



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17102-1810

ADULT RESIDENTIAL LICENSING  
Central Region Field Office  
1401 North 7<sup>th</sup> Street  
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July 16, 2010

Ms. Valerie Thomas, Administrator  
Shirley Home for the Aged, Inc.  
Shirley Home for the Aged  
17050 Country View Lane  
Shirleysburg, Pennsylvania 17260

Dear Ms. Thomas:

As a result of the Department of Public Welfare's licensing inspection on January 20, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Michele Strauser" with a stylized flourish at the end.

Michele Strauser  
Regional Licensing Administrator

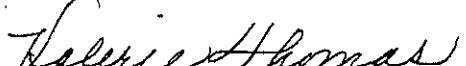

Enclosure  
Violation Report

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Shirley Home for the Aged 17050 Country View Lane Shirleysburg, PA 17260		<b>CURRENT LICENSE NUMBER</b>  343970	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> January 20, 2010		<b>REGIONAL REPRESENTATIVE</b> Denny Granahan and Lori Gensil	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Valerie Thomas</i>	<b>DATE</b> 4-6-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Melinda Green</i>	<b>DATE</b> 7/6/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
42x A resident has the right to a system to safeguard a resident's money and property.	On Sunday January 17, 2010 the home discovered that a blister pack of <i>oxycod/APAP 5-325 tabs</i> contained two different sized round, white pills. Upon further investigation by the home, it was then discovered that approximately 197 controlled narcotics for 4 different residents were taken and replaced with over-the-counter pain relievers. By allowing the medication to be stolen and failing to establish, implement or adhere to a system that would prevent said theft, the home did not ensure the residents' property was safeguarded.	1/27/10 1/20/10 2/01/10	While conducting narotic count which takes place at the begining/end of every shift. The LPN/Med Tech both visually verify the count, color, shape, ID# and the size is correct. If discrepancy is discovered refer to the narotic description product sheet in the MAR. Nofity immediately the Administrator, State Police, Area Agency on Aging and DPW. No personnel permitted to leave until initial investgation has been initiated by State Police.  If an investigation is necessary regarding any type of medication error or medication tampering the Administrator will notify the family and responsible party. Administrator LPN/Med Tech will call and work	Steps have been taken to correct violation; full compliance is not verifiable <i>7/6/10</i> <i>MES</i> Date Initials (DPW)
<b>APR 12 2010</b>				

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<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 4-6-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 7/6/10

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185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	The Home's controlled medicine count policy dated 12/25/2008, states "check the original seals on the packets of meds to verify they have not been damaged or tampered with". Interviews with staff persons A, B and C provided consistent statements that although they did not notice tampering prior to the theft they did not specifically check the medication cards for broken seals and/or tampering. The cards come folded with the blisters facing out and the foil seals back to back. Staff person A also indicated that when he/she performs narcotic counts he/she does not unfold the card but only counts the pills on either side of the folded card. Staff failed to follow the home's procedure for handling controlled medications.	1/20/10 1/27/10 2/01/10 2/09/10	1/20/10 All LPN/Med Techs made aware when there is a discrepancy with narcotic count at the end/begining of each shift no one leaves until discrepancy is resolved. If not resolved call the Administrator State Police, Area Agency on Aging & DPW. Posted on med cart.  1/20/10, Reviewed the policy of counting narcotic at begining/end of each shift. Both supervisors are to visually look at both front and back of each blister packs. Observe for any signs of tampering (see attached policy-tampered medication/narcoic count). When dispensing any narcotic LPN/Med Tech is toput his/her initial on back of card. All cards are double locked	Steps have been taken to correct violation; full compliance is not verifiable <u>7/16/10</u> Date <i>MES</i> Initials (DPW)

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