



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to EC OPCO ALLISON PARK LLC
LEGAL ENTITY

To operate ELMCROFT OF ALLISON PARK
NAME OF FACILITY OR AGENCY

Located at 2224 WALTERS ROAD, ALLISON PARK, PA 15101
(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 95
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

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

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 15, 2018 until February 15, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **449001**

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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

- AUG 15 2018

Mr. Gregory Tinz
Administrator
EC OPCO Allison Park, LLC
500 N Hurstbourne Parkway, Ste. 200
Louisville, Kentucky 40222

RE: Elmcroft of Allison Park
2224 Walters Road
Allison Park, Pennsylvania 15101
License #: 449001

Dear Mr. Tinz:

As a result of the Department's Bureau of Human Services Licensing inspection on June 11, 2018 and July 13, 2018, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed License Inspection Summary were found. 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.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

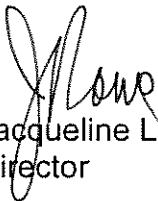
In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services provider application submission experience. To participate in the online applicant survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Application.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential.

Mr. Gregory Tinz

The responses will be reviewed as part of an aggregate of provider applicant responses. Thank you in advance for providing feedback.

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 - 55 Pa.Code Chapter 2600

PCH Name: ELMCROFT OF ALLISON PARK		License Number: 44900
Address: 2224 WALTERS ROAD, ALLISON PARK, PA 15701		County: Allegheny
Administrator: Gregory William Tinz		Region: WEST
Legal Entity Name: EC OPCO Alison Park LLC		
Legal Entity Address: 500 N Hurstbourne Parkway, Suite 200, Louisville, KY 40222		
Certificate(s) of Occupancy C-2 LP 10/07/1997 Labor and Industry		JUL 12 2018 WEST VIRGINIA FIELD OFFICE Division of Professional Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 70	Waking Staff: 53
Type of Inspection: Initial	BHA Docket Number:	Notice: Announced
Reason(s) for Inspection(s) New, Complaint, Change Legal Entity		
On-Site Inspections Dates and Department Representatives On-Site 06/11/2018: Garrigan, Laurie; Pfaff, Vicki		
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: 95 Number of Residents Served: 58 Dementia Care Unit in Home: No Area Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 17 Number of Hospice Residents in past year: 27		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 58 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 12 Have a Physical Disability: 1

Violation Report: 44900 - 06/11/2018 - Garrigan, Laurie
PCH Name: ELMCROFT OF ALLISON PARK

WEST VIRGINIA UNIVERSITY
COMMUNITY CARE SERVICES DIVISION

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

Resident #1's resident-home contract, dated 4/25/18, is not signed by the resident.

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

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

Resident #1 has signed or made their mark on the resident contract. (See attachment A).
Resident signed or made mark on 07/11/2018.
Contracts will be signed by the residents going forward.
Contracts will be reviewed by the Administrator or designee to assure all are signed by the resident.
The Administrator or designee will monitor new admissions for compliance.
Completed: 7/13/2018

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) Gregory Tinz, Executive Director

Date 07/13/2018

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

The above plan of correction is approved as of

8/8/18
(Date)

Plan of correction implementation status as of

8/8/18
(Date)

The above plan of correction was approved by

(Initials)

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

Violation Report: 44900 - 06/11/2018 - Garrigan, Laurie
PCH Name: ELMCROFT OF ALLISON PARK

WEST BUCKLION FIELD OFFICE
Hudson, Ohio 43037

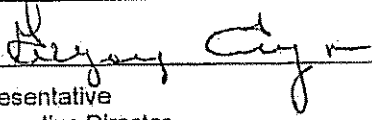
1. REGULATION 55 Pa.Code §2600
2600.41(e) -A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
Resident #1's record does not include a signed statement the resident was informed of the resident rights and complaint procedures.

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 #1 has signed or made their mark on the resident rights and complaint procedures. (See attachment B and C).
Resident signed or made mark on 07/11/2018.
Resident rights and complaint procedure will be signed by the residents going forward.
Resident rights and complaint procedure will be reviewed by the Administrator or designee to assure all are signed by the resident.
The Administrator or designee will monitor new admissions for compliance.
Completed: 07/13/2018

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) Gregory Tinz, Executive Director


Date 07/13/2018

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(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

Violation Report: 44900 - 06/11/2018 - Garrigan, Laurie
PCH Name: ELMCROFT OF ALLISON PARK

JUL 12 2018

1. REGULATION 55 Pa.Code §2600
2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

2a. DESCRIPTION OF VIOLATION

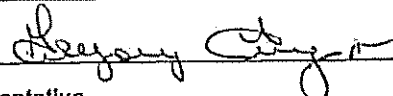
No nonskid surface was present at the following locations:
• The ramp outside the dining room on the 300 hallway side
• The ramp next to the kitchen

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.


