



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 November 27, 2018 until November 27, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **431060**

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 628cke - 2/18



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 27 2018

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

RE: Senior Care Plaza
Certificate #: 431060

Dear Ms. Hoffman:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 17, 2018; August 20, 2018 and October 18, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

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

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

Sincerely,


Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

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

Page 1 of 16

PCH 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 <table style="width: 100%;"> <tr> <td style="width: 33%;">C-2 LP 09/24/1992 L&I</td> <td style="width: 33%;">C-2 LP 03/28/2001 L&I</td> <td style="width: 33%;">I-2 06/25/1999 City of McKeesport</td> </tr> </table>			C-2 LP 09/24/1992 L&I	C-2 LP 03/28/2001 L&I	I-2 06/25/1999 City of McKeesport
C-2 LP 09/24/1992 L&I	C-2 LP 03/28/2001 L&I	I-2 06/25/1999 City of McKeesport			
Staffing Hours					
Resident Support: 0	Total Daily Staff: 67	Waking Staff: 50			
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced			
Reason(s) for Inspection(s) Renewal, Provisional, Complaint					
On-Site Inspections Dates and Department Representatives On-Site 08/17/2018: Hoover, Josh; Barry, Courtney; Spagna, Lauren 08/20/2018: Hoover, Josh; Barry, Courtney		RECEIVED OCT 05 2018 WEST REGION FIELD OFFICE Human Services Licensing			
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: 1st Floor, West Wing Secured Dementia Unit Capacity, if Applicable: 20 Number of Residents Served in Secured Dementia Care Unit, if applicable: 6 Number of Current Hospice Residents: 8 Number of Hospice Residents in past year: 12	Number of Residents who: 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: 19 Have a Physical Disability: 1				

Violation Report: 43106 - 08/17/2018 - Hoover, Josh PCH Name: SENIOR CARE PLAZA	
1. REGULATION 55 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 The record of financial transactions for resident #1 does not include the resident's signature or witness mark for the \$15.00 withdrawal on 6/12/2018.	
3. PLAN OF CORRECTION (POC) (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>	
<p>1. Signature for transaction was signed by POA. Please see attachment #1</p> <p>2. Going forward, POA will be notified when resident #1 has a beautification appointment to be present the day of to sign for withdrawal</p> <p>3. POA, beautician, and administrative assistant with ensure signatures are obtain on the day of withdrawal of funds.</p> <p>Immediately and at least monthly thereafter - The administrator or designee will review the financial records of all residents to ensure all signatures are obtained. -- JRW 10/19/18</p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 02/21/2018 et al
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jennifer Flout, Administrator Date 10.3.18	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>10/19/18</u> (Date)	Plan of correction implementation status as of <u>11/20/18</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 - 08/17/2018 - Hoover, Josh
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 support plan for resident #1, dated 12/22/2017, indicates that "Staff will provide full assistance when transferring [Resident #1] to ensure complete safety." On 6/17/2018, staff persons A and B attempted to transfer resident #1 from his/her wheelchair to her his/bed. Staff person B lost his/her balance and fell on top of resident #1's leg and the resident sustained a fractures of the left tibia and fibula.

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 nursing staff was re-educated on proper techniques of transferring a resident on 8/31/18. Please see attachment #2
2. During transfers of resident #1 three staff people are present inside room. All three staff persons are to review technique, remove any hazards that can potentially cause improper transfer and assist one another during transfer to ensure safety.
3. Direct care staff, Director of resident care, and Administrator will ensure all newly hired and senior staff members are educated on proper techniques of transferring residents upon first day of work and annually thereafter.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

07/17/2017 et al

11/15/2017 et al

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Jonathan Hoover, Administrator

Date 10.3.18

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

The above plan of correction is approved as of 10/19/18
(Date)

The above plan of correction was approved by


(Initials)

Plan of correction implementation status as of 11/20/18
(Date)

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

Violation Report: 43106 - 08/17/2018 - Hoover, Josh

PCH Name: SENIOR CARE PLAZA

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On 8/3/2018, the home served 48 residents; however, between the hours of 3:30p.m. and 11:30p.m., there were no staff trained in first aid and certified in obstructed airway techniques and CPR 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. CPR classes for new staff and expired staff was held on 8/21/18 and 9/5/18 Please see attachment #3
2. Document created to remind administrative assistant to schedule CPR training for new staff and expired staff. Schedule also indicates there is at least one person per 50 residents on duty during every shift.
3. Administrator, Director of resident care, and Administrative assistant will ensure classes are being scheduled and there is at least one staff person per 50 residents on duty daily, by reviewing staffing schedule daily. -- JRW 10/19/18

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 10-3-18


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

The above plan of correction is approved as of 10/19/18
(Date)

Plan of correction implementation status as of 11/20/18
(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 - 08/17/2018 - Hoover, Josh

PCH Name: SENIOR CARE PLAZA

1. REGULATION 55 Pa.Code §2600

2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 8/17/2018, there were no paper towels, hand-dryer or other sanitary means of hand-drying available in the shared bathroom for SDCU bedroom 2W.

