pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 8, 2018

Ms. Shirley Friday
Administrator
Helen's Place for Personal Care
474 Stambaugh Avenue
Sharon, Pennsylvania 16146

RE: Helen's Place for Personal Care
Certificate #: 446870

Dear Ms. Friday:

As a result of the Department of Human Services' licensing inspection on March 31, 2017, 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.

Sincerely,

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: HELEN S PLACE FOR PERSONAL CARE	License Number: 44687
Address: 474 STAMBAUGH AVENUE, SHARON, PA 16146	County: Mercer
Administrator: SHIRLEY FRIDAY	Region: WEST
Legal Entity Name: HELEN'S PLACE FOR PERSONAL CARE	
Legal Entity Address: 474 STAMBAUGH AVENUE, SHARON, PA 16146	

Certificate(s) of Occupancy

C-2 LP
12/06/1991
L & I

Staffing Hours

Resident Support: 0 | Total Daily Staff: 12 | Waking Staff: 9

Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced

Reason(s) for Inspection(s)

Renewal

On-Site Inspections Dates and Department Representatives On-Site

03/31/2017: Georgoulis, Karen

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: 15	Number of Residents who:
Number of Residents Served: 11	Receive Supplemental Security Income: 9
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 9
Area:	Have Mental Illness: 10
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 1
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 1
Number of Current Hospice Residents: 0	Have a Physical Disability: 0
Number of Hospice Residents in past year: 0	

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NOV 07 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

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

The home's license inspection summary, dated 5/12/16, which included the resident privacy coding document, was unlocked, unattended, and accessible inside a black binder located in the second floor television/lounge area.

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.

Administrator will ensure "immediately that the home's licenses inspection summary is displayed as required however, the resident privacy coding document will be eliminated from display. Administrator will "black out all names involved", from this point forward.

See Page 2A of 33

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

Signature of Legal Entity Representative
(Required on EVERY Page) Sheryl [illegible] - Adm

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

Date 9-9-2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of 12-21-17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE
~~Human Services Licensing~~

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.

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The home's license inspection summary, dated 5/12/16, which included the resident privacy coding document, was unlocked, unattended, and accessible inside a black binder located in the second floor television/lounge area.

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

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

Immediately: The administrator or designated staff person shall check the home weekly to ensure all resident records and documentation are maintained in a confidential manner in accordance with regulation 2600.17. 12-19-17

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

Signature of Legal Entity Representative (Required on EVERY Page) Shri Mayi Uddy

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Shri Mayi Uddy — Date 12 19 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of ____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

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
According to the Influenza Awareness Act standards of July 2016, requires homes to post a copy of the Influenza Awareness Poster in a public and conspicuous place. However, on 3/31/17, a copy of the Influenza Awareness Poster was not posted in the home.

According to the Care Facility Carbon Monoxide Alarms Standards Act of June 23, 2016, an approved carbon monoxide alarm shall be installed in close proximity of, but not less than 15 feet from, any fossil fuel-burning device or appliance. The home has not installed a carbon monoxide alarm in close proximity to the natural gas stove/oven, natural gas water heater, and natural gas boiler.

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.

Administer has posted the Influenza Awareness Poster throughout the building after explaining the poster to each resident. Administrator will update these posters as instructed by law.

Administrator has already installed (picture provided) the Carbon Monoxide Alarms near the stove and the boiler from this point forward. Administrator will check monitors weekly via a sign off sheet that will indicate day month and staff who checks the monitor as being operate able.

See page 3A of 33

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

Signature of Legal Entity Representative (Required on EVERY Page) Shirley Hicks-Odom

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

Date 9-4-2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN'S PLACE FOR PERSONAL CARE

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
According to the Influenza Awareness Act standards of July 2016, requires homes to post a copy of the Influenza Awareness Poster in a public and conspicuous place. However, on 3/31/17, a copy of the Influenza Awareness Poster was not posted in the home.

According to the Care Facility Carbon Monoxide Alarms Standards Act of June 23, 2016, an approved carbon monoxide alarm shall be installed in close proximity of, but not less than 15 feet from, any fossil fuel-burning device or appliance. The home has not installed a carbon monoxide alarm in close proximity to the natural gas stove/oven, natural gas water heater, and natural gas boiler.

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

Immediately: The administrator or designee shall follow the Care Facility Carbon Monoxide Alarms Standards Act. as follows:
* Install a carbon monoxide alarm at least 15 feet away 15 feet of the kitchen stove.
* Carbon monoxide detectors and alarm systems installed at a care facility shall be tested and cleaned as indicated in the manufacturer's guidelines.
* If the unit operates by a battery, the battery may not be removed for any length of time beyond that necessary to change the battery.
* The battery shall be labeled with the date of installation and replaced at least once annually or at such time as the unit signals a drained or failing battery, whichever is sooner. 12-19-17

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

Signature of Legal Entity Representative (Required on EVERY Page) She Myoa Uyl

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) She Myoa Uyl | Date 12 19 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of ____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.25(c)(1) - The contract shall specify that each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure.

2a. DESCRIPTION OF VIOLATION
Resident #3's contract, dated [redacted]15, does not indicate the amount of personal needs funds the resident is allocated for his/her personal use. The resident is an SSI recipient.

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.

Administrator has placed in resident number three's contract that she will receive $100.00 per month out of her SSI check. Administrator has suggested another payee that resident is in agreement, with and will ensure that she receives her monthly funds for the personal use of her choice. Family is in agreement with change.

From this point forward, each contract will have the minimum amount retained by each resident on a monthly basis ill regard to payee's understand of the rule.

See Page 4A of 33

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

Signature of Legal Entity Representative (Required on EVERY Page) Shelley Myers-Wilson

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

Date 9 9 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of 12-26-17 (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE
~~Human Services Licensing~~

1. REGULATION 55 Pa.Code §2600
2600.26(c)(1) - The contract shall specify that each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure.

