Ashley  
 PCH Name: SENIOR CARE PLAZA

**1. REGULATION 55 Pa.Code §2800**

2800.42(e) - 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 while in use.

**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 lock shall be placed on the common bathroom door, across from bedroom #103.

Within 5 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(s) of Previous Violation(s):	08/04/2018 et al
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Sumita Patel, Administrator		8.20.18

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

The above plan of correction is approved as of \_\_\_\_\_  
 (Date)

The above plan of correction was approved by \_\_\_\_\_  
 (Initials)

Plan of correction implementation status as of \_\_\_\_\_  
 (Date)

- ☐ 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 85 Pa.Code §2800**

2800.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

**2a. DESCRIPTION OF VIOLATION**

Staff person A, the home's administrator, completed only 18 hours of annual training during the 2016 training year.

**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.*

4 additional training hours were completed towards the 2016 training year.

1. Administrator was unaware the remaining 6 credits were not department approved credits. *Additional credits were completed by Administrator*
2. Administrator was educated on different websites to obtain needed credits for year
3. Administrator will complete all 24 credits per regulations and ensure they are department approved

*See Page 10A of 32*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/04/2016 et al
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		
<i>Shirley Hoat</i> <i>Shirley Hoat, Administrator</i>		Date: <i>1/27/18</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE</b>		
The above plan of correction is approved as of <u>3/20/18</u> (Date)		Plan of correction implementation status as of <u>3/20/18</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43106 - 07/17/2017 - Rober, Ashley  
 PCH Name: SENIOR CARE PLAZA

**1. REGULATION 55 Pa.Code 52600**

2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

**2a. DESCRIPTION OF VIOLATION**

Staff person A, the home's administrator, completed only 18 hours of annual training during the 2016 training year.

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

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

Immediately: The administrator shall review his/her training records quarterly to ensure he/she has completed at least 24 hours of Department-approved annual training relating to their job duties during each established training year.

Immediately: The administrator's training shall be reviewed during the home's quality management review in accordance with 2600.26b.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

08/04/2016

Signature of Legal Entity Representative  
 (Required on EVERY Page)

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

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

☐

Partially Implemented - Adequate Progress

☐

Partially Implemented - Inadequate Progress

The above plan of correction was approved by

(Initials)

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, hired 7/10/14, and direct care staff person C, hired 11/19/15, did not receive training in the following topics during the 2016 training year:

- \* Medication self administration
- \* Instructions on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan

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 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 were present day of training and have an additional date planned for those who were not in attendance.

See Page 11A of 32

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)


Date 1-27-18

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

The above plan of correction is approved as of 3/20/18  
(Date)

The above plan of correction was approved by   
(Initials)

Plan of correction implementation status as of 3/20/18  
(Date)

- ☐ 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**

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

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

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person B, hired 7/10/14, and direct care staff person C, hired 11/19/15, did not receive training in the following topics during the 2016 training year;

- \* Medication self administration
- \* Instructions on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan

**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: Staff persons B and C shall receive training on instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Documentation of the education shall be kept.

Immediately: The administrator or designated staff person shall develop and implement a system to ensure all direct care staff persons receive annual training on all topics specified in 2600.65f during each established training year.

Documentation of the system shall be kept.

Immediately: Direct care staff training shall be reviewed during each of the home's quality management review in accordance with 2600.26b. Documentation of the review shall be kept.

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)		Date
Jennifer Ploet, Administrator		3-20-18

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress

JAN 8 1 2018

Page 12 of 32

Violation Report: 43106 - 07/17/2017 - Rosor, Ashley  
PCH Name: SENIOR CARE PLAZA

**1. REGULATION 55 Pa.Codo §2800**

2800.65(j) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

**2a. DESCRIPTION OF VIOLATION**

The home's training records, including training records for direct care staff persons B & C, do not include training dates on the training certificates for the 2016 training year.

**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. Training dates were recorded on each staff persons certificates.
2. All certificates going forward will have date on each staff members certificates
3. Administrator will check that dates are placed on certificates and sign off on all once they are completed

See Page 12A of 32

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sumiter E. Boat Administrator</i>		Date <i>1.27.18</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of <u>3/20/18</u> (Date)		Plan of correction implementation status as of <u>3/20/18</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented <i>[Signature]</i>

MAR 20 2018

Page 12 of 32

Violation Report: 43106 - 07/17/2017 - Roser, Ashley  
 PCH Name: SENIOR CARE PLAZA

**1. REGULATION 55 Pa.Code §2600**

2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

**2a. DESCRIPTION OF VIOLATION**

The home's training records, including training records for direct care staff persons B & C, do not include training dates on the training certificates for the 2016 training year.