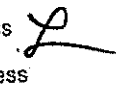
The ramp outside the dining room on 300 hallway side has had a non-skid surface installed. (See attachment D).
The ramp next to the kitchen has had a non-skid surface installed. (See attachment E).
Administrator or designee to monitor periodically for compliance.
Completed: 07/13/2018.
Staff to be in serviced by 8/31/2018.

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) Gregory Tinz, Executive Director | Date 07/13/2018

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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: 44900 - 06/11/2018 - Garrigan, Laurie
PCH Name: ELMCROFT OF ALLISON PARK

JUL 12 2018

NEW JERSEY PUBLIC SAFETY
HUMAN SERVICES DIVISION

1. REGULATION 56 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

At 10:00 a.m., the magnetic mechanism of the fire door near the library was released; however, did not close properly. The door stopped at the door frame and did not latch into the door frame.

The entire top board of the door frame of the emergency exit route from the dining room on the 300 hallway side is deteriorated, exposing an approximate 20" section of the wood frame which is in disrepair.

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 fire door was adjusted by the Maintenance Director immediately, at time of inspection, to close and latch properly.
The door frame of the emergency exit from the dining room on the 300 hallway has been approved for repair. (See attachment F and G).
The door frame will be repaired or replaced by August 31st, 2018.
Administrator or designee to monitor periodically for compliance.
Completed fire door adjustment: 06/11/2018.
Door frame will be completed by: 08/31/2018.
Staff to be in serviced by 8/31/2018.

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) Gregory Tinz, Executive Director | Date 07/13/2018

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Violation Report: 44900 - 06/11/2018 - Garrigan, Laurie
PCH Name: ELMCROFT OF ALLISON PARK

JUL 12 2018

1. REGULATION 55 Pa.Code §2600
2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION
No bedside table or shelf is present at resident #2's bedside.

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 table was located at the bottom of the bed during the inspection. A shelf has been placed at the bedside including a light. (See attachment H).

All other rooms will be checked for compliance.

Monitored periodically by the Administrator or designee.

Completed: 07/13/2018.

Staff to be in serviced by 8/31/2018.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Gregory Tinz*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Gregory Tinz, Executive Director

Date 07/13/2018

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(Date)

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

Plan of correction implementation status as of 8/8/18
(Date)

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

Violation Report: 44900 - 06/11/2018 - Garrigan, Laurie
PCH Name: ELMCROFT OF ALLISON PARK

WEST PHOENIX FIELD OFFICE
Phoenix, Arizona

1. REGULATION 55 Pa.Code §2600
2600.101U(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
Resident #2 does not have a source of lighting which can be turned on/off from bedside.
Resident #3 does not have a source of lighting which can be turned on/off from bedside.

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 #2 has a source of light that can be turned on/off from the bedside. (See attachment H).
Resident #3 has a source of light that can be turned on/off from the bedside. (See attachment I).
All other rooms will be checked and monitored for compliance.
The Administrator or designee will monitor periodically for compliance.
Completed: 07/13/2018.
Staff to be in serviced by 8/31/2018.

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) Gregory Tinz, Executive Director | Date 07/13/2018

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 Partially Implemented - Adequate Progress 
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 44900 - 06/11/2018 - Garrigan, Laurie
PCH Name: ELMCROFT OF ALLISON PARK

WEST VIRGINIA HEALTH OFFICE
Municipal Operations & Compliance

1. REGULATION 55 Pa.Code §2600
2600.103(1) - 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
At 11:13 a.m., no thermometer was present in the activities room freezer.

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 freezer did not have any food in it at the time of inspection. A thermometer was placed in the freezer immediately at time of inspection. (See attachment J).

Activities room refrigerator/Freezer will be checked monthly for compliance.

Administrator or designee will monitor for compliance.

Completed: 06/11/2018.

Staff to be in serviced by 8/31/2018.

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) Gregory Tinz, Executive Director

Date 07/13/2018

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(Date)

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8/8/18
(Date)

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(Initials)

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

Violation Report: 44900 - 06/11/2018 - Garrigan, Laurie
PCH Name: ELMCROFT OF ALLISON PARK

REGULATION FIELD OFFICE
Harrisburg, Pennsylvania

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

Multiple emergency evacuation diagrams were not oriented to the building, to include the following locations:

- Outside the business office
- Between bedrooms #405 and #407
- Outside the kitchen door 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.