2a. DESCRIPTION OF VIOLATION
Resident #3's contract, dated [redacted]16, does not indicate the amount of personal needs funds the resident is allocated for his/her personal use. The resident is an SSI recipient.

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

Immediately: The administrator or designated staff person shall review all current resident contracts to ensure all contracts include the current personal care needs allowance. 12-19-17

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

Signature of Legal Entity Representative (Required on EVERY Page) Sheri Myon-Yuidy

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sheri Myon-Yuidy

Date 12 19 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.25(d) SOPc - If the home collects a resident's rent rebate under § 2600.25(a), the resident-home contract is to include a statement signed by the resident, and the resident's designated person if applicable, at the time of admission, informing the resident that the information required in § 2600.25(a) is to be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

The home collects a portion of the rent rebate for resident #2. The rent rebate addendum was 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.

Administrator has placed in resident number three's contract that she will receive $100.00 per month out of her SSI check. Administrator has suggested another payee that resident is in agreement, with and will ensure that she receives her monthly funds for the personal use of her choice. Family is in agreement with change.

From this point forward, each contract will have the minimum amount retained by each resident on a monthly basis ill regard to payee's understand of the rule.

SPE#SA1193

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

Signature of Legal Entity Representative (Required on EVERY Page) Shaynaya Hinds

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

Date 9 9 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(d) SOPc - If the home collects a resident's rent rebate under § 2600.25(a), the resident-home contract is to include a statement signed by the resident, and the resident's designated person if applicable, at the time of admission, informing the resident that the information required in § 2600.25(a) is to be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

The home collects a portion of the rent rebate for resident #2. The rent rebate addendum was 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 #2's rent rebate document was signed by the resident. 12-19-17

Immediately: The administrator or designated staff person shall review all resident contracts for required signatures including rent rebate documentation. 12-19-17

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 12 19 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

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NOV 07 2017
WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION
There was no documentation to support the home has conducted a quality management review within the 2016 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.

The home's quality management review will be available from this point forward and placed in administrator's binder for easy access for review. Refer to the attachment #1.

See page 6A of 33

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

Signature of Legal Entity Representative
(Required on EVERY Page) Shey Mayor Harridays Adm

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

Date 9 9 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of ______ (Date)

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

Violation Report: 44667 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION

There was no documentation to support the home has conducted a quality management review within the 2016 year.

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

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

Immediately: The home conduct a quality management review which includes a review of all of the required components in accordance with regulation 2600.26b. Documentation of the review shall be kept. 12-19-17 y

Immediately: The administrator will schedule and conduct a periodic review of the quality management plan at least annually. 12-19-17 y

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

Signature of Legal Entity Representative (Required on EVERY Page) Dan Mayor, Trustee

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Dan Mayor, Trustee

Date 12, 19 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of ____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
Staff person A, the home's administrator, did not complete any of the 24 hours of Department-approved administrator training during the 2015 training year. Subsequently, staff person A was required to complete 48 hours of Department-approved administrator training during the 2016 training year. However, staff person A only completed 29.5 Department-approved administrator training during the 2016 training year.

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

Administrator has 58.25 of annual training for 2015 through December 2017. Administrator is also scheduled for one additional classroom trainings at Butler Community College in December for 8 hours and 5.75 hours on line training.

Administrator will keep ALL completed training in the administrator binder as oppose to administrative folders in an effort to not lose any training information. Administrator will also call State before starting classes to make sure administrator will receive credit for attendance from this point forward.

See page 7A of 33

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/12/2016		

Signature of Legal Entity Representative
(Required on EVERY Page) Shelly Mayer Ward

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

Date 9 9 2017

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

The above plan of correction is approved as of 12-16-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44087 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Staff person A, the home's administrator, did not complete any of the 24 hours of Department-approved administrator training during the 2015 training year. Subsequently, staff person A was required to complete 48 hours of Department-approved administrator training during the 2016 training year. However, staff person A only completed 29.5 Department-approved administrator training during the 2016 training year.

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

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

The administrator completed a total of 48 hours or approved training. 12-19-17 g

Immediately: The administrator shall submit a schedule to the Western Regional Office of approved administrator training hours to fulfill the 2016 and 2017; to include the date, training source, and length of each course as follows:
* Three hours of in person training for the 2016 training year.
* Twenty-four hours of training for the 2017 training year of which 12 may be online training.
* Twenty-four hours of training for the 2018 training year of which 12 may be online training. 12-19-17 g

Immediately: The administrator shall develop an annual training plan by the end of January each year. The training plan shall include approved administrator training, the date, training source, and length of each course.

12-19-17 g

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/12/2016		

Signature of Legal Entity Representative (Required on EVERY Page) Shri Mayor Uthday

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Shri Mayor Uthday — Date 12 19 2017

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

The above plan of correction is approved as of 12-19-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

(1) Evacuation procedures.
(2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
(3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
(4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
(5) The location and use of fire extinguishers.
(6) Smoke detectors and fire alarms.
(7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B started working in the home on 12/16/16. Direct care staff person B did not complete any orientation in general fire safety and emergency preparedness on or prior to the first day of work.

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.

Administrator will not assign another designated staff to assist with orientation; as staff leave and new staff enter home it is NOT wise to assign the orientation staff to anyone other than the administrator. From this point forward administrator will ensure that all new staff/volunteers will sign off on training regarding regulations 2600.65 (f) 1 through 7. Administrator will also review each employee file and list each category completed by staff/volunteer when completed.

See page 8A of 33

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/12/2016		

Signature of Legal Entity Representative
(Required on EVERY Page) [signature] - Adm

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

Date 4 9 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of ______ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

(1) Evacuation procedures.
(2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
(3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
(4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
(5) The location and use of fire extinguishers.
(6) Smoke detectors and fire alarms.
(7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B started working in the home on 12/16/16. Direct care staff person B did not complete any orientation in general fire safety and emergency preparedness on or prior to the first day of work.