**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 record of training shall be kept for all trainings conducted with staff persons, which includes all items specified in 2600.65i.

Immediately, then quarterly thereafter: A designated staff person shall review all records of staff training to ensure all items specified in 2600.65i are present on each record of training.

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)

Date 3.20.18

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

The above plan of correction is approved as of \_\_\_\_\_  
 (Date)

The above plan of correction was approved by \_\_\_\_\_  
 (Initials)

Plan of correction implementation status as of \_\_\_\_\_  
 (Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

RECEIVED

Violation Report: 43106 - 07/17/2017 - Roser, Ashley  
 PCH Name: SENIOR CARE PLAZA

**1. REGULATION 66 Pa.Codo §2600**

2800.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

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

**2a. DESCRIPTION OF VIOLATION**

The home's 2017 staff training plan does not include the dates, times, and locations of the scheduled training for each staff person for the training year.

**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. Document was updated to include date, time and location of each training
2. 2017 training plan includes date, time, and location of each staff training.
3. Administrator will check each month to ensure all documents have the necessary items per regulation 2600.66b

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE**

The above plan of correction is approved as of 3/20/18  
 (Date)

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

Plan of correction implementation status as of 3/20/18  
 (Date)

- ☐ 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

JAN 31 2018

1. REGULATION 55 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

Resident #7's glucometer was used to measure blood glucose levels for resident #4 on the following dates and times:

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

Resident #9's glucometer was used to measure blood glucose levels for resident #1 on 7/11/17 at 8:22 AM.

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

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

1. All glucometers were checked to ensure they're in operable condition

2. Staff was re educated on the importance of sanitary conditions, system in place to sign off each day while performing diabetic tasks that all glucometers are working and were only used on the resident it's assigned for.

3. Director of resident care and administrator will check signed documents daily to ensure glucometers are working and were only used on resident it is assigned to

See Page 14A of 32

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)

Date 1-27-18

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

The above plan of correction is approved as of 3/20/18  
(Date)

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

Plan of correction implementation status as of 3/20/18  
(Date)

- ☐ Fully Implemented  
☐ Partially Implemented - Adequate Progress  
☐ Partially Implemented - Inadequate Progress  
☒ Not Implemented [Signature]

Violation Report: 43106 - 07/17/2017 - Roser, Ashley  
PCH Name: SENIOR CARE PLAZA

1. REGULATION 55 Pa.Code §2600  
2800.85(a) - Sanitary conditions shall be maintained.

MAP 20 2018

**2a. DESCRIPTION OF VIOLATION**

Resident #7's glucometer was used to measure blood glucose levels for resident #4 on the following dates and times:

Date: Time:  
7/18/17 7:46 AM  
7/17/17 3:08 PM  
7/18/17 7:50 AM  
7/15/17 4:11 PM  
7/14/17 8:25 AM

Resident #9's glucometer was used to measure blood glucose levels for resident #1 on 7/11/17 at 8:22 AM.

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

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

Immediately: The home shall replace all resident glucometers, at the home's expense. Once new glucometers are purchased by the home, they shall be clearly labeled with the resident's first and last name.

Immediately: Each resident's physician, for those that receive blood sugar testing, will be notified, in writing, of the possibility of shared glucometer use and all recommendations made by the physician should be followed.

Documentation of the notification to the physician, the recommendations of the physician and the home's follow-up based on the recommendations shall be maintained by the home for Department review.

Within 5 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be reeducated by a Certified Diabetic Educator on proper blood sugar testing procedures, which includes testing resident's blood sugar with their own, labeled glucometer, and that sharing of glucometers is prohibited. Documentation of the education shall be kept.

Within 15 days of receipt of the plan of correction: A designated staff person qualified to administer medications shall observe each staff person responsible for diabetic care perform blood sugar checks. Each staff person will be observed once a week for 3 weeks, then once a month for 3 months to ensure glucometers are not shared among residents. Documentation of the observations shall be kept.

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)

Date 3.20.18

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress

Violation Report: 43106 - 07/17/2017 - Roser, Ashley  
 PCN Name: SENIOR CARE PLAZA

JAN 31 2018

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

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 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 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. The main kitchen was deep cleaned on 7/18/17 all unsanitary conditions were removed
2. Dietary staff was educated on importance of sanitary conditions, system in place for main kitchen to be deep cleaned monthly
3. Administrator and Dietary director to observe kitchen sanitary conditions once a day to ensure system is working and kitchen is cleaned per standards.

