



pennsylvania

DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: June 26, 2019

Ms. Johanna Ruble
Executive Director
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 Ms. Ruble:

As a result of the Department's Bureau of Human Services Licensing inspection on December 13, 2018 and December 17, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in cursive script that reads "Brent Sutherland".

Brent Sutherland
Regional Director

Enclosure
Violation Report

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

PCH Name: ELMCROFT-OF ALLISONPARK		License Number: 44900
Address: 2224 WALTERS ROAD, ALLISON PARK, PA 15101		County: Allegheny
Administrator: Johanna Ruble		Region: WEST
Legal Entity Name: EC OPCO ALLISON PARK LLC		
Legal Entity Address: 5885 MEADOWS ROAD SUITE 500, LAKE OSWEGO, OR 97035		
Certificate(s) of Occupancy C-2 LP 10/07/1997 Labor and Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 69 Waking Staff: 52		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 12/13/2018: Roser, Ashley; Barone, Barbara; Barry, Courtney 12/17/2018: Roser, Ashley; Barone, Barbara		RECEIVED 2/22/2019 Western Region Field Office Bureau of Human Services Licensing
Off-Site Inspection Dates and Inspectors, if Applicable 12/27/2018: Roser, Ashley 01/14/2019: Roser, Ashley 01/15/2019: Roser, Ashley 01/22/2019: Roser, Ashley		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 95 Number of Residents Served: 58 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 10 Number of Hospice Residents in past year: 15		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: 11 Have a Physical Disability: 0

Violation Report: 44900 - 12/13/2018 - Roser, Ashley
 PCH Name: ELMCROFT OF ALLISONPARK

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 12/13/18 at 9:55 a.m., the laptop located on top of the 300 hallway medication cart was open and accessible. Resident #3's date of birth was visible on the laptop, as well as an electronic nurse's note indicating, "routines were due at 9 a.m. Omeprazole 20 mg, Prednesolone AC 1% eye drop, Vitamin D3 1,000 units, Oxybutynin 10 mg ER, Thermes-M tablet."

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.

12/13/2018 - All Med Tech's and Nurses were educated at time of survey that all laptops are to be closed at all times when not in use for confidential of resident's information.

01/10/2019 - Staff meeting held and in serviced staff on confidentiality and that laptops need to be closed when not in use.


Ongoing: Administrator/designee will monitor to ensure that compliance of resident's medical information is maintained on an ongoing basis, weekly x4 then monthly. This information will be reviewed monthly at QA meetings.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Johanna Ruble Ops Specialist* Date *2.21.19*

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

The above plan of correction is approved as of <u>6/6/19</u> (Date)  The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of <u>6/6/19</u> (Date) <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
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Violation Report: 44900 - 12/13/2018 - Roser, Ashley
 PCH Name: ELMCROFT OF ALLISONPARK

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

Act 56 of 2007 requires that "no person, organization, or program shall use the term 'assisted living' in any name or written material" unless the person, organization, or program is an assisted living residence licensed in accordance with 55 Pa. Code Chapter 2800 (relating to assisted living residences). Resident #7's rate increase letter, dated 11/21/18, indicates that the residency type the resident is being charged for is "assisted living". The home is not licensed as an assisted living residence.

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.

Please see attached letter that was mailed to residents and responsible party on 12/14/2018.

The home revised their rate increase letter to remove the term "Assisted Living". *JR* 6/5/19

immediately: A designated staff person shall review the home's documents, resident-home contracts and all marketing materials to ensure the term "Assisted Living" is not in use. *JR* 6/5/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 44900 - 12/13/2018 - Roser, Ashley
 FCH Name: ELMCROFT OF ALLISON PARK

1. REGULATION 55 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 12/17/18 at approximately 10:30 a.m., resident #8 had food particles all over the front of his shirt. The resident's lanyard around his neck was covered in thick food particles and several grease-covered areas.

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 #8 was addressed immediately and was given new lanyard at that time, clothing protector provided for all meals and activities that involve food to assist with maintaining dignity. Resident #8 service plan was updated to reflect above.

Staff were educated at time of survey to ensure that all residents clothing is clean and well maintained.