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. Fresh towels were delivered to room 2W on 8/17/18.
2. System In place for housekeeping staff to check all bathrooms daily on assigned floor to confirm all bathrooms have a clean towel hanging on rack
3. Housekeeping supervisor and Administrator will conduct daily rounds of each room after housekeeper has completed work to ensure towels are clean and hung on towel rack.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

07/17/2017 et al

Signature of Legal Entity Representative
(Required on EVERY Page)

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


Jennifer Klotz Administrator

Date 10.3.18

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

The above plan of correction is approved as of 10/19/18
(Date)

The above plan of correction was approved by


(Initials)

Plan of correction implementation status as of 11/20/18
(Date)

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

Violation Report: 43106 - 08/17/2018 - Hoover, Josh
PCH Name: SENIOR CARE PLAZA

1. REGULATION 55 Pa.Code §2600

2600.85(b) - There may be no evidence of infestation of insects or rodents in the home.

2a. DESCRIPTION OF VIOLATION

On 8/17/2018, the floor of the dishwashing area of the home's main kitchen contained 2 insect traps, a white substance that staff indicated was insecticide, 1 dead roach, and 3 live roaches.

On 8/20/2018, a live roach was observed in the home's conference 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. Pestco Enviro-Master Services were inside the home on 8/3/18, 8/11/18, 8/17/18, 8/31/18, 10/2/18 and on a continuous one-week basis to inspect the home's kitchen and surrounding areas for any signs of insects or rodents. Please see attachment #4
2. Pestco Enviro-Master Services and Senior Care Plaza has had a contract in place since 2010 to come into the home at least twice a month to inspect entire facility for any signs of insects or rodents. Documentation can be provided for back dates if needed.
3. Administrator will ensure Pestco is making their routine visits and contact a representative immediately if there are any signs of insects or rodents inside the 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 10-3-18

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

The above plan of correction is approved as of 10/19/18
(Date)

The above plan of correction was approved by


(Initials)

Plan of correction implementation status as of 11/20/18
(Date)

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

Violation Report: 43106 - 08/17/2018 - Hoover, Josh
PCH Name: SENIOR CARE PLAZA

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 8/17/2018, the trash can in the SDCU kitchenette did not have a lid and was partially full of food trash.

On 8/17/2018, the trash can was uncovered in the shared bathroom in SDCU bedroom 2W, occupied by residents #2 and #3.

On 8/17/2018, between 3:33p.m. and 3:47p.m., the trash can in the home's kitchen was uncovered and approximately 1/4 full of various food trash.

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 trash cans have lids
2. All trash cans have lids with easy open flaps to dispose of trash without removing the lid.
3. Director of dietary, Director of Maintenance, and Administrator will inspect all trash cans to ensure they are in good condition and lids are secured.- daily. JRW 10/19/18

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 10.3.18

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

The above plan of correction is approved as of 10/19/18
(Date)

The above plan of correction was approved by

(Initials)

Plan of correction implementation status as of 11/20/18
(Date)

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

Violation Report: 43106 - 08/17/2018 - Hoover, Josh
PCH Name: SENIOR CARE PLAZA

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On 8/17/2018, hot water temperatures in excess of 120 degrees Fahrenheit were measured in the following locations:

- Bathroom sink for SDCU bedroom 5W- 144.1 degrees Fahrenheit
- Bathroom sink for SDCU bedroom 4W-144.5 degrees Fahrenheit
- Bathroom sink for SDCU bedroom 2W-136.4 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. Hot water tank was turned down on 8/17/18. A new circulating pump was installed on 10/3/18 please see attachment #5
2. Document in place for Director of maintenance to check at least two rooms water temperatures on each floor once a month to ensure temperatures are not exceeding 120° F. please see attachment #5A
3. Maintenance director and Administrator will check water temperatures monthly and adjust water tank according to ensure safe water temperatures.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

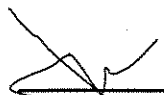
Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Date 10.3.18

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

The above plan of correction is approved as of 10/19/18
(Date)

The above plan of correction was approved by


(Initials)

Plan of correction implementation status as of 11/20/18
(Date)

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

Violation Report: 43106 - 08/17/2018 - Hoover, Josh
PCH Name: SENIOR CARE PLAZA

Human Services Licensing

1. REGULATION 55 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

On 8/17/2018, the window across from SDCU bedroom 6W did not contain a screen.