See Page 15A of 32

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) - <i>[Signature]</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) - <i>Donna L. Boat Administrator</i>		Date <i>1-27-18</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE</b>		
The above plan of correction is approved as of <u>3/20/18</u> (Date)		Plan of correction implementation status as of <u>3/20/18</u> (Date)
The above plan of correction was approved by <u><i>R</i></u> (Initials)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>[initials]</i> <input type="checkbox"/> Not Implemented

Violation Report: 43108 - 07/17/2017 - Roser, Ashley  
PCH Name: SENIOR CARE PLAZA

1. REGULATION 55 Pa.Code §2800

2800.85(a) - Sanitary conditions shall be maintained.

MAP 20 2015

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 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 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 10 burner stove, the juice machine and white microwave shall be cleaned.

Immediately: The administrator or designated staff person shall develop and implement a daily checklist to ensure sanitary conditions are maintained. Documentation of the daily checklist shall be kept. All staff persons shall be educated on the new checklist.

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)

Date 3.20.18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

Plan of correction Implementation status as of \_\_\_\_\_  
(Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented



JAN 31 2018

Page 16 of 32

Violation Report: 43108 - 07/17/2017 - Roser, Ashley  
 PGH Name: SENIOR CARE PLAZA

**1. REGULATION 65 Pa.Code §2600**

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

**2a. DESCRIPTION OF VIOLATION**

There is no lid on the 1/4 full trash can in the external courtyard by the double glass doors.

**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. Lid was placed on trash can 7/17/17
2. Daily rounds in order for all housekeepers to check trash cans to ensure there is a lid on each one
3. Housekeeping supervisor and Administrator will do daily rounds on all trash cans to check there is a lid on all cans both in and outside of facility

*See Page 16A of 32*

Repeat Violation: Yes	Date(s) of Previous Violation(s): 08/04/2018	421
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Shantel Boat, Administrator		1-27-18
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of <u>3/20/18</u> (Date)		Plan of correction implementation status as of <u>3/20/18</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

MAR 20 2018

A  
Page 16 of 32

Violation Report: 43106 - 07/17/2017 - Roser, Ashley  
PCH Name: SENIOR CARE PLAZA

**1. REGULATION 55 Pa.Code §2800**

2800.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

**2a. DESCRIPTION OF VIOLATION**

There is no lid on the 1/4 full trash can in the external courtyard by the double glass doors.

**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 lid shall be placed on the trash can in the external courtyard by the double glass doors.

Immediately, then daily thereafter: A designated staff person shall inspect the exterior grounds to ensure all trash outside the home is kept in covered receptacles. Documentation of the checks shall be kept.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

08/04/2016

et al

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

Walter Fical Administrator

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)

The above plan of correction was approved by

(Initials)

☐

Fully Implemented

☐

Partially Implemented - Adequate Progress

☐

Partially Implemented - Inadequate Progress

Violation Report: 43108 - 07/17/2017 - Roser, Ashley  
POH Name: SENIOR CARE PLAZA

**1. REGULATION 55 Pa.Code §2600**

2600.88(a) - Floors, walls, ceilings, 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 ceiling in the linen closet 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 ceiling. The surrounding ceiling tiles contained numerous water stains.

The latching mechanism on the door in bedroom #211 is broken, preventing the door from properly latching.

A 2" wide X 7/8" deep piece 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 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 sharp tips of 4 nails protruding, was laying on the floor
- \* Exposed electrical wires
- \* Multiple 5 gallon buckets of cement and caulking
- \* Bedroom carpets were torn up, exposing splintering wood on the floor

**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. Ceiling tile was replaced, garbage can was removed, ceiling was inspected for any hazards, locking mechanism was replaced.
2. System in place for physical site of home to be done to ensure all hazards are handled properly.
3. Maintenance director and administrator will conduct physical site of home once a month to fix any hazards or potential hazards

See Page 17A of 32

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)		Date
Jennifer Klotz, Administrator		1-27-18
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE</b>		
The above plan of correction is approved as of <u>3/20/18</u> (Date)		Plan of correction implementation status as of <u>3/20/18</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43108 - 07/17/2017 - Roser, Ashley

PCH Name: SENIOR CARE PLAZA

## 1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, 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 ceiling in the linen closet 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 ceiling. The surrounding ceiling tiles contained numerous water stains.

The latching mechanism on the door in bedroom #211 is broken, preventing the door from properly latching.