Administrator/designee will monitor for compliance three times a week for 1 month, then weekly for 1 month and then as needed. This information will be reported to QA.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Johanna Ruble Ops Specialist* Date *2.21.19*

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Violation Report: 44900 - 12/13/2018 - Roser, Ashley
 PCH Name: ELMCROFT OF ALLISONPARK

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

The following direct care staff persons, who have been providing unsupervised ADL services to residents, did not successfully complete and pass the Department-approved direct care training course and pass the competency test:

- * Direct care staff person A, hired on 8/2/18
- * Direct care staff person B, hired on 8/2/18
- * Direct care staff person C, hired on 8/9/18
- * Direct care staff person D, hired on 5/17/18
- * Direct care staff person E, hired on 8/22/18
- * Direct care staff person F, hired on 9/21/18
- * Direct care staff person G, hired on 6/19/18
- * Direct care staff person H, hired on 11/26/18
- * Direct care staff person I, hired on 6/27/18
- * Direct care staff person J, hired on 8/13/18
- * Direct care staff person L, hired on 3/27/18
- * Direct care staff person M, hired on 11/27/18

Direct care staff person N was hired on 7/11/18 and provided unsupervised ADL services to residents, including on 12/4/18 and 12/9/18; however, did not successfully complete and pass the Department-approved direct care training course and pass the competency test until 12/13/18.

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.

See Pages 6A and 6B of 17

SEE ATTACHED FORM

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Johanna Ruble Ops Specialist* Date *2.21.19*

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

Violation Report: 44900 - 12/13/2018 - Roser, Ashley
 PCF Name: ELMCROFT OF ALLISONPARK

1. REGULATION 55 Pa.Code §2600
 2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

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The above plan of correction was approved by <u>JM</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

J. Roser Ops Specialist 2.2.19

2a. DESCRIPTION OF VIOLATION

The following direct care staff persons, who have been providing unsupervised ADL services to residents, did not successfully complete and pass the Department-approved direct care training course and pass the competency test:

* Direct care staff person A, hired on 8/2/18	completed 12/14/2018
* Direct care staff person B, hired on 8/2/18	completed 12/15/2018
* Direct care staff person C, hired on 8/9/18	completed 12/15/2018
* Direct care staff person D, hired on 5/17/18	completed 2/20/2019
* Direct care staff person E, hired on 8/22/18	completed 12/16/2018
* Direct care staff person F, hired on 9/21/18	completed 12/19/2018
* Direct care staff person G, hired on 6/19/18	completed 12/14/2018
* Direct care staff person H, hired on 11/26/18	completed 12/15/2018
* Direct care staff person I, hired on 6/27/18	removed from schedule till completed
* Direct care staff person J, hired on 8/13/18	completed 12/13/2018
* Direct care staff person L, hired on 3/27/18	completed 2/20/2019
* Direct care staff person M, hired on 11/27/18	completed 12/14/2018

Direct care staff person N was hired on 7/11/18 and provided unsupervised ADL services to residents, including on 12/4/18 and 12/9/18; however, did not successfully complete and pass the Department-approved direct care training course and pass the competency test until 12/13/18.

Administrator/designee will monitor all new hirers to ensure that department-approved direct care training course has been completed and passed. And this information will be reported to QA.

J. Ruble, Ops Specialist
2.21.19

Staff person I successfully completed and passed the Department-approved direct care training course and passed the competency test on 8/9/18.

IA 6/5/19

Violation Report: 44900 - 12/13/2018 - Roser, Ashley
 PCF Name: ELMCROFT OF ALLISONPARK

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

2a. DESCRIPTION OF VIOLATION
 Resident #4's glucometer was used to test the blood glucose of the following residents:
 *Resident #2 on 12/7/18 at 7:08 p.m., blood glucose reading of 180
 *Resident #5 on 12/13/18 at 7:22 p.m., blood glucose reading of 157
 *Resident #6 on 12/6/18 at 7:05 p.m., blood glucose reading of 214

 Resident #5's glucometer was used to check resident #4's blood glucose on the following dates and times:
 *12/16/18 at 11:30 a.m., blood glucose reading of 176
 *12/14/18 at 11:30 a.m., blood glucose reading of 129
 *12/14/18 at 7:30 a.m., blood glucose reading of 129

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

All resident received new Glucometer on 12-14-18 and residents 2, 4 & 6 DR were notified that glucometer were shared as well as there POA/Family members. ON 12-18-18 resident #5 received a second new glucometer when it was discovered that was used on resident 4. Attach delivery receipt and MD notification

on 12/18/18 *JR*
 Staff educated on Proper use of Glucometers in order to maintain sanitary conditions and Glucometer Transcriptions of readings. See attachment for training.

Immediately: Each resident's physician, for those that receive blood sugar testing, will be notified of the possibility of shared glucometer use and all recommendations made by the physician (i.e. testing for blood borne pathogen) 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. *JR* 6/5/19

Administrator/designee will monitor glucometer weekly for compliance.

Administrator/designee will audit med carts weekly. Please see attached med cart audit form.