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

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

Immediately: Direct care staff person B shall receive a general orientation in fire safety and emergency preparedness in accordance with regulation 2600.65(a). Documentation of education shall be kept. 12-19-17 Y

Immediately: The administrator or designated staff person shall review all staff training records to ensure all staff persons have received orientation in general fire safety and emergency preparedness in accordance with regulation 2600.65(a) and the documentation is in the staff record. 12-19-17 Y

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/12/2016		

Signature of Legal Entity Representative (Required on EVERY Page) Shua Mayer Friday

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Shua Mayer Friday — Date 12 19 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of ____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

(1) Resident rights.
(2) Emergency medical plan.
(3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
(4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B started working in the home on 12/16/16. Direct care staff person B did not complete any orientation on the topics in accordance 2600.65(b) within the 40 scheduled working hours.

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.

Administrator attempted to make PCH a paperless facility in an effort to save money or ink and paper products; upon inspection administrator could not secure information on external drive, as too many helpers were involved. From this point forward, administrator will return to hard copies of all information regarding staff files. Direct care staff actually did comply with regulation 2600.65 (a) which is attached.

See page 9A of 37

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/12/2016		

Signature of Legal Entity Representative (Required on EVERY Page) [signature]

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

Date 9 9 2017

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

The above plan of correction is approved as of 12-18-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

(1) Resident rights.
(2) Emergency medical plan.
(3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
(4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B started working in the home on 12/16/16. Direct care staff person B did not complete any orientation on the topics in accordance 2600.65(b) within the 40 scheduled working hours.

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

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

Immediately: Direct care staff person B shall receive an orientation in resident rights, the emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, and reporting of reportable incidents and conditions. Documentation of education shall be kept. 12-19-17

Immediately: The administrator or designated staff person shall review all staff training records to ensure all staff persons have received orientation in resident rights, the emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, and reporting of reportable incidents and conditions in accordance with regulation 2600.65(b) and the documentation is in the staff record. 12-19-17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/12/2016		

Signature of Legal Entity Representative (Required on EVERY Page) Shu Mayan Utidy

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Shu Mayan Utidy — Date 12 19 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

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

(1) Medication self-administration training.

(2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

(3) Care for residents with dementia and cognitive impairments.

(4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.

(5) Personal care service needs of the resident.

(6) Safe management techniques.

(7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C did not receive training in the required training topics during the 2016 training year (1/1/16 – 12/31/16) as follows:

* Medication self-administration.
* Instruction on meeting needs as outlined in preadmission, assessment, medical evaluation and support plan.
* Care for residents with dementia and cognitive impairments.
* Personal care services needs of the resident.
* Care for residents with mental illness or mental retardation, or both.

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.

Administrator will revise the staff training plan for direct care staff persons to include ALL requirements of the regulation and place the plan into binder instead of folders in an effort to secure signatures and educational material for easy access and security of information immediately.

See Page 10A of 37

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/12/2016		

Signature of Legal Entity Representative (Required on EVERY Page) Shirley Mayo Whidby-Gadson

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

Date 9 9 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

(1) Medication self-administration training.

(2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

(3) Care for residents with dementia and cognitive impairments.

(4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.

(5) Personal care service needs of the resident.

(6) Safe management techniques.

(7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C did not receive training in the required training topics during the 2016 training year (1/1/16 – 12/31/16) as follows:

* Medication self-administration.
* Instruction on meeting needs as outlined in preadmission, assessment, medical evaluation and support plan.
* Care for residents with dementia and cognitive impairments.
* Personal care services needs of the resident.
* Care for residents with mental illness or mental retardation, or both.

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 C no longer works in the home. 12-19-17

Immediately: The administrator or designated staff person shall review all direct care staff training records to ensure all staff have received all of the required training in accordance with regulation 2600.65(f) during the 2016 training year. 12-19-17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/12/2016		

Signature of Legal Entity Representative (Required on EVERY Page) Shy Mayor Lindy

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Shy Mayor Lindy — Date 12 19 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of ___ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.65(g) - 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 C did not receive training in resident rights and fire safety during the 2016 training year (1/1/16 – 12/31/16).

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

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

Administrator will revise the staff training plan for direct care staff persons to include ALL requirements of the regulation and place the plan into binder instead of folders in an effort to secure signatures and educational material for easy access and security of information immediately. Specific training will be in Fire Safety, emergency preparedness procedures, resident rights and the older adult protective services Act; fall and preventions will also be reviewed.

See Page 11A of 27

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

Signature of Legal Entity Representative (Required on EVERY Page) Shirley Mayer Utility - adm

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

Date 11/9/17

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

RECEIVED

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Violation Report: 44667 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - 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 C did not receive training in resident rights and fire safety during the 2016 training year (1/1/16 – 12/31/16).

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

Direct care staff person C no longer works in the home. 12-19-17

Immediately: The administrator or designated staff person shall review all staff training records to ensure all staff have received all of the required training in accordance with regulation 2600.65(g) during the 2016 training year. 12-19-17

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

Signature of Legal Entity Representative
(Required on EVERY Page) [signature]

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) [handwritten name] Date 12 19 2017

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

The above plan of correction is approved as of 12-16-17 (Date)

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

Plan of correction implementation status as of ______ (Date)

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

1. REGULATION 55 Pa.Code §2600

2600.66(a) - A staff training plan shall be developed annually.

2a. DESCRIPTION OF VIOLATION

The home has not developed a 2017 staff training 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.

Administrator has revisited regulation and adjusted the staff training plan (refer to attachment "b"); the staff training plan will be located in administrator's binder and updated annually from this point forward.

See Page 12A of 33

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

Signature of Legal Entity Representative (Required on EVERY Page) She meyer Holding-gdm

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

Date 9-9-2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.66(a) - A staff training plan shall be developed annually.