A 2" wide X 7/8" deep piece 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, tends 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, escort 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 disoriented, could not locate the exits and indicated he/she has been walking so much that he/she hurts. Multiple safety hazards were observed on the 4th floor, to include multiple pieces of wood with exposed, sharp nail 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 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 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 daily basis, to ensure all floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Any items found to be unsanitary, in disrepair or hazardous, shall immediately be cleaned, repaired or replaced. The daily checks shall also include a check of the 4th floor to ensure the floor is secure and inaccessible to residents until renovations are complete. Documentation of the checks shall be kept.

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)

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

☐ Partially Implemented - Adequate Progress

☐ Partially Implemented - Inadequate Progress

The above plan of correction was approved by

(Initials)

JAN 31 2018

Page 18 of 32

Violation Report: 43106 - 07/17/2017 - Roer, Ashley  
 PCH Name: SENIOR CARE PLAZA

### 1. REGULATION 66 Pa.Code §2600

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, #316 and the top, right window in the dining room.

### 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 *quarterly*

*See Page 18A of 32*

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)		Date
<i>Samuel Roer</i> <i>Senior Care Plaza Administrator</i>		<i>1.27.18</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of <u>3/20/18</u> (Date)		Plan of correction implementation status as of <u>3/20/18</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initiate)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

MAR 20 2018

Page 18 of 32

Violation Report: 43108 - 07/17/2017 - Rosar, Ashley  
PCH Name: SENIOR CARE PLAZA

**1. REGULATION 55 Pa.Code §2800**

2800.92 - 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, #316 and the top, right window in the dining room.

**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: Screens shall be placed in the windows of bedrooms #211, #308, #316 and the top-right window of the 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)

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

☐ Partially Implemented - Adequate Progress

☐ Partially Implemented - Inadequate Progress

The above plan of correction was approved by \_\_\_\_\_

(Signature)

JAN 31 2018

Page 19 of 32

Violation Report: 43106 - 07/17/2017 - Roser, Ashley  
 PCH Name: SENIOR CARE PLAZA

**1. REGULATION 65 Pa.Code §2600**

2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

**2a. DESCRIPTION OF VIOLATION**

On 7/17/17, there was an unlabeled bar of white soap at the sink in the 1st floor common shower room.

**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. Unlabeled soap was removed on 7/17/17
2. Staff was re educated on regulation 102(i) and where they could find house stock of hygiene products
3. Director of resident care and housekeeping supervisor will inspect all common bathrooms after each use to ensure all hygiene products are properly labeled and discard any that are not

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)

Date 1-27-18

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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

☒ Partially Implemented - Adequate Progress

☐ Partially Implemented - Inadequate Progress

☐ Not Implemented

The above plan of correction was approved by

  
 (Initials)

Violation Report: 43106 - 07/17/2017 - Roser, Ashley  
 PGH Name: SENIOR CARE PLAZA

### 1. REGULATION 55 Pa.Code §2600

2800.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

### 2a. DESCRIPTION OF VIOLATION

On 7/17/17, at 3:41 PM, the refrigerator temperature of the refrigerator/freezer in the 3rd floor kitchenette was 50 degrees Fahrenheit.

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

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

1. Thermometer was placed in back of refrigerator to get a proper reading. At 4:30pm third floor temperature read 35 degrees fahrenheit.
2. System in place for dietary staff to record temperatures of each floor refrigerator/freezer before placing any food inside for proper handling
3. Dietary supervisor and administrator will check and ensure temperature readings are being recorded each day and they are within normal levels for proper food storage

*See Page 20A of 32*

Repeat Violation: Yes	Date(s) of Previous Violation(s): 08/04/2018 et al	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Ashley Roser</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ashley Roser, Administrator</i>		Date <i>1.27.18</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of <u>3/20/18</u> (Date)		Plan of correction implementation status as of <u>3/20/18</u> (Date)
The above plan of correction was approved by <u><i>R</i></u> (Initials)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented



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Violation Report: 43108 - 07/17/2017 - Roser, Ashley  
 PCH Name: SENIOR CARE PLAZA

JAN 8 2018

1. REGULATION 55 Pa.Code §2600  
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

On 7/17/17, the following items were open and unsealed in the SDCU kitchenette area:

- \* 1 package of Lance cheese crackers
- \* 1 bag of Shcar's chosen corn puffs
- \* 1 cup of fruit loops

On 7/17/17, the following items were open and unsealed in the home's main freezer:

- \* 1 sleeve of pancakes
- \* 1 box of sausage patties
- \* 1 box of turkey burgers
- \* 1 bag of shrimp
- \* 1 bag of cheese pierogies

On 7/17/17, an uncovered plate, containing 2 pieces of pizza, was in the SDCU kitchenette refrigerator.