Immediately: A designated staff person shall observe each staff responsible for diabetic care perform blood glucose checks. Each staff will be observed once per week for a period of three months. After which, each staff will be observed once per month for a period of three months. Documentation of the observations shall be maintained by the home for Department review. *JR* 6/5/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Johanna Ruble Ops Specialist* Date *2.21.19*

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Violation Report: 44900 - 12/13/2018 - Roser, Ashley
 PCH Name: ELMCROFT OF ALLISONPARK

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 On 12/13/18 at 10:15 a.m., there was a cardboard box from a twin mattress blocking the outside of the exit door in the 200 hallway.

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.

Corrected at time of survey by Maintenance Director 12-13-18.

Staff was educated on proper disposal of cardboard and that egress routes need to be free of obstruction.

Administrator/designee will monitor weekly. This information will be reported to QA.

Immediately: A designated staff person shall inspect all stairways, hallways, doorways, passageways and egress routes from rooms and from the building on a daily basis to ensure they are unlocked and unobstructed. *JM* 6/5/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Johanna Ruble Ops Specialist</i>	Date <i>2.21.19</i>
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Violation Report: 44900 - 12/13/2018 - Roser, Ashley
 PCH Name: ELMCROFT OF ALLISONPARK

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

On 12/13/18, a 6.17 oz. aerosol can of AirWick spray was present in a blue bin between the gas furnace and the gas hot water tank in the 200 hallway furnace room. Also, the paper manufacturer's instructions were on top of the gas hot water tank.

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.

Corrected at time of survey by Maintenance Director.

Staff was educated on combustible and flammable materials may not be located near heat sources or hot water heaters.

Administrator/designee will monitor weekly.

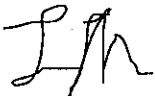
Immediately: A designated staff person shall inspect the home daily to ensure all combustible and flammable materials are not stored near heat sources. Documentation of the checks shall be kept. *JR* 6/5/19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/11/2018
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Signature of Legal Entity Representative (Required on EVERY Page) *Johanna Ruble*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Johanna Ruble Ops Specialist</i>	<i>2.01.19</i>

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Violation Report: 44900 - 12/13/2018 - Roser, Ashley
 PCH Name: ELMCROFT OF ALLISONPARK

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 #2's most recent medical evaluation, dated 6/20/18, does not include the resident's temperature or an assessment of the resident's ability to self-administer medications. These sections of the form are blank.

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 DME was corrected. Attach Corrected DME as proof.

Audit to be completed on all current residents DME for accuracy and to ensure that they have been completed in the proper time frame by Administrator/designee by March 25, 2019.

Administrator/designee will monitor for compliance on all new admissions.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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 (Required on EVERY Page) *Johanna Ruble*

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Violation Report: 44900 - 12/13/2018 - Roser, Ashley
 PCH Name: ELMCROFT OF ALLISONPARK

1. REGULATION 55 Pa.Code §2600
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 (1) The resident's name.
 (2) The name of the medication.
 (3) The date the prescription was issued.
 (4) The prescribed dosage and instructions for administration.
 (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #2 is prescribed Novolog Flexpen-Inject subcutaneously 3 times daily per sliding scale: 70-130=0 units, 131-180=1 unit, 181-240=2 units, 241-300=3 units, 301-350=4 units, 351-400=5 units, and >400=6 units; however, there is no sliding scale on the pharmacy label.
 Resident #4 is prescribed Lantus Solostar 100 units/ml-Inject 10 units subcutaneously daily at bedtime; however, the opened insulin pen is unlabeled.

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.
 Pharmacy was notified to correct label violation and to issue a new pen for resident. Pen was delivered and replaced on 12-14-18. Please see attached delivery receipt.
 Staff was educated that every medication must have a label and kept in labeled packaging. See attached in-service
 Administrator/designee will audit med carts weekly. Please see attached med cart audit form.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Johanna Ruble Ops Specialist</i>	Date <i>2.21.19</i>
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Violation Report: 44900 - 12/13/2018 - Roser, Ashley
 PCF Name: ELMCROFT OF ALLISONPARK

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 #5 is prescribed Humalog, 100 U/ML-Test blood sugar 3 times daily before meals and inject subcutaneously per sliding scale: 140-180=2 units, 181-220=4 units, 221-260=6 units, 261-300= 8 units, and 301-340=10 units then call MD; however, the number of insulin units administered is not documented on the resident's December 2018 medication administration record (MAR) for the following dates:

- *12/1/18-12/7/18 at 4:30 p.m.
- *12/9/18-12/16/18 at 4:30 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.