2a. DESCRIPTION OF VIOLATION
The home has not developed a 2017 staff training plan.

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

Immediately - The administrator will develop and implement a 2017 staff training plan which includes all components of 2600.66b including: the name, position and duties of each staff person; the required training courses for each staff person and the dates, times, and locations of the scheduled training. Documentation will be kept. 12-19-17

Prior to 1/31/18 - The administrator will develop and implement a 2018 staff training plan which includes all components of 2600.66b including: the name, position and duties of each staff person; the required training courses for each staff person and the dates, times, and locations of the scheduled training. Documentation will be kept. 12-19-17

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

Signature of Legal Entity Representative (Required on EVERY Page) Ohu Mayor Thursday

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ohu Mayor Thurs Date 12 19 2017

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

The above plan of correction is approved as of 12-16-17 (Date)

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

Plan of correction implementation status as of ___ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

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

2a. DESCRIPTION OF VIOLATION

The home's 2016 staff training plan did not include:
* The name, position, and duties of each direct care staff person.
* The required training topics of:
  Medication self-administration
  Instructions on meeting the needs of the resident as described in the preadmission screening form, assessment tool, medical evaluation and support plan
  Care for residents with dementia and cognitive impairments and personal care needs of the resident.
* The dates, times and locations of the scheduled training for each staff person for the upcoming 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.

Administrator will ensure from this point forward that each staff will be trained at stated via regulation 2600.66 (b) refer to attachment "c".

See Page 13A of 33

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

Signature of Legal Entity Representative
(Required on EVERY Page) [signature]

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

Date 9 9 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

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

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

2a. DESCRIPTION OF VIOLATION

The home's 2016 staff training plan did not include:

* The name, position, and duties of each direct care staff person.
* The required training topics of:
  - Medication self-administration
  - Instructions on meeting the needs of the resident as described in the preadmission screening form, assessment tool, medical evaluation and support plan
  - Care for residents with dementia and cognitive impairments and personal care needs of the resident.
* The dates, times and locations of the scheduled training for each staff person for the upcoming year.

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

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

Immediately: Direct care staff person 8 shall receive an orientation in resident rights, the emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, and reporting of reportable incidents and conditions. Documentation of education shall be kept. 12-19-17

Immediately: The administrator or designated staff person shall review all staff training records to ensure all staff persons have received orientation in resident rights, the emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, and reporting of reportable incidents and conditions in accordance with regulation 2800.65(b) and the documentation is in the staff record. 12-19-17

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

Signature of Legal Entity Representative (Required on EVERY Page) Shu Myon Yuidy

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Shu Myon Yuidy — Date 12 19 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

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

2a. DESCRIPTION OF VIOLATION
The interior bottom of the freezer section drawer, of the refrigerator/freezer in the kitchen on the second floor, had a heavy accumulation of food crumbs and food particles along the inside edges and corners of the freezer.

At 2:30 a.m., there were no paper towels, mechanical air blower or other means of safe hand drying in the common bathroom on the second floor.

At 2:40 p.m. the laundry room upright freezer had food particles on all of the shelves and food residue and spillage on the bottom and sides of the 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.

Freezers will be checked by administrator or designated persons and a weekly basis and will be documented upon completion from this point forward.

See page 14A [illegible]

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

Signature of Legal Entity Representative
(Required on EVERY Page) [illegible signature]

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

Date 9 9 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of ______ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

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

2a. DESCRIPTION OF VIOLATION
The interior bottom of the freezer section drawer, of the refrigerator/freezer in the kitchen on the second floor, had a heavy accumulation of food crumbs and food particles along the inside edges and corners of the freezer.

At 2:30 p.m., there were no paper towels, mechanical air blower or other means of safe hand drying in the common bathroom on the second floor.

At 2:40 p.m. the laundry room upright freezer had food particles on all of the shelves and food residue and spillage on the bottom and sides of the 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.

Immediately: The administrator or designated staff person shall place paper towels or another safe means of drying hands in the common bathroom on the second floor. 12-19-17

Immediately: The administrator or designated staff person shall check all bathrooms at least weekly to ensure there are paper towels or a safe means of drying hands available. 12-19-17

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

Signature of Legal Entity Representative (Required on EVERY Page) Sharon Meyer Uhrich

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sharon Meyer Uhrich — Date 12/19/2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of ____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
There were six ceiling tiles with water stains in the bedroom shared by residents #1, #3 and #4 on the first floor. The ceiling tiles measured 25" X 43". The water stains measured 8" X 43" with other smaller water stains. Two of the ceiling tiles were bowed downward approximately 1½".

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 six ceiling tiles were replaced (picture was submitted); administrator and designated staff review tiles on a daily basis and calls maintenance worker to replace or repair immediately. Administrator will ensure that repairs to building are completed in a timely manner.

See Page 15 of 33

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

Signature of Legal Entity Representative (Required on EVERY Page) Sherry Mayer-Waldron

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

Date 9 9 2017

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

The above plan of correction is approved as of 11-16-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There were six ceiling tiles with water stains in the bedroom shared by residents #1, #3 and #4 on the first floor. The ceiling tiles measured 25" X 43". The water stains measured 8" X 43" with other smaller water stains. Two of the ceiling tiles were bowed downward approximately 1½".

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

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

Immediately: A designated staff person shall check the home weekly to ensure floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Hazardous conditions shall be corrected immediately. 12-19-17

Repeat Violation: No	Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative (Required on EVERY Page)	Shirley Mayon Wardy			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Shirley Mayon Wardy	Date	12 19 2017	

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
The office type chair, on the left side of the table in the television room on the second floor, is missing the left armrest covering and the right armrest covering is secured on with duct tape.