The evacuation diagrams were immediately orientated to the building.
 Outside business office (See attachment K).
 Between #405 and #407 (See attachment L).
 Outside kitchen door in the dining room (See attachment M).
 The Administrator or designee will monitor for compliance monthly.
 Completed: 06/11/2018.
 Staff to be in serviced by 8/31/2018.

Immediately: All emergency evacuation diagrams shall be inspected for accuracy to ensure they all are oriented to the building.
8/8/18

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

Signature of Legal Entity Representative
(Required on EVERY Page)

Gregory Tinz

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Gregory Tinz, Executive Director

Date 07/13/2018

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8/8/18
(Date)

Plan of correction implementation status as of

8/8/18
(Date)

The above plan of correction was approved by

L
(Initials)

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

R

Violation Report: 44900 - 06/11/2018 - Garrigan, Laurie
PCH Name: ELMCROFT OF ALLISON PARK

WEST LEBANON FIELD OFFICE

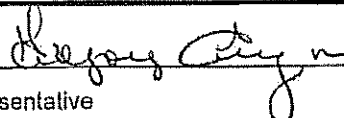
1. REGULATION 55 Pa.Code §2600
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
Paper owners manuals/installers guides were present on top of the following furnaces:
• Across from bedroom #310
• Across from the Library near bedroom #211

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 owner's manuals/installers guides were removed immediately.
Across from bedroom #310 (See attachment N).
Across from the Library near bedroom #211 (See attachment M).
The Administrator or designee will monitor for compliance monthly.
Completed: 06/11/2018.
Staff to be in serviced by 8/31/2018.

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) Gregory Tinz, Executive Director | Date 07/13/2018

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

Violation Report: 44900 - 06/11/2018 - Garrigan, Laurie
 PCH Name: ELMCROFT OF ALLISON PARK

WEST REGION FIELD OFFICE
 (Harrisburg, PA)

1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
 The fire drill record for the drill conducted on 4/26/18 at 2:56 does not include a.m. or p.m.

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 fire drill conducted on 4/26/2018 has been corrected to reflect the a.m./ p.m. (See attachment N).
 All drills will have am/pm indicated on the fire drill log.
 Monitored by the Administrator or designee monthly.
 Completed: 06/11/2018

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Gregory Tinz*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Gregory Tinz, Executive Director | Date 07/13/2018

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Violation Report: 44900- 06/11/2018 -Garrigan, Laurie
PCH Name: ELMCROFT OF ALLISON PARK

VESTITION FIELD OFFICE
Human Services Community

1, REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Resident #1 has not been educated on the resident's right to question or refuse medication if the resident believes that there may be a medication error.

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 #1 has signed or made their mark on the resident's right to question or refuse medication form. (See attachment O).

Resident signed or made mark on 07/11/2018.

The resident's right to question or refuse medication form will be signed by the residents going forward.

The resident's right to question or refuse medication form will be reviewed by the Administrator or designee to assure all are signed by the resident.

The Administrator or designee will monitor new admissions for compliance.

Completed: 07/13/2018

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

Signature of Legal Entity Representative
(Required on EVERY Page)

Gregory Tinz

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Gregory Tinz, Executive Director

Date 07/13/2018

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8/8/18
(Date)

Plan of correction implementation status as of

8/8/18
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43362 - 07/13/2018 - Grace, Desmond
 PCH Name: ELMCROFT OF ALLISON PARK

1. REGULATION 55 Pa.Code §2600

2600.65(1) - 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 on 1-5-09, did not receive training on the following topics during the 2017 training year:

- Medication self-administration training
- Instruction 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.



- Direct care person B has received training on the topics indicated above. (Medication self-administration training
 Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan)
 All direct care staff will have the required annual training.
 Monitored by the Administrator or designee.
 Compliance will be as of 08/31/2018.

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) Gregory Tinz, Executive Director	Date 8.6.18
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/8/18</u> (Date)	Plan of correction implementation status as of <u>8/8/18</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: 43362 - 07/13/2018 - Grace, Desmond
 PCH Name: ELMCROFT OF ALLISON PARK

1. REGULATION 55 Pa.Code §2600

2600.65(9) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, hired on 1-5-09, did not receive training on emergency preparedness during the 2017 training year:

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

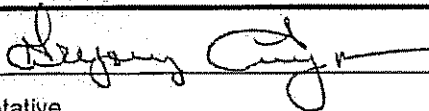
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Direct care staff person B, hired on 1-5-09, has receive training on emergency preparedness. *on 8/6/18*
 All direct care staff will have the required annual training.
 Monitored by the Administrator or designee.
 Compliance will be as of 08/31/2018.

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) Gregory Tinz, Executive Director

Date *8.6.18*

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8/8/18
 (Date)

Plan of correction implementation status as of

8/8/18
 (Date)

The above plan of correction was approved by


 (Initials)

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