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

ADULT RESIDENTIAL LICENSING
Central Region Field Office
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July 16, 2010

Ms. Barbara Martinez, Administrator
Glencrest Manor, Inc.
P.O. Box 1204
Coatesville, Pennsylvania 19320

RE: Glencrest Manor
115 Glencrest Road
Coatesville, Pennsylvania 19320

Dear Ms. Martinez:

As a result of the Department of Public Welfare's licensing inspection on February 17, 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,

Michele Strauser /EDS

Michele Strauser
Regional Licensing Administrator

Enclosure
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER
Glencrest Manor, 115 Glencrest Road, Coatesville, Pennsylvania 19320		197801
INSPECTION DATE(S) (Include all dates of the inspection) February 17, 2010	REGIONAL REPRESENTATIVE Michael Palermo and Diane Jones	
SIGNATURE OF LEGAL ENTITY Barbara Martinez	DATE 3/12/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Michele E Stern — DATE 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
26b The quality management plan shall address the periodic review and evaluation of the following: (1) Reportable incident and condition reporting procedures. (2) Complaint procedures. (3) Staff person training. (4) Licensing violations and plans of correction, if applicable. (5) Resident or family councils, or both, if applicable.	The home has not held a review of their quality management plan. **REPEATED VIOLATION: 8/14/09**	4-2-10	Will set aside one of our monthly staff meetings for a Annual Quality Management Meeting. The Annual Quality management meeting will be held at least yearly and may be held every six months if an element identified is not resolved or may be ongoing. There will be documentation of the elements identified and Plans of implementation. The first annual Quality management meeting will be held 4/2/10 and at the end of each meeting a date will be set to ensure consistency.	

MAR 19 2010

Adult Residential Licensing

Steps have been taken to correct violation; full compliance is not verifiable

7/6/10 — Initials (DPW)

Date

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89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	The water temperature in the shared bathroom nearest the dining area was 129.3 ° F.	Completed	Had the water temperature adjusted (below 120°F) during the cleaning of the furnace. was shocked how to adjust the water temperature. Will place the hot water temperature on the Quality Control list to be monitor on a weekly basis to ensure temperature will not exceed 120°F.	

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102k Use of a common towel is prohibited.	While the inspectors were on site there were no paper towels or means to dry hands in the shared bathroom nearest the dining area.	3/15/10	Will install a Dapa towel dispenser in the mens bathroom. Will also place on the Quality control check list to ensure that this will not be a repeat violation. Will have assign staff person to monitor weekly. Steps have been taken to correct violation; full compliance is not verifiable 7/6/10 MPS Date Initials (DPW)	

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104c Condiments shall be available at the dining table.	No salt or pepper dispensers were available for use. When questioned, the administrator indicated that all cooking was done without salt and that residents must ask for such items.	Immediately	Although Glencrest manor Cook Without salt the Condiments will be available during each meal. In the future the condiments will be set out before each meal is served so that each resident can make their own choices.	

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127a Portable space heaters are prohibited.	The administrator indicated that a portable space heater is used in the bathroom of the attached private residence. This was removed during the inspection.	Completed	This was removed immediately from my private bathroom in front of the inspectors. Glencrest manor is now aware the portable heaters is prohibited even in the owners private area.	

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141a-2 The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer	• The medical evaluation for resident # 2, dated 7/2/09, was not signed by the physician nor was the level of care indicated. • The medical evaluation for resident # 3, dated 7/6/09, did not indicate the level of care. Also, the evaluation indicates this resident is unable to move without physical assistance. However, this resident is mobile as indicated by the assessment dated 7/10/09 and witnessed while the inspectors were on site.	Completed 3/12/10	Medical evaluation returned to the physician for his completion on resident #2. Physcian signed and indicated level of care. Each chart has a chart content and chart check-off list. Under the medical Evaluation list will put yo parenthesis to check Signatures and complete form in it's entirely to insure completion of form. Medical physician for resident #3 is out sick for several months and can not	Steps have been taken to correct violation; full compliance is not verified. 7/6/10 MES Date Initials (DPW)

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medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.			the corrections. Appointment made with covering physician 3/12/10 to do a new Medical evaluation form. mobility will be address and self Administer insulin. will use the chart check-off list under medical evaluation list and Scrutinize the form in it entirety	

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181c A resident who desires to self-administer his medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.	Resident # 3 is diabetic and self-administers insulin. However, the medical evaluation dated 7/6/09 indicates this resident cannot self-administer medications.	3/12/10	Resident #3 Schedule to see covering physician on 3/12/10 to do a new medical evaluation form. Self-administer insulin will be addressed. To limit omissions, errors, discrepencies will scrutinize form thoroughly and will use the check off list under medical evaluation.	

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183a-1 Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.	Resident # 3 is diabetic and self-administers insulin. The insulin is stored refrigerated in the private residence of the provider. The administrator provided the inspector with a white plastic cup with two pre-poured syringes of insulin and an unmarked bottle of insulin. The administrator indicated that this was the resident's insulin which had been measured at 45 units each for the bedtime dose.	Completed	Moved the small refrigerator from my private area to the office/medication room. Will place date open on new bottle of insulin. Will also observe and instruct resident to only draw one syringe (45 u) it's @ bedtime dose) for injection. Will give resident one syringe @ bedtime to draw insulin instead of the pack to ensure compliance.	

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187a 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).	The February medication administration record (MAR) for resident # 4 did not correspond to the blister pack of *Abilify*. The MAR indicates *Abilify 30 mg*, but the blister pack and physician order dated 2/2/10 indicate a change from *30 mg to 15 mg*. The February medication administration record (MAR) for resident # 4 did not correspond to the blister pack of *Divalproex*. The MAR indicates *Divalproex ER 500 mg (2 tablets or 1000 mg)* but the blister pack contained three *250 mg tablets* of the same medication *(750 mg)*.	Completed	Proper documentation was made in regards to the abilify's dosage change (see enclosed copies of the MAR) also enclosed is a copy of the medication order where change is made from Abilify 30 mgs. to abilify 15 mgs. a memo was sent to the physician and case managers requesting that a D/C order accompany any changes in the script. (Outpt program) also asked the pharmacy to flag any changes in script and fax D/C orders to Glencrest manor.	Steps have been taken to correct violation; full compliance is not verifiable 7/6/10 MP Date / Initials (DPW)

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(13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.		Completed	Proper documentation was made in regards to the decrease in Divalproex. (See enclosed copies of MAR) a copy of the written order is also enclosed showing (750mg.) The Divalproex 250mgs (3 tablets) being started and the discontinuance of Divalproex ER 500mgs (2 tablets) or 1000mgs. (Stat or 500 mgs)	