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 chairs from this point forward will not be repaired with tape but thrown out to garbage immediately from this point forward. Administrator and/or designated person will be the charge staff to ensure that furniture is thrown out and not repaired with tape.

See PAGE 16A of 33

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

Signature of Legal Entity Representative (Required on EVERY Page) [signature]

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

Date 9 9 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
POH Name: HELEN S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The office type chair, on the left side of the table in the television room on the second floor, is missing the left armrest covering and the right armrest covering is secured on with duct tape.

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 chair cited in the violation was disposed of. 12-19-17

Immediately: The administrator or designated staff person shall check the home at least weekly to ensure furniture and equipment is in good repair, clean and free of hazards. Any hazards shall be immediately corrected. 12-19-17

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

Signature of Legal Entity Representative (Required on EVERY Page) Shu Myon Ly-Hardy

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Shu Myon Ly-Hardy **Date** 12 19 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of ____ (Date)

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

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NOV 07 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
The homes first aid kit in the wooden cabinets on the first floor does not include eye coverings.

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.

Administrator or designated staff will sign off on a weekly check sheet to ensure that nothing is removed from the first aid kit. The first aid kit will meet regulation 2600.96 (a) from this point forward.

See page 17A of 33

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 9 9 20[illegible]

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of ______ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The homes first aid kit in the wooden cabinets on the first floor does not include eye coverings.

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.

Eye coverings were placed in the first aid kit. 12-19-17 g

Immediately: All staff persons shall be educated on the need to maintain proper first aid kit contents and the uses for each item in the event of an emergency. Documentation of education shall be kept. 12-19-17 g

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

Signature of Legal Entity Representative (Required on EVERY Page) Shirley Mayon Wilds

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Shirley Mayon Wilds — Date 12 19 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of ____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION
At 11:40 a.m., there was an unlabeled/undated Ziploc bag full of pepperoni in the second floor kitchen refrigerator.

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

Designated staff and/or administrator will ensure that no food is without label that displays date and description of item. Administrator has purchased freezer bags that can be written on and markers that can be read after plastic bag is frozen. All undated and unlabeled food will be thrown out into garbage.

also purchased freezer markers & tape

See plan 12/26/17

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

Signature of Legal Entity Representative (Required on EVERY Page) Shyamala Muthiday-Adm

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 9 9 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of ____ (Date)

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

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DEC 20 2017

Violation Report: 44087 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

At 11:40 a.m., there was an unlabeled/undated Ziploc bag full of pepperoni in the second floor kitchen refrigerator.

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

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

The food item cited in the violation was disposed of. 12-19-17 Y

Immediately: The administrator or designated staff person shall check all food storage areas at least weekly including refrigerators and freezers to ensure all food items are labeled and dated. 12-19-17 Y

Immediately: All staff persons handling, preparing or storing food items will be educated regarding the safe storage of food items including labeling, dating, storing food in closed or sealed containers and not storing food on the floor. Documentation of education shall be kept. 12-19-17 Y

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

Signature of Legal Entity Representative (Required on EVERY Page) Shu, Mgr Friday

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Shu, Mgr Friday

Date 12. 19 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of ____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

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

At 11:42 a.m. the temperature of the freezer section, of the refrigerator/freezer in the kitchen on the second floor, measured 8 degrees Fahrenheit.

At 2:45 p.m., there was no thermometer in the upright freezer in the basement laundry 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.

Administrator has purchased a thermometer for the upright freezer in laundry room and will monitor temperatures daily (all refrigerator) from this point forward.

See page 19A of 33

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

Signature of Legal Entity Representative (Required on EVERY Page) [signature] daily - 9th

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

Date 9 9 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

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

At 11:42 a.m. the temperature of the freezer section, of the refrigerator/freezer in the kitchen on the second floor, measured 8 degrees Fahrenheit.

At 2:45 p.m., there was no thermometer in the upright freezer in the basement laundry 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 temperature of the freezer section of the refrigerator/freezer in the kitchen on the second floor was in compliance with regulation 2600.103(f) on 10/12/17. 12-19-17 Y

Immediately: The administrator or designated staff person shall check all refrigerators and freezers at least weekly to ensure all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. 12-19-17 Y

Immediately: All staff persons involved in food storage and preparation shall be educated on safe food storage including all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. Documentation of education shall be kept. 12-19-17 Y

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

Signature of Legal Entity Representative (Required on EVERY Page) Chris Myer Hardy

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chris Myer Hardy Date 12 19 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

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

2a. DESCRIPTION OF VIOLATION
At 11:42 a.m., there was an open and unsealed 32oz. bag of four beef patties in the freezer section of the kitchen refrigerator/freezer on the second floor.

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

Administrator and/or designated staff will ensure that food (all foods) are stored in closed or sealed containers. Food will not be "pushed back" but used quickly to prevent tears in freezer bags or containers.

See page 20 of 33

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 11/9/2017

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

The above plan of correction is approved as of 12-16-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

At 11:42 a.m., there was an open and unsealed 32oz. bag of four beef patties in the freezer section of the kitchen refrigerator/freezer on the second floor.

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

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

The food item cited in the violation was disposed of 12-19-17 y

Immediately: The administrator or a designated staff person shall check all food storage areas weekly to ensure all food is stored in closed or sealed containers. 12-19-17 y

Immediately: All staff persons involved in food preparation, serving and storage shall be educated on the requirement to store food in closed or sealed containers. Documentation of education will be kept. 12-19-17 y

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

Signature of Legal Entity Representative (Required on EVERY Page) Shirley Myon Uruday

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Shirley Myon Uruday — Date 12 19 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

NOV 07 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
At 11:42 a.m. there were two clear bags of pork chops and a bag of chicken which were unlabeled and undated in the freezer section of the kitchen refrigerator/freezer on the second floor.

At 2:45 p.m. there were unlabeled and undated foods in the upright freezer in the laundry room of the basement as follows:
* Five bags of pork chops
* Four bags of chicken pieces and several whole chickens.
* Two unidentified bags of food.