All Nurses and Med Techs were reeducated on proper documentation of blood sugar, dosages and site on 12/18/2018 See attached in-service training.


Nurse or designee will audit MAR for completed documentation on weekly basis.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Johanna Ruble Ops Specialist* Date *2.21.19*

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Violation Report: 44900 - 12/13/2018 - Roser, Ashley
 PCH Name: ELMCROFT OF ALLISONPARK

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

[Redacted] Violation withdrawn *LM* 6/5/19
 Resident #7 is prescribed blood glucose checks 3 times a day; however, the resident's glucometer has no blood sugar readings from 12/9/18 at 7:30 a.m. through 12/13/18 at 11:30 a.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.

[Redacted]

Resident #7 has been out of the facility since January 2019. *LM* 6/5/19
 Staff was educated at time of survey, please see attached sign in sheet.

Administrator/designee will audit med carts weekly. Please see attached med cart audit form.

Immediately, then monthly thereafter: A designated staff person shall review all resident medication administration records to ensure the directions of the prescriber are followed, which includes ensuring all prescribed blood sugar checks are completed and documented. *LM* 6/5/19

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Johanna Ruble, Ops Specialist* Date *2.21.19*

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Violation Report: 44900 - 12/13/2018 - Roser, Ashley
 PCH Name: ELMCROFT OF ALLISONPARK

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 #1 was admitted to the home on 3/8/18; however, the resident's assessment was not completed until 3/26/18.

Resident #2 was admitted to the home on 6/29/18; however, the resident's assessment was not completed until 9/5/18.

The assessments for resident #1, dated 3/26/18 and resident #2, dated 9/5/18, do not include the following information:

- * Resident's date of birth
- * Resident's date of admission

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

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

Staff/Nurses were educated on Regulation 2600.225(a) ON 02/21/2019

Audit to be completed of Resident Assessment on all current residents for accuracy and to ensure that they have been completed in the proper time frame by Administrator/designee by March 25, 2019.

Administrator/designee will monitor for compliance on all new admissions.

Immediately: A designated staff person shall develop and implement a system to ensure each resident has an assessment completed in its entirety within 15 days of admission. Documentation of the system shall be kept. *JR* 6/5/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 44900 - 12/13/2018 - Roser, Ashley
PC/I Name: ELMCROFT OF ALLISONPARK

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

2a. DESCRIPTION OF VIOLATION
The most recent assessments for residents #7, dated 10/3/18, resident #8, dated 12/13/18, and resident #9, dated 6/27/18, do not include the following information:

- * Resident's date of birth
- * Resident's date of admission
- * Date of previous assessment

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.

Audit to be completed of Resident Assessment on all current residents for accuracy and to ensure that they have been completed in the proper time frame by Administrator/designee by March 25, 2019.

Nursing staff will re-educated on Reg.2600.225c on 02/21/2019-see attached

Administrator/designee will monitor for compliance on all new admissions an.

Resident #7 is currently not in the facility. *JR* 6/5/19
Residents #8 and #9's assessments were updated. *JR* 6/5/19

Immediately: A designated staff person shall develop and implement a system to ensure each resident has an assessment completed in its entirety at least annually.
Documentation of the system shall be kept. *JR* 6/5/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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(Required on EVERY Page) *Johanna Ruble, Ops Specialist* Date *2.21.19*

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Violation Report: 44900 - 12/13/2018 - Roser, Ashley
 PCH Name: ELMCROFT OF ALLISONPARK

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

The following resident support plans were not signed by the residents and do not indicate if the residents were unable to participate, declined to participate, refused to sign or were unable to sign:

- * Resident #1's support plan, dated 5/16/18
- * Resident #9's support plan, dated 6/27/18

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.

Audit to be completed of Resident Assessment and support plan on all current residents for accuracy, I signed and reviewed by residents and completed in the proper time frame by Administrator/designee by March 25, 2019.

Nursing staff will be reeducated on reg 2600.227(g) on 02/21/2019 see attached

Administrator/designee will monitor for compliance on all new admissions.

The support plans for residents #1 and #9 were signed by the resident. I/A 6/5/19

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Violation Report: 44900 - 12/13/2018 - Roser, Ashley
 PCH Name: ELMCROFT OF ALLISONPARK

1. REGULATION 55 Pa.Code §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
 Correction fluid was used on the following sections of resident #5's resident-home contract, dated 7/5/18: the resident's apartment number, the resident's daily rate, and the amount for a bed hold.

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

Staff educated on not using correction fluid and proper correction of entries.

Please see attached form that employee was in services on regulations on 02/21/2019.

Administrator/designee will monitor for compliance, at least monthly. *JR* 6/5/19

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