



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to:

MAILING DATE: October 24, 2018

Ms. Stacey Meyer
Assistant Secretary
Emeritus Corporation
6737 West Washington Street, Suite 2300
Milwaukee, Wisconsin 53214

RE: Brookdale Bloomsburg
420 Shaffer Road
Bloomsburg, Pennsylvania 17815
License #: 211200

Dear Ms. Meyer:

As a result of the Department's Bureau of Human Services Licensing inspection on March 8, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Sincerely,

Anne Graziano
Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 21120 - 03/08/2018 - Foulkes, Kimberli
 PCH Name: BROOKDALE BLOOMSBURG

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

On 2/18/18 from 10:15pm to 6:15am staff person A was the Medication Tech. This staff person did not have training in Diabetic education.

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

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

Please see attached - P2 Ag 5

The Administrator will oversee this plan & correction to ensure ongoing compliance. JF

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Julie L Heeter, Executive Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Julie L Heeter, ED</i>	Date <i>9/19/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>10/22/18</u> (Date) The above plan of correction was approved by <u>JF</u> (Initials)	Plan of correction implementation status as of <u>10/22/18</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Brookdale Bloomsburg

P2755

Plan of Correction

The following is the Plan of Correction for Brookdale Bloomsburg in regard to the Statement of Deficiency dated 09/10/2018 for complaint inspection on 3/08/2018. The Plan of Correction report is not to be construed as an admission of or agreement with, the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvements to satisfy that objective.

Regulation 2600.182(b)

Immediately, on 3/8/18, an audit was completed to verify all staff administering medications had completed the required diabetic training, or are a Licensed Practical Nurse.

Staff Person A was a graduate nurse. Staff Person A resigned on February 21, 2018 and no longer works at Brookdale Bloomsburg.

March 9, 2018- Re-training was given by the Executive Director to appropriate staff regarding the community policy on required staff training. Health and Wellness Coordinator or designee will monitor and assure that staff training meets community policy for Medication Administration. The Health and Wellness Director will review the staff training required for medication administration for 2 months to verify if any further action is warranted.

Evidence: Staff Training attendance

Completion Date: March 9, 2018

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10/22/18

Regulation 2600.182(c)

Immediately on March 8, 2018, the narcotic count was audited by the Health and Wellness Director to confirm accuracy. The community continues to follow its policy on shift to shift audits with medication counts which is verified by staff person signature.

Violation Report: 21120 - 03/08/2018 - Foulkes, Kimberli
 PCH Name: BROOKDALE BLOOMSBURG

1. REGULATION 55 Pa.Code §2600
 2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:
 (1) Identify the correct resident.
 (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
 (3) Remove the medication from the original container.
 (4) Crush or split the medication as ordered by the prescriber.
 (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
 (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
 (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION
 Staff did not follow the proper steps for medication administration on the following occasions:
 On 2/28/18 at 7am Tramadol HCL 50mg tablet was not administered to resident #1 but was initiated by staff person B as administered on the Medication Administration Record (MAR).
 On 11/2/17 resident #1 did not receive their 7am dose of Hydrocodone-5-325mg. Staff person C documented on the Narcotic Count Sheet that it was administered but it remained in the resident's blister pack.
 On 2/2/18 resident #2 did not receive their 12pm dose of Lorazepam 1mg. Staff person D documented it as administered on the Narcotic Count Sheet, however it was still in the blister pack.
 On 11/28/17 resident #2 did not receive their 6am dose of Tramadol HCL 50mg and their 8am dose of Lorazepam 1mg. Staff person D documented them as administered on the Narcotic Count Sheet, however they were still in the blister packs.