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.

Administrator has thrown out all food described on page 21 of 2017 violations.

Administrator and/or designated staff will ensure weekly 12-14-17 that food (all foods) are stored in closed or sealed containers. Food will not be "pushed back" but used quickly to prevent tears in freezer bags or containers.

See page 21 of 33

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

Signature of Legal Entity Representative
(Required on EVERY Page) Sherry Mayer-Gdn

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

Date 9 9 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44807 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

At 11:42 a.m. there were two clear bags of pork chops and a bag of chicken which were unlabeled and undated in the freezer section of the kitchen refrigerator/freezer on the second floor.

At 2:45 p.m. there were unlabeled and undated foods in the upright freezer in the laundry room of the basement as follows:
* Five bags of pork chops
* Four bags of chicken pieces and several whole chickens.
* Two unidentified bags of food.

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

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

Immediately: The administrator or a designated staff person shall check all food storage areas daily including refrigerators and freezers to ensure all food items are labeled and dated. Any outdated or spoiled food will be disposed of. 12-19-17 y

Immediately: All staff persons handling, preparing or storing food items shall be educated regarding the safe storage of food items including labeling and dating. Documentation of education shall be kept. 12-19-17 y

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

Signature of Legal Entity Representative (Required on EVERY Page) Dr. Megan Utley

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Dr. Megan Utley

Date 12 19 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

NOV 07 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

At 2:10 p.m., there was approximately ½" layer of lint covering the entire lint screen of the basement clothes dryer.

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.

DAILY 12-19-17

Administrator and designated staff will ensure that lint screen is cleaned immediately after each use from this point forward. A sign off sheet with date and time and staff's initials will be posted at the dryer wall area.

Refer to attachment "d".

See Page 22A of 33

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

Signature of Legal Entity Representative (Required on EVERY Page) [signature]

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

Date 11 7 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 448B7 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

At 2:10 p.m., there was approximately ¼" layer of lint covering the entire lint screen of the basement clothes dryer.

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

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

Immediately: All staff persons shall be educated concerning the hazards associated with the accumulation of lint and the procedures to prevent lint accumulation including emptying lint from the lint trap and drum from clothes dryers after each use. Documentation of education shall be kept. 12-19-17

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

Signature of Legal Entity Representative (Required on EVERY Page) Shirley Mayon Stukey

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Shirley Mayon Stukey | Date 12 19 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

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

The emergency evaluation floor plan, posted on the wall by the refrigerator in the day room on the first floor, did not indicate the line of travel to exit doors or the location of the fire extinguishers.

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.

Administrator and designated staff has revised the floor plan for first and second floors; the diagram also now includes location of fire extinguishers and line of travel (refer to attachment e and f).

See Plan 23A of 33

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/12/2016		

Signature of Legal Entity Representative (Required on EVERY Page) Sly Nguyen Thuy-Anh

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

Date 9 9 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

The above plan of correction was approved by

Plan of correction implementation status as of 12-26-17 (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2000.123(a) - 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

The emergency evaluation floor plan, posted on the wall by the refrigerator in the day room on the first floor, did not indicate the line of travel to exit doors or the location of the fire extinguishers.

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

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

Immediately: The administrator or designated staff person shall check all emergency evacuation diagrams to ensure all required items specified in regulation 2600.123(a) are designated including fire extinguishers, pull stations and accurate exit routes are present on each diagram. 12-19-17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/12/2016		

Signature of Legal Entity Representative
(Required on EVERY Page) [signature]

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) [signature] Date 12. 19 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of ____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

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 home conducted a fire drill on 7/11/16. The home's fire drill record does not indicate the actual time the fire drill was conducted. The fire drill record only indicates "4:00".

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.

Administrator and designated staff will ensure that the fire drills are documented with "a.m." or "p.m." to reflect exactly the morning or evening hours of the day that fire drill occurred. Times will be checked at the end of fire drills for accuracy.

See plan 24A of 33

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

Signature of Legal Entity Representative (Required on EVERY Page) [signature]

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

Date 9 9 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of 12-26-17 (Date)

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

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 home conducted a fire drill on 7/11/16. The home's fire drill record does not indicate the actual time the fire drill was conducted. The fire drill record only indicates "4:00".

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

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

Immediately: The administrator shall monitor the fire drill record monthly to ensure the home's fire drill record includes; the date, time, 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 activated. 12-19-17

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 12.19.2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

NOV 07 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.133(a)(3) - If the home serves nine or more residents, exit sign letters must be at least 6 inches in height with the principal strokes of letters at least 3/4 inch wide.

2a. DESCRIPTION OF VIOLATION

The home is currently serving 11 residents. The exit sign above the rear door on the second floor had letters which only measure 1" in height.

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.

Administrator has changed the exists signs to meet the required 6 in height with letters of ¾ inch wide (picture has been submitted to DHS).

See page 25a of 33

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

Signature of Legal Entity Representative (Required on EVERY Page) Shyma Jan Uddin-Qazi

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

Date 9 4 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of 12-26-17 (Date)

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

1. REGULATION 55 Pa.Code §2600

2600.133(a)(3) - If the home serves nine or more residents, exit sign letters must be at least 6 inches in height with the principal strokes of letters at least 3/4 inch wide.

2a. DESCRIPTION OF VIOLATION

The home is currently serving 11 residents. The exit sign above the rear door on the second floor had letters which only measure 1" in height.

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

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

Immediately: The administrator or designated staff person shall check all emergency exits to ensure there is an "EXIT" sign at each exit with the letters being at least 6" high and a principle stroke of at least ¾" wide. 12-19-17

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

Signature of Legal Entity Representative (Required on EVERY Page) OK, Myon Lee

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) OK, Myon Lee

Date 12-19-2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of ____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

NOV 07 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
Resident #1 had a medical evaluation completed on 3/23/17. However, the documentation of the medical evaluation did not include a medication regimen. This section indicated "see attached list from electronic health record". There was no attachment.