On 8/20/2018, at 10:30a.m. and 12:10p.m., the door leading into the SDCU courtyard was propped all the way open and unscreened.

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 purchased for window and doors, they both arrived on 09/05/2018.
On 10/1/2018 screen on door had a small rip. A new screen has been purchased due to arrive on 10/9/2018. On 10/1/2018 Administrator noticed a rip on another screen in the west wing window. A new screen has been purchased, due to arrive on 10/6/2018. Please see attachment #9
2. Maintenance director will conduct daily rounds of the West Wing to ensure screens are placed in the windows and doors.
3. Maintenance director and Administrator will conduct daily walk throughs of west wing to ensure screens are in place and in good condition.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

07/1/2017 et al

05/01/2018

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Annita Float, Administrator


Date 10.3.18

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

The above plan of correction is approved as of

10/19/18
(Date)

The above plan of correction was approved by


(Initials)

Plan of correction implementation status as of 11/20/18
(Date)

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

Violation Report: 43106 - 08/17/2018 - Hoover, Josh
PCH Name: SENIOR CARE PLAZA

1. REGULATION 55 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 8/17/2018, there was not soap in the bathrooms for bedrooms 4W and 5W in the 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. Soap was placed in 4W and 5W
2. System In place for housekeeping staff to check all bathrooms daily on assigned floor to confirm all bathrooms have soap.
3. Housekeeping supervisor and Administrator will conduct daily rounds of each room after housekeeper has completed work to ensure soap is in dispensers.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

07/17/2017 et al

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Jennifer Flood Administrator

Date 10.3.18

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

The above plan of correction is approved as of 10/19/18
(Date)

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

Plan of correction implementation status as of 11/20/18
(Date)

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

Violation Report: 43106 - 08/17/2018 - Hoover, Josh
PCH Name: SENIOR CARE PLAZA

1. REGULATION 55 Pa.Code §2600

2600.103(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 8/17/2018, at approximately 3:45p.m., the temperature of the home's walk-in freezer measured 30 degrees Fahrenheit. Staff interviews indicated the walk-in freezer had malfunctioned on 8/16/2018, and that the highest temperature recorded in the freezer measured 41 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. On 8/16/17 the maximum temperature the walk-in freezer reached was 21°F. on 8/17/18 Haywood refrigeration was present in the home fixing the door. Director of dietary informed DHS representatives that the outside thermostat does not read correctly, there are two thermostats located inside the freezer at which Director showed representatives. Due to freezer reaching 21° F sherbet ice cream was thrown away.
2. A new freezer door was purchased on 9/28/2018. We are currently waiting for manufactures to ship the new door for Haywood refrigeration to replace it. The walk-in freezer still malfunctions at a safe temperature.
3. Director of dietary and Administrator will continue to monitor temperatures of the walk-in freezer daily to ensure it reads a safe temperature for food handling. - zero degrees Fahrenheit or below. -
Please See attachment # 10 JRW 10/20/18

Repeat Violation: Yes

Date(s) of Previous Violation(s):

07/17/2017 et al

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Sumner Float, Administrator

Date 10.3.18

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

The above plan of correction is approved as of 10/19/18
(Date)

The above plan of correction was approved by

(Initials)

Plan of correction implementation status as of 11/20/18
(Date)

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

OCT 05 2018

WEST REGION FIELD OFFICE

Human Services Licensing

Page 12 of 16

Violation Report: 43106 - 08/17/2018 - Hoover, Josh

PCH Name: SENIOR CARE PLAZA

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #4 is ordered Lorazepam 2mg/ml oral solution, give .5ml (1mg) under tongue every 4 hours as needed; however, the resident's Medication Administration Record (MAR) indicates "Lorazepam 4mg/ml, give 1 syringe of 1mg/0.25ml under tongue every 4 hours as needed."

Resident #5 is ordered Acetaminophen 325mg, 2 tablets every 4 hours as needed; however, the resident's MAR indicates 2 tablets every 8 hours as needed."

3. PLAI 1. *MAR has been changed to match residents #4 and #5. Please see attachments #6 and #7*

2. New orders are indicated with a green flag on QUICKMAR application. Template created for Director of resident care, DRC assistant, or medication tech to sign off they reviewed new order from MD as well as MAR to ensure they match.

3. Director of resident care and Assistant DRC will check daily or as needed all new medication orders from MD and QUICKMAR to ensure orders match correctly.

