

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CHERRY STREET GUEST HOME INC

To operate CHERRY STREET GUEST HOME

Located at 223-225 CHERRY STREET, COLUMBIA, PA 17512

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 30  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions:

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

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from January 9, 2015 until January 9, 2016,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 322440

Robert E. Robinson

ISSUING OFFICER

Matthew J. [Signature]

ACTING DIRECTOR

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

PW 628 - 10/13



# pennsylvania

DEPARTMENT OF HUMAN SERVICES

JAN 09 2015

Ms. Roxanne N. Simonson, Administrator  
Cherry Street Guest Home, Inc.  
223-225 Cherry Street  
Columbia, Pennsylvania 17512

RE: Cherry Street Guest Home  
License #: 322440

Dear Ms. Simonson:

As a result of the Department of Human Services' licensing inspection on November 17, 2014 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

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

Sincerely,

Matthew J. Jones  
Director

3H

Enclosures  
License  
License Inspection Summary

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

Page 1 of 17

PCH Name: CHERRY STREET GUEST HOME		License Number: 32244
Address: 223 225 CHERRY STREET, COLUMBIA, PA 17512		County: Lancaster
Administrator: Roxanne Simonson		Region: CENTRAL
Legal Entity Name: CHERRY STREET GUEST HOME INC		
Legal Entity Address: 223-225 CHERRY STREET, COLUMBIA, PA 17512		
Certificate(s) of Occupancy R-1 07/24/2013 Borough of Columbia		
Staffing Hours Resident Support: 0                      Total Daily Staff: 21                      Waking Staff: 16		
Type of Inspection: Full                      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Provisional		
On-Site Inspections Dates and Department Representatives On-Site 11/17/2014: Rouse, McKinley; McCloskey, Jason		
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: 30 Number of Residents Served: 21 30 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 21 Are 60 Years of Age or Older: 17 Have Mental Illness: 24 Have an Intellectual Disability: 8 Have a Mobility Need: 0 Have a Physical Disability: 2	

Violation Report: 32244 - 11/17/2014 - Rouse, McKinley PCH Name: CHERRY STREET GUEST HOME	
1. REGULATION 55 Pa. Code §2500 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.	
2a. DESCRIPTION OF VIOLATION The most current license inspection summary was not posted in a conspicuous public place in the home.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.  A Copy of Inspection Summary was posted again in our hallway on Bulletin Board. We put it in a cover. We put it up higher this time. We do have some Residents who take things off the Board. We will check monthly to make sure copy is still there. This will be my responsibility as Administrator.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Roxanne N. Simonson</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Roxanne N. Simonson</i>	
Date <i>12-18-14</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>1-5-15</i> (Date)	Plan of correction implementation status as of <i>1-5-15</i> (Date)
The above plan of correction was approved by <i>ge</i> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32244 - 11/17/2014 - Rouse, McKinley  
PCH Name: CHERRY STREET GUEST HOME

**1. REGULATION 55 Pa.Code §2600**

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

**2a. DESCRIPTION OF VIOLATION**

- Resident #1's last quarterly statement had an end date of 03/30/2014.
- Resident #2's last quarterly statement had an end date of 03/30/2014.
- Resident #3's last quarterly statement had an end date of 03/30/2014.

**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.

Residents #1, #2, #3, Quarterly were updated. I am currently training a new staff to help in office to help with paper work so this does not happen again. I (Roxanne) will also keep a list of when quarterly are due to be done + send to families, to make sure this is being done.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Roxanne N. Simonson*

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

Roxanne N Simonson

Date 12-18-14

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(Date)

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(Initials)

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(Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
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Violation Report: 32244 - 11/17/2014 - Rouse, McKinley  
PCH Name: CHERRY STREET GUEST HOME

1. REGULATION 55 Pa.Code §2600

2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION

The contract for Resident #4, dated 04/04/2014, does not include the rental amount.