Resident #2 had a medical evaluation completed on 8/16/16. However, the documentation of the medical evaluation did not include: Medical Diagnoses, Special Health and Dietary Needs, the resident's ability to self-administer medications, Health Status, Cognitive Functioning or a Mobility Needs Assessment. All of these sections were blank

Resident #3 had a medical evaluation completed on 9/8/16. However, the documentation of the medical evaluation did not include: the type of medical evaluation, Medical Diagnoses, Special Health or Dietary Needs, Immunization History, The resident's ability to self-administer medications, Health Status, Cognitive Functioning, Mobility Needs Assessment or a Medication Regimen. All of these sections were 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.

Administrator and designated staff will review all medical evaluation to ensure information is completed and no blanks remain on DME forms from this point forward.

See Page 26A of 33

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/12/2016		

Signature of Legal Entity Representative (Required on EVERY Page) Sherry Mayer Utility Adm

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

Date 9 9 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #1 had a medical evaluation completed on 3/23/17. However, the documentation of the medical evaluation did not include a medication regimen. This section indicated "see attached list from electronic health record". There was no attachment.

Resident #2 had a medical evaluation completed on 8/18/16. However, the documentation of the medical evaluation did not include: Medical Diagnoses, Special Health and Dietary Needs, the resident's ability to self-administer medications, Health Status, Cognitive Functioning or a Mobility Needs Assessment. All of these sections were blank

Resident #3 had a medical evaluation completed on 9/8/16. However, the documentation of the medical evaluation did not include: the type of medical evaluation, Medical Diagnoses, Special Health or Dietary Needs, Immunization History, The resident's ability to self-administer medications, Health Status, Cognitive Functioning, Mobility Needs Assessment or a Medication Regimen. All of these sections were 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.

Immediately: Residents #1's medical evaluation shall be corrected or the resident shall have another in-person medical evaluation completed. 12-19-17

Resident #2's had an in person medical evaluation completed on 8/14/17. 12-19-17

Resident #3's medical evaluation was corrected. 12-19-17

Immediately: All staff persons involved with the medical evaluation process shall be educated on the required contents of the medical evaluation form and the authorized persons (a physician, physician's assistant or certified registered nurse practitioner) who are permitted to complete a medical evaluation form. Documentation of education shall be kept. 12-19-17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/12/2016		

Signature of Legal Entity Representative
(Required on EVERY Page) Shirley Mayer Weiss

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Shirley Mayer Weiss — **Date** 12 19 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of ____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

NOV 07 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
00.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #1 had a medical evaluation completed on 2/25/16. However, the resident's next medical evaluation was not completed until 3/23/17.

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

Administrator will retrain staff that it is better to have annual reviews a little early than ever having schedule with doctors late. If there is a two month waiting list, we will schedule evaluations two months before the due date to ensure that the annual review is on time from this point forward.

See page 22 of 33

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/12/2016		

Signature of Legal Entity Representative (Required on EVERY Page) Shirley Mayer Wilds - Adm

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

Date 9 9 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of 12-26-17 (Date)

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

RECEIVED
DEC 20 2017
WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #1 had a medical evaluation completed on 2/26/16. However, the resident's next medical evaluation was not completed until 3/23/17.

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

Immediately: The administrator or designee shall review all current medical evaluations to ensure medical evaluations are completed timely, accurately and in their entirety. Any incomplete medical evaluations will be returned to the physician for completion or new in-person medical evaluations will be scheduled and completed. 12-19-17

Immediately: All staff persons involved with the medical evaluation process shall be educated on the required contents of the medical evaluation form and the authorized persons (a physician, physician's assistant or certified registered nurse practitioner) who are permitted to complete a medical evaluation form. Documentation of education shall be kept. 12-19-17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/12/2016		

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 12.19.2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On 3/31/17 at 11:45 a.m., the menus posted in the home were dated 3/1/16 to 3/31/16, to include the one hanging on the refrigerator on the second floor. The week in advance menus were not posted.

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.

Administrator will ensure that not only do the menus have to be prepared five weeks at a time; said meus must also be displayed five weeks at a time in the dayroom areas from this point forward.

See page 29 of 33

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

Signature of Legal Entity Representative
(Required on EVERY Page) Sherry Mayor-Hilday

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

Date 11 9 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44667 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

~~WEST REGION FIELD OFFICE~~
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On 3/31/17 at 11:45 a.m., the menus posted in the home were dated 3/1/16 to 3/31/16, to include the one hanging on the refrigerator on the second floor. The week in advance menus were not posted.

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

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

Immediately: The administrator or a designated staff person shall check the home weekly to ensure menus are posted in accordance with regulation 2600.162(c). 12.19.17

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 12 19 2017

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

The above plan of correction is approved as of 12.26.17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C completed the initial medication administration training on 12/27/12. However, there is no documentation that direct care staff person C completed the required annual practicum requirements to continue to be qualified to administer medications. Direct care staff person C administered medications to resident #1, resident #3 and resident #5 on 3/11/17 at 8:00 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.

Administrator will ensure from this point forward that ALL staff have their information in employee binders and not folders to ensure that information is together for easy review. ALL staff will have recertification for medication training annually.

See page 29A 1/17

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

Signature of Legal Entity Representative (Required on EVERY Page) Shirley Mayor Authority-Adm

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

Date 9-9-2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
POI Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C completed the initial medication administration training on 12/27/12. However, there is no documentation that direct care staff person C completed the required annual practicum requirements to continue to be qualified to administer medications. Direct care staff person C administered medications to resident #1, resident #3 and resident #5 on 3/11/17 at 8:00 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.