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. 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 sealed 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

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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The above plan of correction is approved as of 3/20/18  
 (Date)

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

Plan of correction implementation status as of 3/20/18  
 (Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☒ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Violation Report: 43108 - 07/17/2017 - Roar, Ashley  
PCH Name: SENIOR CARE PLAZA

1. REGULATION 55 Pa.Code §2600  
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

On 7/17/17, the following items were open and unsealed in the SDCU kitchenette area:

- \* 1 package of Lano's cheese crackers
- \* 1 bag of Shear's cheese corn puffs
- \* 1 cup of fruit loops

MAR 20 2018

On 7/17/17, the following items were open and unsealed in the home's main freezer:

- \* 1 sleeve of pancakes
- \* 1 box of sausage patties
- \* 1 box of turkey burgers
- \* 1 bag of shrimp
- \* 1 bag of cheese pierogies

On 7/17/17, an uncovered plate, containing 2 pieces of pizza, was in the SDCU kitchenette refrigerator.

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 check all food storage areas, including all refrigerators and freezers, on a daily basis to ensure all food is stored in closed or sealed containers.

Within 5 days of receipt of the plan of correction: All staff persons shall be educated that all food shall be stored in closed or sealed containers. Documentation shall be kept.

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)

Date 3.20.18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress

Violation Report: 43108 - 07/17/2017 - Roser, Ashley  
 PCH Name: SENIOR CARE PLAZA

**1. REGULATION 66 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 VIOLATION**

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 (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

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

The home's fire safety expert no longer indicates the enclosed courtyard, which exits to 5th avenue, as a fire-safe area. *3/20/18*

1. Courtyard gate is locked to ensure safety of residents with elopement tendencies. I believe this is not violating any regulations as the gate is located outside of the home, 40ft from building. It gives residents the opportunity to freely roam outside during warmer months. This gate prevents trespassers entering the facility uninvited. And in the event of an emergency inside the facility the courtyard itself could be used as a safe area. *unacceptable plan of correction* If one must use that exit in the event of an emergency the locking mechanism becomes disengaged allowing for immediate egress to 5th ave. being that lock disengages during an emergency I feel as though this is not violating regulation 2600.121(a)

Immediately: The home shall ensure the safety of all residents when in the courtyard in accordance with their assessments and support plans. *3/20/18* See Page 22A of 32

Repeat Violation: Yes	Date(s) of Previous Violation(s): 12/22/2016
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Shirley Flock Administrator</i> Date <i>1-27-18</i>	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE</b>	
The above plan of correction is approved as of <i>3/20/18</i> (Date)	Plan of correction implementation status as of <i>3/20/18</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented <i>[Signature]</i>

MAR 20 2018

A  
Page 22 of 32

Violation Report: 43108 - 07/17/2017 - Roser, Ashley  
PCH Name: SENIOR CARE PLAZA

**1. REGULATION 65 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 VIOLATION**

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 (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

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

Immediately: The gate in the enclosed courtyard, which exits to 5th avenue, shall be unlocked and unobstructed.

Immediately: A designated staff person shall check all stairways, hallways, doorways, passageways and egress routes from rooms and from the building, including the gate in the enclosed courtyard which exits to 5th avenue, 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 egress 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

Date(s) of Previous Violation(s):

12/22/2018

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

Jennifer Blair, Administrator

Date 3.20.18

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The above plan of correction is approved as of

(Date)

Plan of correction implementation status as of

(Date)

☐ Fully Implemented

☐ Partially Implemented - Adequate Progress

☐ Partially Implemented - Inadequate Progress

The above plan of correction was approved by

(Initials)

Violation Report: 43100 - 07/17/2017 - Roser, Ashley

PCH Name: SENIOR CARE PLAZA

**1. REGULATION 55 Pa. Code §2600**

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

**2a. DESCRIPTION OF VIOLATION**

There are no evacuation diagrams posted in the home's secured dementia care unit.

**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. Evacuation diagrams were placed throughout care unit on 7/17/17
2. Facility was inspected on 7/17/17 to ensure each floor had evacuation diagrams posted
3. Administrator to conduct physical site inspection quarterly to check that diagrams are posted on every floor of home

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)

Date

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE**The above plan of correction is approved as of 3/20/18  
(Date)The above plan of correction was approved by [Signature]  
(Initials)Plan of correction implementation status as of 3/20/18  
(Date)

- ☒ Fully Implemented [Signature]
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Violation Report: 43100 - 07/17/2017 - Rosor, Ashley  
PCH Name: SENIOR CARE PLAZA

**1. REGULATION 65 Pa.Code §2600**

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.