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

Please see attached - p 2A and 4A & S
The Administrator will oversee this Plan of Correction to ensure ongoing compliance. CP

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Julie L Heeter, Executive Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Julie L Heeter, ED</i>	Date <i>9/19/18</i>
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The above plan of correction was approved by <u><i>CP</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21120 - 03/08/2018 - Foulkes, Kimberli
 PCH Name: BROOKDALE BLOOMSBURG

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

2a. DESCRIPTION OF VIOLATION

On 2/28/18 at 7am Tramadol HCL 50mg tablet was not administered to resident #1.
 On 11/2/17 resident #1 did not receive their 7am dose of Hydrocodone-5-325mg.
 On 2/2/18 resident #2 did not receive their 12pm dose of Lorazepam 1mg.
 On 11/28/17 resident Raelene Oman did not receive their 6am dose of Tramadol HCL 50mg and their 8am dose of Lorazepam 1mg.

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

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

Please see attached - p4Ag-5

The Administration will oversee this Plan of Correction to ensure ongoing compliance. P

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


Signature of Legal Entity Representative
 (Required on EVERY Page) *Julie L Heeter, Executive Director*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Julie L Heeter, ED Date 9/19/18

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 (Date)

Plan of correction implementation status as of 10/22/18
 (Date)

The above plan of correction was approved by 
 (Initials)

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

P4A 85

Reportable Incidents cited in this violation were all previously reported to the Department when they occurred. Staff Person B was retrained by the Health and Wellness Director on February 28, 2018 and disciplined according to community policy. Staff Person C was retrained by the Health and Wellness Director on November 2, 2017. Staff Person D was retrained by the Health and Wellness Director on February 2, 2018 regarding the community policy on Medication Administration and disciplined according to community policy. The Health and Wellness Coordinator or designee will perform weekly audits for omissions in the MAR in addition to review of the narcotic count for 3 months. The Health and Wellness Director will review the results of the audits to verify if any further action is warranted.

Evidence: Reportable Incidents with documentation of staff re-education

Completion Date: March 1, 2018

Regulation 2600.187(d)

Immediately on March 8, 2018, the narcotic count was audited by the Health and Wellness Director to confirm accuracy. The community continues to follow its policy on shift to shift audits with medication counts which is verified by staff person signature.

Reportable Incidents cited in this violation were all previously reported to the Department when they occurred. Staff Person B was retrained by the Health and Wellness Director on February 28, 2018 and disciplined according to community policy. Staff Person C was retrained by the Health and Wellness Director on November 2, 2017. Staff Person D was retrained by the Health and Wellness Director on February 2, 2018 regarding the community policy on Medication Administration and disciplined according to community policy.

Ongoing- The Health and Wellness Coordinator or designee will perform weekly audits for omissions in the MAR for 3 months. The Health and Wellness Director will review the results of the audits to verify if any further action is warranted.

Evidence: Reportable Incidents with documentation of staff re-education

Completion Date: March 30, 2018

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1/4/2018

Violation Report: 21120 - 03/08/2018 - Foulkes, Kimberli
 PCH Name: BROOKDALE BLOOMSBURG

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 # 3 has a physician's order for 2 L of oxygen via nasal canula at all times. It states to provide assistance with monitoring and use of oxygen equipment as needed. Change oxygen tank as needed. It does not state on the RASP who the responsible party is for this.

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

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

Please see attached —

The Administrator will oversee to ensure ongoing compliance. *g*

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Julie L Heeter, Executive Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Julie L Heeter, ED</i>	Date <i>9/19/18</i>
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Regulation 2600.227(d)

P5A95
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Immediately, the Health and Wellness Director updated the RASP/Service Plan to add that care staff will provide assistance to resident #3 with maintaining the oxygen as ordered by the physician.

March 8, 2018- The Health and Wellness Director re-trained the Health and Wellness Coordinator on the community policy regarding identifying on the RASP/Service Plan who is responsible for each of the identified care needs of the resident.

September 17, 2018- An audit was completed by the Executive Director and District Director of Clinical Services of all RASP/ Service Plans for residents receiving oxygen to verify if documentation included responsible party for identified care needs.

Ongoing- Random audits will be completed for 2 months by the Health and Wellness Director on all residents receiving oxygen for accurate documentation to verify if any further action is warranted.

Evidence: Staff Training

Completion Date: September 18, 2018

OH
10/22/18