Immediately and at least monthly thereafter - A full medication audit will be completed of all residents' medications to ensure MAR and labels match. -- JRW 10/20/18

Please see attachment #12

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 J. Wolf, Administrator		10.3.18

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

The above plan of correction is approved as of 10/19/18
(Date)

Plan of correction implementation status as of 11/20/18
(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 - 08/17/2018 - Hoover, Josh PCH Name: SENIOR CARE PLAZA		Human Services Licensing	
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 Resident #1 is ordered Ensure Liquid-1 can by mouth every afternoon; however, staff did not initial the resident's MAR on 8/1,6,7,15,16,17/2018. Resident #2 is ordered Glimepiride 4mg tablets, give 2 tablets by mouth daily; however, staff did not initial the resident's MAR on 8/14/2018.			
3. PLAN OF CORRECTION (POC) (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>			
<ol style="list-style-type: none"> 1. After talking with resident care staff and resident #1 POA. Resident #1 is offered ensure at prescribed times by either medication tech or POA. Please see attached letter #4. Resident care staff explained that since they did not give the ensure they did not sign off on said dates. 2. Going forward, Medication techs are to sign MAR and indicate in notes section that residents POA gave ensure on the dates she gave it. 3. Director of resident care, DRC assistant, and medication tech will check MAR after each medication pass to ensure all MD orders are signed and recorded properly. <p>Immediately and at least monthly thereafter - A full medication audit will be completed of all residents' medications to ensure MAR is completed accurately. -- JRW 10/20/18</p>			
Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/18/2018 et al	02/21/2018 et al
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 Ploot, Administrator</i>			Date <i>10.3.18</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>10/19/18</u> (Date)		Plan of correction implementation status as of <u>11/20/18</u> (Date)	
The above plan of correction was approved by <i>[Signature]</i> (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 - 08/17/2018 - Hoover, Josh
PCH Name: SENIOR CARE PLAZA

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The assessment for resident #4, dated 3/15/2018, indicates the resident is independent with mobility; however, the support plan for resident #4, dated 3/15/2018, indicates that the resident may require assistance transferring out of bed during sleeping hours. Also, hospice care notes for the resident and staff interviews indicate that resident #4 cannot transfer safely without assistance.

The assessment for resident #6, dated 1/30/2018, indicates that the resident has minimal mobility needs; however, resident #6 requires full assistance during all evacuations due to his/her blindness.

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 #4 and #6 support plans have been updated. Please see attachment #5 and #6.
2. During monthly fire drills and weekly hospice meetings all residents will be re evaluated to ensure assessments match mobility needs and make changes accordingly.
3. Director of resident care and Administrator will monitor each resident's mobility needs along with weekly hospice meetings to go over and discuss all resident's mobility needs and make changes accordingly.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

07/17/2017 et al

Signature of Legal Entity Representative
(Required on EVERY Page)

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

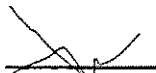
Jennifer Flord, Administrator

Date 10-3-18

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

The above plan of correction is approved as of 10/19/18
(Date)

The above plan of correction was approved by


(Initials)

Plan of correction implementation status as of 11/20/18
(Date)

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

Violation Report: 43106 - 08/17/2018 - Hoover, Josh
PCH Name: SENIOR CARE PLAZA

1. REGULATION 55 Pa.Code §2600

2600.233(c) - 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

On 8/17/2018, the directions for operating the home's locking mechanism for the emergency exit in the SDCU living room were not conspicuously posted near the door.

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. Administrator was under the assumption that code needed to be placed next to keypad. Due to wiring inside the wall only the company who installed the keypad was able to drill into wall to secure code. Service was scheduled for Barrier to come on 8/27/18. After speaking with DHS representatives Administrator was educated that codes can be placed anywhere near keypad not directly near it. Code is now on door located in the west wing dining area.
2. During daily walk-thru of west wing, personnel will ensure code is still placed on door and is legible to see.
3. Administrator, Director of resident care, Maintenance Director, and staff scheduled on west wing will conduct a daily walk-thru of area to ensure codes are posted near all exits of SDCU.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

07/27/2017 et al

03/05/2018 et al

02/21/2018 et al

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Date 10-3-18

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

The above plan of correction is approved as of 10/19/18
(Date)

The above plan of correction was approved by


(Initials)

Plan of correction implementation status as of 11/20/18
(Date)

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

Violation Report: 43106 - 08/17/2018 - Hoover, Josh
PCH Name: SENIOR CARE PLAZA

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION

The document that indicates that resident #2 and the resident's designated person do not object to the resident's admission into the SDCU, dated 4/5/2017, has correction fluid covering the original entry on the portion of the form indicating the date on which the resident's responsible person signed the form.

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 new form was signed by resident #2 and POA. Please see attachment #3.
2. Administration was educated by Administrator that all documents must be original and correction fluid is prohibited. A new document must be re-done
3. Administrator will check all resident records to ensure all paperwork is original and no signs of correction are present on documents before filing away.

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 10.3.18

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

The above plan of correction is approved as of 10/19/18
(Date)

The above plan of correction was approved by


(Initials)

Plan of correction implementation status as of 11/20/18
(Date)

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