The administrator or designated staff person will review all staff records to ensure all staff persons administering medications are qualified to administer medications and all required documentation is in the staff records. 12-19-17

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

Signature of Legal Entity Representative (Required on EVERY Page) Shirley Mylon Holiday

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Shirley Mylon Holiday — **Date** 12 19 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

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 #5's assessment, dated 10/14/16, did not include an assessment of the resident's vision, hearing, communication, olfactory, and tactile abilities. These sections were 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.

Administrator will ensure all assessments are completed with all information included and updated as required by regulation 2600.225 (a).

See page 30 of 33

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

Signature of Legal Entity Representative (Required on EVERY Page) Sherry Myers Holiday-Adm

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

Date 9 9 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44657 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

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 #5's assessment, dated 10/14/16, did not include an assessment of the resident's vision, hearing, communication, olfactory, and tactile abilities. These sections were 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 #5's assessment was corrected 12-19-17

Immediately: The administrator or a designated staff person shall review all resident records to ensure each resident has a current assessment completed in its entirety. 12-19-17

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

Signature of Legal Entity Representative (Required on EVERY Page) Shirley Mayer Utility

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

Date 12-19-2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of ____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

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

Resident #1's most recent assessment was completed 2/25/16.

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

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

Administrator will use the attached format "e" to stay on track regarding annual assessments from this point forward.

See Page 31A of 33

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/12/2016		

Signature of Legal Entity Representative (Required on EVERY Page) Shirley Mayer Thiday - Adm

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

Date 9 9 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

The above plan of correction was approved by _____

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
POH Name: HELEN S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

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

Resident #1's most recent assessment was completed 2/25/16.

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

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

Resident #1 had an assessment completed. 12-19-17

Immediately: The administrator or a designated staff person shall review all resident records to ensure each resident has a current assessment completed in its entirety. 12-19-17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/12/2016		

Signature of Legal Entity Representative (Required on EVERY Page) Shirley Moyer Holiday

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Shirley Moyer Holiday Date 12 19 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

.600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #2's annual support plan dated 8/16/16, does not indicate a frequency of service or responsible party for the following services the resident was assessed as needing, to include: personal hygiene, managing health care, securing health care, doing laundry, and securing transportation. The resident is assessed to need assistance in remembering medication schedule. However, the support plan does not identify the description of medication needs and plan to meet the needs.

Resident #5's support plan does not indicate the responsible party to provide care and services to meet the residents needs of: Managing health care, Securing health care, Doing laundry, Shopping, Securing and using transportation, Managing finances, Using the telephone, Writing correspondence and Obtaining clean seasonal clothing. The resident's support plan does not include the description of needs or the plan to meet the resident's needs for the residents: Supervision, Mobility or Inability to self-administer medications.

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 occuring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

To prevent missing documentation staff and administrator will review each assessment to ensure all information is properly filled out and on time as required in regulations 2600.227 (d).

See page 32A of 33

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

Signature of Legal Entity Representative (Required on EVERY Page) Ellen Mayer Tidy-Adm

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

Date 09 09 2017

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

The above plan of correction is approved as of 11-26-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #2's annual support plan dated 5/16/16, does not indicate a frequency of service or responsible party for the following services the resident was assessed as needing, to include: personal hygiene, managing health care, securing health care, doing laundry, and securing transportation. The resident is assessed to need assistance in remembering medication schedule. However, the support plan does not identify the description of medication needs and plan to meet the needs.

Resident #5's support plan does not indicate the responsible party to provide care and services to meet the residents needs of: Managing health care, Securing health care, Doing laundry, Shopping, Securing and using transportation, Managing finances, Using the telephone, Writing correspondence and Obtaining clean seasonal clothing. The resident's support plan does not include the description of needs or the plan to meet the resident's needs for the residents: Supervision, Mobility or Inability to self-administer medications.

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's and resident #5's support plans were corrected. 12-19-17

Immediately: The administrator or a designated staff person shall review all resident records to ensure each resident has a current support plan completed in its entirety. 12-19-17

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 12/19/2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

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
Resident #2's support plan dated 8/16/16, is not signed by the resident or the assessor. Staff person A, the home's administrator, stated the resident participated in the development of the support plan.

Resident #3's support plan, dated 9/12/16, is not signed by the resident or the assessor. Staff person A, the home's administrator, stated the resident participated in the development of the support plan.

Resident #5's initial support plan, dated10/14/16, is not signed by the assessor or the resident. Staff person A, the home's administrator, stated the resident participated in the development of the 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.

From this point forward DHS has stated that "signature on file cannot be used. Administrator and/or designated staff will allow signatures to be signed by all involved, staff, residents, PCP's etc. (refer to attachment "f")

See Page 33A of 33

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

Signature of Legal Entity Representative (Required on EVERY Page) Sherry Mayo, Atty-in-fact

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

Date 9 9 dOA

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44687 - 03/31/2017 - Georgoulis, Karen
PCH Name: HELEN S PLACE FOR PERSONAL CARE

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

Resident #2's support plan dated 8/16/16, is not signed by the resident or the assessor. Staff person A, the home's administrator, stated the resident participated in the development of the support plan.

Resident #3's support plan, dated 9/12/16, is not signed by the resident or the assessor. Staff person A, the home's administrator, stated the resident participated in the development of the support plan.

Resident #5's initial support plan, dated10/14/16, is not signed by the assessor or the resident. Staff person A, the home's administrator, stated the resident participated in the development of the 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.

Resident #2's, #3's, and #5's support plans were corrected. 12-19-17

Immediately: The administrator or a designated staff person shall review all resident records to ensure each resident has a current support plan completed in its entirety including required signatures. 12-19-17

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

Signature of Legal Entity Representative (Required on EVERY Page) [signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) [name] Date 12 19 2017

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

The above plan of correction is approved as of 12-26-17 (Date)

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

Plan of correction implementation status as of _____ (Date)

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