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 #4's Rental Amount has been Filed IN. We will see that  
A mount is put in on DATE OF Admission, not sure why  
[redacted] was not. I (Roxanne) will see this is done on ANY NEW  
ADMISSION we may Receive, as well as all of the elements  
required by this chapter. -BE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Roxanne N. Simonson

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

Roxanne N. Simonson

Date 12-18-14

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☐ Not Implemented

Violation Report: 32244 - 11/17/2014 - Rouse, McKinley  
PCH Name: CHERRY STREET GUEST HOME

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2008 may not provide unsupervised ADL services until completion of the following:

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

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Person A, hired on 07/30/2014, has not completed the required Department-approved direct care training and competency test; the staff person provides unsupervised ADL services.

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

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

STAFF PERSON A - HAS COMPLETED ■■■■■ TRAINING ON (11-26-14) . IN FUTURE STAFF WILL NEED TO COMPLETE WITHIN 30 TO 45 DAYS, IF NOT SOONER, THEY KNOW THEY CANNOT DO DIRECT CARE TILL TAKEN. OUR POLICY IS WITHIN 2 WEEKS SOME OUR NOT READY AT THAT TIME. ANY ADVICE.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

10/28/2013

Signature of Legal Entity Representative  
(Required on EVERY Page)

Roxanne N. Simonson

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

Roxanne N. Simonson

Date 12-18-14

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(Date)

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SE  
(Initials)

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Violation Report: 32244 - 11/17/2014 - Rouse, McKinley  
PCH Name: CHERRY STREET GUEST HOME

**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**

Staff Person B did not receive the following required trainings in the 2013 training year.

- \*Resident rights
- \*The Older Adults Protective Services Act
- \*Falls and accident prevention

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

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

STAFF person B DID HAVE HIS TRAINING IN 2013. SHOWED PAPERS TO INSPECTORS THEY SAID OK. NOT SURE WHY I HAVE THIS VIOLATION.  
Sending copies

Violation withdrawn: -BE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Roxanne H. Simonson

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

Roxanne H. Simonson

Date 12-18-14

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(Date)

Plan of correction implementation status as of \_\_\_\_\_

(Date)

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

(Initials)

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- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Violation Report: 32244 - 11/17/2014 - Rouse, McKinley PCH Name: CHERRY STREET GUEST HOME	
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 is a hole in the frayed carpet on the second step from the bottom on the stairs from the dining room leading to the basement lounge. The hole in the frayed carpet is a potential tripping hazard.	
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. We ORDERED NEW CARPET IN NOV. They REplaced the CARPET IN SITTING ROOM + STAIRS ON DEC. 17 + 18. Sending PICTURES. We were AWARE DURING INSPECTION, TOLD INSPECTORS IT WAS BEING REplaced IN DECEMBER. We DO OUR VERY BEST TO REplace things AS SOON AS we CAN, when we see A hazard. we will Continue to DO OUR VERY BEST.  The Administrator or designee will check all areas of the home on a weekly basis to ensure floors and other surfaces are in good repair + free of hazards. -BE	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <u>Roxanne N. Simonson</u>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>ROXANNE N SIMONSON</u>	Date <u>11-18-14</u>
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Violation Report: 32244 - 11/17/2014 - Rouse, McKinley PCH Name: CHERRY STREET GUEST HOME	
1. REGULATION 55 Pa.Code §2600 2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.	
2a. DESCRIPTION OF VIOLATION There are 2 residents living in Room 209 and only one chair in the 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.  IN Room 209 there are now 2 chairs, on day of inspection we put a chair in room. The one resident always said he never wanted one, that was why he did not have a chair. He has one now. Will send picture. Will check monthly to make sure all residents have chairs, will have housekeeping report to me.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Roxanne N. Simonson</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Roxanne N. Simonson</i>	
Date <i>12-18-14</i>	
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Violation Report: 32244 - 11/17/2014 - Rouse, McKinley  
PCH Name: CHERRY STREET GUEST HOME

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

The Reach-in freezer, farthest to the left in the basement, did not have a thermometer.

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.