**2a. 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 "see 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 attached to each document
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 Entity Representative  
(Required on EVERY Page)

Date

**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)

The above plan of correction was approved by

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(Initials)

☐ Fully Implemented

☒ Partially Implemented - Adequate Progress P

☐ 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**

2600.162(o) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**2a. DESCRIPTION OF VIOLATION**

The current menu posted in the home was from 7/17/17 - 7/23/17.

**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. A two week menu was posted on every floor on 7/17/17
2. Menus are made one month in advance and posted on each floor
3. Dietary director and administrator will check each floor weekly to ensure menus are posted

See Page 25A of 32

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)		Date
Jennifer P. Roser, Administrator		1-27-18
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE</b>		
The above plan of correction is approved as of <u>3/20/18</u> (Date)	Plan of correction implementation status as of <u>3/20/18</u> (Date)	
The above plan of correction was approved by <u>L</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented <u>L</u>	

Violation Report: 43106 - 07/17/2017 - Rosar, Ashley  
 PCH Name: SENIOR CARE PLAZA

**1. REGULATION 55 Pa.Code §2600**

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**2a. DESCRIPTION OF VIOLATION**

The current menu posted in the home was from 7/17/17 - 7/23/17.

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

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

Immediately: The home shall post the current weekly menu, as well as a menu one week in advance, in a conspicuous and public place in the home, including in the home's secured dementia care unit.

Immediately: A designated staff person shall check the home, at least weekly, to ensure the current weekly menu, as well as a menu one week in advance, is posted in a conspicuous and public place in the home, including in the home's secured dementia care unit.

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)

Date 3.20.19

**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 \_\_\_\_\_

- ☐ Fully Implemented  
☐ Partially Implemented - Adequate Progress  
☐ Partially Implemented - Inadequate Progress



Violation Report: 43106 - 07/17/2017 - Roser, Ashley		JAN 31 2018	
PCH Name: SENIOR CARE PLAZA			
<b>1. REGULATION 55 Pa.Code §2800</b> 2800.183(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.			
<b>2a. DESCRIPTION OF VIOLATION</b> 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.			
<b>3. PLAN OF CORRECTION (POC)</b> (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 #10's medication was placed in locked medication cart on 7/19/17 2. Medication techs were re educated on 7/28/17 on proper storage of medications 3. Director of resident care and administrator will check all medication carts periodically throughout the day to ensure all medications are properly stored in locked cart			
See Page 26A of 32			
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)			Date
Jimmie H. Hoot, Administrator			1-27-18
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>3/20/18</u> (Date)		Plan of correction implementation status as of <u>3/20/18</u> (Date)	
The above plan of correction was approved by <u>[Signature]</u> (Initials)		<input type="checkbox"/> Fully Implemented	
		<input type="checkbox"/> Partially Implemented - Adequate Progress	
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		<input checked="" type="checkbox"/> Not Implemented <u>[Signature]</u>	

MAR 20 2018

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Violation Report: 43108 - 07/17/2017 - Roser, Ashley  
 PCH Name: SENIOR CARE PLAZA

**1. REGULATION 88 Pa.Code §2600**

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. 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: All medications in the 3rd floor nurse's station shall be locked.

Immediately: A designated staff person shall inspect the home daily to ensure all prescription medications, OTC medications, CAM and syringes are kept in an area or container that is locked.

Within 5 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be reeducated that all prescription medications, OTC medications, CAM and syringes must be kept in an area or container that is locked.

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)

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

☐ Partially Implemented - Adequate Progress

☐ Partially Implemented - Inadequate Progress

The above plan of correction was approved by \_\_\_\_\_

(Initials)

JAN 31 2018

Page 27 of 32

Violation Report: 43108 - 07/17/2017 - Rosor, Ashley  
 PCH Name: SENIOR CARE PLAZA

### 1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM 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 Salkin Nasal Gel was in a plastic bag on top of the 3rd floor medication cart.

### 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 #10's medication was properly disposed of on 7/19/17.
2. Medication techs were re educated on proper disposal of medications and documentation needed on resident who no longer reside in the facility
3. Director of resident care and administrator will check all documentation and oversee proper disposal of medications of residents who are no longer in facility

See Page 27A of 32

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)		Date	
Jennifer Ploaf Administrator		1-27-18	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>3/20/18</u> (Date)		Plan of correction implementation status as of <u>3/20/18</u> (Date)	
The above plan of correction was approved by <u>[Signature]</u> (Initials)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

MAR 20 2018

A  
Page 27 of 32

Violation Report: 43106 - 07/17/2017 - Roser, Ashley  
PCH Name: SENIOR CARE PLAZA

**1. REGULATION 55 Pa.Code §2600**

2600.183(d) - Only current prescription, OTC, sample and CAM 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 Nasal Gel was in a plastic bag on top of the 3rd floor medication cart.