Freezer in Basement that was missing thermometer now has one. We'll do checks weekly when putting food away that they are in place. Checks to be done by Roxanne or [REDACTED]

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Roxanne N. Simonson

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

ROXANNE N. SIMONSON

Date 12-18-14

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(Date)

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(Date)

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☐ Partially Implemented - Inadequate Progress

☐ Not Implemented

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BE  
(Initials)

Violation Report: 32244 - 11/17/2014 - Rouse, McKinley  
PCH Name: CHERRY STREET GUEST HOME

**1. REGULATION 55 Pa. Code §2600**

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

**2a. DESCRIPTION OF VIOLATION**

The home had 21 residents, but only 5 gallons of emergency drinking water.

**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.

We currently have 40 gallons now of drinking water placed on black plastic tarps in basement, will get remaining needed gallons by Jan. 1<sup>st</sup>, 2015.  
To prevent this from re-occurring we will replace bottles used within 1 week.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Roxanne N. Simonson

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

Roxanne N. Simonson

Date 12-18-14

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Violation Report: 32244 - 11/17/2014 - Rouse, McKinley  
PCH Name: CHERRY STREET GUEST HOME

**1. REGULATION 55 Pa.Code §2600**

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

**2a. DESCRIPTION OF VIOLATION**

The fire drill conducted on 07/12/2014 at 11:00 AM did not specify the evacuation routes used during the fire drill.

**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.

FIRE DRILL ON 7/12/14 AT 11AM Route #4 WAS CLOSED WHICH WAS FRONT DOOR TO FRONT PORCH. I DID NOT RECORD THE EXIT ROUTE CLOSED, FOR THAT DRILL, IT IS NOW FIXED IN BOOK.

IN FUTURE I WILL MAKE SURE I RECORD THE ROUTES USED.

The Administrator will audit fire drill records monthly to ensure that all the required information is captured. -GE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Roxanne N. Simonson

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

Roxanne N. Simonson

Date 12-18-14

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Violation Report: 32244 - 11/17/2014 - Rouse, McKinley  
PCH Name: CHERRY STREET GUEST HOME

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home's designated evacuation time from a fire safety expert in a letter, dated 06/24/2014, is 5 minutes and 30 seconds; the fire drill conducted on 09/21/2014 at 6:45 PM, had an evacuation time of 6 minutes.

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 DRILL conducted on 9-21-14 was A VERY BAD DRILL. IT WAS PAST OUR time, I DID HAVE A meeting IMMEDIATELY AFTER drill with Residents. TALKED ABOUT next month we need to DO BETTER. I SHOULD have had ANOTHER DRILL IN A FEW DAYS. OUR PROBLEM WITH that DRILL WAS we have A Resident who has BEEN EVACUATED FOR NURSING AND he was IN his ROOM IT TOOK STAFF TIME TO GET him OUT. We STILL has THIS Resident the POA + myself HAVE TRIED MULTIPLE NURSING homes AND have BEEN TURNED DOWN. IF he IS upstairs he IS HARDER TO EVACUATE.

We continue to try AND place him, ANY suggestions.

Administrator will ensure that assistance is provided to all residents to safely evacuate the home during fires/fire drills.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Roxanne N. Simpson

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

Roxanne N. Simpson

Date 12-18-14

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(Initials)

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☐ Not Implemented

Violation Report: 32244 - 11/17/2014 - Rousa, McKinley  
PCH Name: CHERRY STREET GUEST HOME

1. REGULATION 55 Pa. Code §2600

2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The home had not conducted a sleeping hours fire drill since 04/17/2014.

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.

STARTING IN DEC. 2014 we will START HAVING OUR SLEEPING DRILLS BETWEEN  
10pm OR 11pm. ~~most~~ MAJORITY of RESIDENT OUR SLEEPING BY THEN.  
Then we will have one AGAIN IN JUNE 2015. Administrator  
will mark sleeping hours drills to be held from planning. -22  
Will be Done Before End of month.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Roxanne N. Simonson

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

Roxanne N. Simonson

Date

12-18-14

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Plan of correction implementation status as of

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(Date)

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JS  
(Initials)

☐

Fully Implemented

☒

Partially Implemented - Adequate Progress

☐

Partially Implemented - Inadequate Progress

☐

Not Implemented

Violation Report: 32244 - 11/17/2014 - Rouse, McKinley  
PCH Name: CHERRY STREET GUEST HOME

**1. REGULATION 55 Pa.Code §2600**

2600.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

**2a. DESCRIPTION OF VIOLATION**

The open doorway directly across from Room 105 does not have an exit sign for the exit next to Room 106. The exit next to Room 106 is not visible from the doorway directly across from Room 105.

**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.

Exit Signs <sup>were</sup> Put up By Rooms 105+106 Indicating Directions to Travel.  
Talked to our Firechief He said the rest of Building Looks Good.  
Never Really Thought of that one by 105+106.  
We will be doing monthly checks to make sure all signs are up  
As we have been doing.  
Will send photo.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Roxanne N. Simonson

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

ROXANNE N. SIMONSON

Date 12-18-14

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

The above plan of correction is approved as of 1-5-15  
(Date)

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

Plan of correction implementation status as of 1-5-15  
(Date)

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

Violation Report: 32244 - 11/17/2014 - Rouse, McKinley  
PCH Name: CHERRY STREET GUEST HOME

**1. REGULATION 55 Pa.Code §2600**

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

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

**2a. DESCRIPTION OF VIOLATION**

Staff Person C administered medications and initialed the medication administration record (MAR) on 11/01/2014, 11/03/2014, 11/04/2014, 11/11/2014 and 11/12/2014; however the staff person's name was not listed on the MAR.

Resident #5 had a blood sugar level of 398 at 12:00 PM on 11/13/2014. The MAR specifies that the resident is to receive 11 units of injectable Humalog insulin per sliding scale, plus 5 units with meals for a total of 16 units of insulin. The number of units of insulin that were administered to the resident was not recorded on the MAR.

**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.

TALKED TO STAFF PERSON C ABOUT NOT SIGNING MAR. ~~WELL HAVE~~ SIGN. HAVING BEEN CALLED  
RESIDENT #5 ON 11/13/14 HAD STAFF RECORD ON MAR. STAFF PERSON C  
SINCE DEC. 15.  
STAFF PERSON C WAS TAKEN OFF MEDS. FOR 2 ~~DAYS~~ DAYS AND ASKED TO GO OVER  
TRAINING WITH ME (ROXANNE) ABOUT SIGNING + GIVING MEDS. CORRECTING -  
STAFF WHO DO THIS IN FUTURE WILL BE REMOVED FROM MEDS. + GO THRU  
TRAINING AGAIN, IF MISTAKES CONTINUE, THEY WILL BE TAKEN OFF.  
MEDS. ADMINISTRATOR WILL COMPLETE WEEKLY AUDITS OF MARs. - SE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
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Violation Report: 32244 - 11/17/2014 - Rouse, McKinley  
PCH Name: CHERRY STREET GUEST HOME

**1. REGULATION 55 Pa.Code §2600**

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

**2a. DESCRIPTION OF VIOLATION**

-Staff Person C administered Sertaline 100mg, 1 tablet by mouth for depression, to Resident #6 on 11/06/2014 at 7:00 AM, but did not initial the medication as given on the MAR.

-The MAR for Resident #7's Combivent Respimat Inhaier, 1 puff by mouth 4 times a day, was not initialed as having been given on 11/15/2014 and 11/16/2014 at 8:00 PM.

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

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

STAFF PERSON C WAS TALKED TO ABOUT RESIDENT #6 NOT SIGNING MAR  
AND RESIDENT #7'S MAR NOT SIGNED. WILL HAVE [REDACTED] SIGN

[REDACTED] WAS TAKEN OFF MEDS FOR 2 DAYS, WENT THRU TRAINING  
WITH ME.

[REDACTED] IS BEING MONITORED IF ANY MORE ERRORS [REDACTED] WILL BE TAKEN  
OFF MEDS.

HAVE BEEN CALLING STAFF PERSON C  
SINCE DEC. 15 TO COME SIGN

ADMINISTRATOR WILL COMPLETE WEEKLY AUDITS OF MAR'S - 2E

Repeat Violation: No

Date(s) of Previous Violation(s):

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