**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, 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 2600.183f. 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(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)			Date
Jennifer Flood Administrator			3.20.18

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress

VIOLATION

Violation Report: 43108 - 07/17/2017 - Roser, Ashley  
PCH Name: SENIOR CARE PLAZA

JAN 8 1 2018

**1. REGULATION 65 Pa.Code §2600**

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**2a. DESCRIPTION OF VIOLATION**

Resident #3's bottle of Ketotifen eye drops was marked with an open date of 6/16/17. According to manufacturer's instructions, this medication expires 28 days after opening. According to the July 2017 medication administration record (MAR), the medication was administered on the following dates:

- 7/14/17
- 7/16/17
- 7/17/17

On 7/18/17, the medication was still present in the home.

**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 #3's medication was properly disposed of, and documentation of error was sent to department on 7/18/17.
2. Medication techs were re educated on manufacturer's guidelines on eye drops.
3. Director of resident care, medication tech and administrator will check all eye drops when needed to ensure proper disposal dates are listed on medication bottles and bottles are discarded on date listed

at least  
weekly +  
3/20/18

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)		Date	
Jennifer P. Roser, Administrator		1-27-18	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>3/20/18</u> (Date)		Plan of correction implementation status as of <u>3/20/18</u> (Date)	
The above plan of correction was approved by _____ (Initials)		<input type="checkbox"/> Fully Implemented	
		<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress	
		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

Violation Report: 43106 - 07/17/2017 - Roser, Ashley  
 FCH Name: SENIOR CARE PLAZA

### 1. REGULATION 65 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

### 2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed blood glucose readings 3 times per day. This resident's glucometer readings do not match blood glucose levels documented on the resident's July 2017 MAR on the following dates and times:

Date:	Time:	Glucometer Reading	MAR entry
7/17/17	8:00 PM	184	148
7/18/17	8:00 AM	No reading	118
7/18/17	9:00 PM	No reading	140
7/18/17	8:00 AM	No reading	157

Resident # 4's glucometer is not calibrated to the correct date and time.

### 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. All residents received new glucometers to ensure they are in working order
2. All medication techs were educated on each glucometer on proper use, how to document in MAR, and storage.
3. Director of resident care and administrator will check each glucometer weekly to ensure they're operable and documentation on MAR matches reading of each meter

*See Page 29A of 32*

Repeat Violation: <u>NJO</u>	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Janita P. [unclear] Administrator</i>		Date <i>1-27-18</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of <u>3/20/18</u> (Date)	Plan of correction implementation status as of <u>3/20/18</u> (Date)	
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>[Signature]</i> <input type="checkbox"/> Not Implemented	

MAR 20 2018

Page 29 of 32

Violation Report: 43106 - 07/17/2017 - Roser, Ashley  
 PCH Name: SENIOR CARE PLAZA

### 1. REGULATION 65 Pa.Code §2800

2800.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

### 2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed blood glucose readings 3 times per day. This resident's glucometer readings do not match blood glucose levels documented on the resident's July 2017 MAR on the following dates and times:

Date:	Time:	Glucometer Reading	MAR entry
7/17/17	8:00 PM	184	148
7/18/17	8:00 AM	No reading	118
7/16/17	9:00 PM	No reading	140
7/15/17	8:00 AM	No reading	187

Resident # 4's glucometer is not calibrated to the correct date and time.

### 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 qualified to administer medications shall inspect all resident medication administration records for residents who are prescribed blood sugar checks, daily for one week then weekly thereafter, to ensure all blood sugar checks are accurately documented on resident medication administration records in accordance with the blood sugar readings on the resident's glucometers. Documentation of the audits shall be kept.

Within 5 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be reeducated by a Certified Diabetic Educator on proper blood sugar testing procedures, which includes testing resident's blood sugar with their own, labeled glucometer, and documenting all blood sugar readings on resident medication administration records. 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)

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

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  
☐ Partially Implemented - Adequate Progress  
☐ Partially Implemented - Inadequate Progress

The above plan of correction was approved by \_\_\_\_\_

RECEIVED

Page 30 of 32

Violation Report: 43106 - 07/17/2017 - Roser, Ashley  
 PCH Name: SENIOR CARE PLAZA

JAN 23 2018

## 1. REGULATION 55 Pa.Code §2800

2600.187(d) - The home shall follow the directions of the prescriber.

## 2a. DESCRIPTION OF VIOLATION

Resident #5 is prescribed Prednisone (5mg) - Take 2 tablets 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) (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. 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 32

Repeat Violation: Yes

Date(s) of Previous Violation(s):

08/04/2018 et al

Signature of Legal Entity Representative  
 (Required on EVERY Page)

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

Jennifer Fitch, Administrator

Date 1-28-18

## 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☐ Partially Implemented - Adequate Progress☒ Partially Implemented - Inadequate Progress☐ Not Implemented

The above plan of correction was approved by

*[Signature]*  
 (Initials)



Violation Report: 43108 - 07/17/2017 - Rosar, Ashley

PCH Name: SENIOR CARE PLAZA

MAR 20 2018

1. REGULATION 55 Pa.Code §2800

2800.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION:

Resident #5 is prescribed Prednisone (5mg) - Take 2 tablets by mouth per day; however, the home administered 3 Prednisone (5mg) tablets per day from 3/7/17 - 5/8/17.

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

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

Resident #5 no longer resides in the home.

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 5 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be reeducated 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  
(Required on EVERY Page)

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

Shirley Flood Administrator

Date 3-20-18

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The above plan of correction is approved as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress

RECEIVED

MAR 13 2018

Page 31 of 32

Violation Report: 43108 - 07/17/2017 - Roser, Ashley

PCH Name: SENIOR CARE PLAZA

**1. REGULATION 55 Pa.Code §2800**

2800.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 16 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/cueing with transfers; however, the resident has left aide paralyzed, an unsteady gait 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 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 #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) 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)

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 3/20/18  
(Date)

☐ Fully Implemented

☒ Partially Implemented - Adequate Progress

☐ Partially Implemented - Inadequate Progress

The above plan of correction was approved by

*[Signature]*

MAR 20 2018

Page 31 of 32

Violation Report: 43108 - 07/17/2017 - Roser, Ashley  
 PCH Name: SENIOR CARE PLAZA

### 1. REGULATION 66 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 6/4/17, indicates the resident needs prompting/cueing 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 Representative  
 (Required on EVERY Page)

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

Date 3.20.18

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

The above plan of correction is approved as of \_\_\_\_\_  
 (Date)

The above plan of correction was approved by \_\_\_\_\_  
 (Initials)

Plan of correction implementation status as of \_\_\_\_\_  
 (Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress

Violation Report: 43106 - 07/17/2017 - Rosor, Ashley  
 PCH Name: SENIOR CARE PLAZA

**1. REGULATION 65 Pa.Code §2800**

2800.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

**2a. DESCRIPTION OF VIOLATION**

Resident #2's assessment, dated 7/31/18, indicates the resident is mobile; however, an addendum to the support plan, dated 8/4/17, indicates the resident is exit seeking and now wears a Wander Guard and is checked by staff every 2 hours. Also, addendums to the support plan, dated 6/9/17 and 6/13/17, indicate staff checks are increased to every 15 minutes due to the resident's exit seeking behaviors.

**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 support plan was updated to indicate mobility needs.

2. System in place to evaluate each residents mobility needs monthly and update assessments accordingly

3. Director of resident care and administrator will assess residents and update assessments to ensure all resident mobility needs are recorded properly

See Page 32A of 32

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)		Date
Jennifer H. Rosor, Administrator		1-27-18
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of <u>3/20/18</u> (Date)	Plan of correction implementation status as of <u>3/20/18</u> (Date)	
The above plan of correction was approved by <u>L</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

MAR 20 2018

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Page 32 of 32

Violation Report: 43108 - 07/17/2017 - Roser, Ashley  
 PCH Name: SENIOR CARE PLAZA

**1. REGULATION 55 Pa.Code §2800**

2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

**2a. DESCRIPTION OF VIOLATION**

Resident #2's assessment, dated 7/31/18, indicates the resident is mobile; however, an addendum to the support plan, dated 5/4/17, indicates the resident is exit seeking and now wears a Wander Guard and is checked by staff every 2 hours. Also, addendums to the support plan, dated 6/8/17 and 6/13/17, indicate staff checks are increased to every 15 minutes due to the resident's exit seeking behaviors.

**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, then quarterly thereafter: A designated staff person shall review all resident assessments to ensure each resident is accurately assessed for mobility needs. The home shall develop and implement a system to ensure resident assessments are immediately updated as resident mobility needs change.

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)

Date 3.20.18

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

The above plan of correction is approved as of \_\_\_\_\_  
 (Date)

The above plan of correction was approved by \_\_\_\_\_  
 (Initials)

Plan of correction implementation status as of \_\_\_\_\_  
 (Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented