



COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF PUBLIC WELFARE
 PO BOX 2675
 HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
 FAX: (717) 783-5662

CERTIFIED MAIL - RETURN RECEIPT
MAILING DATE: AUG 24 2010

Ms. Jean R. Bready, President
 Evergreen Elder Care, Inc.
 The Villa St. Elizabeth
 1201 Museum Road
 Reading, Pennsylvania 19611

Dear Ms. Bready:

As a result of the Department of Public Welfare's (Department) licensing inspection on April 19, 2010 and June 8, 2010 of the above personal care home, the violations specified on the enclosed Violation Report were found.

As a result of repeated violations and current violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), the Department is not renewing your PROVISIONAL license to operate the above personal care home. The decision to NON-RENEW your license is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation).

In accordance with 55 Pa.Code § 2600.269 (a)(3) and (b) (relating to ban on admissions) no new resident admissions are permitted after the date of this letter.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
185a	II	80	\$5	\$400	5 calendar days from mailing date of this letter
187d	II	80	\$5	\$400	5 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Adult Residential Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Financial Operations with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

Once you receive your invoice from the Bureau of Financial Operations, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Financial Operations.

If you disagree with the decision to NON-RENEW your license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Karen E. Kroh, Director
Adult Residential Licensing
Department of Public Welfare
Room 423, Health and Welfare Building
7th and Forster Streets
Harrisburg, Pennsylvania 17120

Ms. Jean Bready

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This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

The enclosed Violation Report specifies plans of correction and dates by which corrections must be made. If you choose to appeal, this plan of correction must be followed during your operation pending your appeal.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey". The signature is written in black ink and is positioned to the right of the word "Sincerely,".

Kevin T. Casey
Deputy Secretary

Enclosure
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER	
The Villa St. Elizabeth, 1201 Museum Road, Reading, Pennsylvania 19611		205761	
INSPECTION DATE(S) (Include all dates of the inspection)		REGIONAL REPRESENTATIVE	
April 19, 2010		Ann O'Haire & Anne Graziano	
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
<i>Jean Bready</i>	5/17/10	<i>Bd. Graziano</i>	6/8/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
<p>22a1 The following admission document shall be completed for each resident - Preadmission screening completed prior to admission on a form specified by the Department.</p> <p>224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.</p>	<p>The preadmission form for resident #1, dated 11/25/09, did not have the block checked on page 3 to indicate if the home is able to meet the resident's needs.</p> <p>Repeated Violation - 11/18/09 and 5/6/09, et al</p>	<p>4/19/2010 and ongoing</p>	<p>Assistant Adm. is a new Position at the Villa and this position will be ongoing.</p> <p>All preadmission forms will be completed on day of initial screening by resident coordinator. Forms will be rechecked by Assistant Adm. prior to being put in residents chart.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>8/2/10</u> Date Initials (DPW)</p>

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MAY 19 2010

SCRANTON FIELD OFFICE
Adult Residential Licensing

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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	Resident room # 231 was missing a light bulb from the lamp at bedside. Repeated Violation - 11/18/09	4/19/2010 and ongoing	This violation was corrected on site by floor supervisor. A weekly checklist has been compiled to be followed by Floor Supervisor on a weekly basis to check all residents rooms making sure rooms are in compliance with Reg. 101j7	Steps have been taken to correct violation; full compliance is not verifiable. Date <u>8/2/10</u> Initials (DPW)

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141a-2 The medical evaluation shall include the following: (7) Medication regimen, contraindicated medications; medication side effects and the ability to self-administer medications.	The annual medical evaluation for Resident #3, dated 01/06/10, did not include the resident's medication regimen. It included the notation "see attached list" for medications. There was no list of medications attached.	4/22/2010 and on going	New medical eval. was obtained from residents PCP which includes all updated medications. All medical evaluations will now include a medication list in section # 19 on medical evaluation. This will be checked by new Assistant Adm.	8/2/10 B.S.

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141b2 A resident shall have a new medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.	Resident #3's most recent medical evaluation is dated 01/06/10. It has not been updated to reflect the addition of hospice services in March of 2010.	4/22/2010 and on going	new med evaluation obtained from PCP with specialized care checked off to reflect hospice care. Assistant Adm. will make sure that an order is obtained from PCP whenever updated services are needed.	8/2/10 B.B.

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (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)	Resident #3 has an unopened comfort pack from Diakon Hospice Saint John in the refrigerator in the home's medication room that is not included on the April medication administration record for this resident. Resident # 4 did not have a diagnosis listed for the use of their Phenytoin Sodium Extended 100 mg, 1 tab, 2x a day. Repeated Violation - 11/18/09, 5/6/09, et al.	4/19/10 and on going 4/169/10	violation was corrected on site.. Comfort pack is now listed on MAR for April. List of medication in comfort pack was obtained from Pharmacy. In future all hospice meds will be listed on MAR & checked by assistant adm. All diagnosis are now listed on MAR for medications. check system put in place for all residents MARS. All MARS will be checked by Res. Coordinator and Assistant Adm.	Steps have been taken to correct violation; full compliance is not verifiable. 8/2/10 G.S. Date Initials (DPW)

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187d The home shall follow the directions of the prescriber.	<p>Resident #4 Diovan 160 mg tab, take 1 tab daily was not available for administration and was not given on 4/18/10 & 4/19/10.</p> <p>Resident #5 did not have the PRN medication Tylenol 325 mg, take 2 tabs as needed, available for administration.</p> <p>Resident #5 did not have did not have the medication Clarinex 5 mg, take 1 tab daily, available for administration.</p> <p>Repeated Violation - 11/18/09</p>	<p>4/19/2010 and on going</p> <p>4/19/2010</p> <p>4/19/2010</p>	<p>Medication was ordered from pharmacy and given as directed. Med Tech will check meds to make sure they are available to administer at times ordered.</p> <p>Medication was ordered from pharmacy. Medication will be dispensed as needed. Med Tech will check to make sure med is available</p> <p>Medication was ordered from pharmacy. Med Tech will check med carts daily at end of each shift to make sure all medications are available for administration at prescribed times.</p> <p>All new Meds will be checked by Med Tech & Resident Coordinator and/or Assistant Adm.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>8/2/10</u> <u>B.S.</u></p> <p>Date Initials (DPW)</p>

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202 The following procedures are prohibited: (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.	Upon inspection of the room of Resident # 3, the resident was observed sitting in a recliner chair with the footrest extended. The resident was unable to operate the footrest mechanism. The resident was also cognitively impaired to the point that he/she was unable to verbalize a desire to vacate the chair or to summon assistance independently or with assistance. The resident was asked several times to either lower the footrest mechanism or to verbalize a request for assistance or an understanding of this request and the resident was unable to do any of the above items.	4/19/2010 and on going	Violation was corrected on site by Residents Coordinator. All direct care staff including private duty was educated on Regulation 202. A memo was posted in resident room visible to all staff regarding restraints. All new Direct Care Staff will be educated in use of restraints by Assistant Adm. and /or Resident Care Coordinator	Steps have been taken to correct violation; full compliance is not verifiable 8/2/10 <i>B.S.</i> Date Initials (DPW)

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225c 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.	Resident #3 has been receiving hospice services since March 2010. The home failed to complete an additional assessment based on this change of condition and need for additional services and supervision for this resident. Repeated Violation - 11/18/09	4/21/2010 and on going	Home assessment for Resident # 3 was updated with significant changes based on condition. All future assessments will be updated as needed by resident coordinator and Assistant Adm.	Steps have been taken to correct violation; full compliance is not verifiable. <u>8/21/10</u> <u>B.S.</u> Date Initials (DPW)

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227g Individuals who participate in the development of the support plan shall sign and date the support plan. 227h If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.	Resident #3 had an annual support plan completed on 03/01/10. The plan was not signed by the resident and there was no indication that the resident refused to sign the plan or were unable to do so.	4/22/2010 and on going	Since resident was unable to sign on signature line Resident Coordinator noted reason on the signature line. All support plan will be checked by Assistant Adm. to make sur they are signed by Resident or that a notation is made on line as to why the resident is unable to sign his/her name.	8/2/10 <i>B.G.</i>

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MAY 19 2010

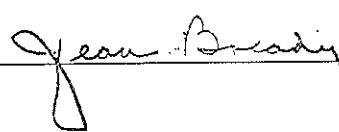
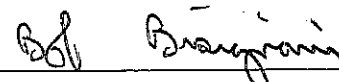
SCRANTON FIELD OFFICE
 Adult Residential Licensing

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE VILLA ST ELIZABETH, 1201 MUSEUM ROAD READING, Pennsylvania - 19611	CURRENT LICENSE NUMBER 205762
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INSPECTION DATE(S) (Include all dates of the inspection) June 8, 2010	REGIONAL REPRESENTATIVE Michele Moskalczyk, Anne Graziano, Florence Babiarcz
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 6/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7/30/10
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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.	At 10:10 am the narcotic log for the mansion's medication cart was left on top of the cart, unlocked and unsecured. Protected health information was contained in the document.	6/08/2010 & ongoing	Corrected upon site Meeting with all staff members, addressed the necessity for Resident Confidentiality. Narcotic Log was placed in med cart & locked. Adm. Assist. will be checking all carts daily to insure that no confidential records are left on the top of the Med Cart.	7/30/10 B.B.

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JUL 07 2010

SCRANTON FIELD OFFICE
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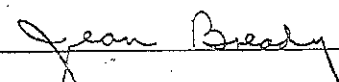
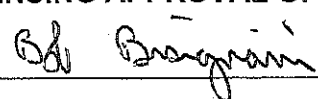
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254c Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.	Continued from previous page.		<i>see previous page</i>	<i>see previous page</i>

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Jean Brady</i>	DATE 6/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Bob Bisognani</i>	DATE 7/30/10

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28f-1 Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home.	Resident # 1 was discharged from the home due to the need for an increase level of care on 12-06-09. Resident #2 was discharged from the home due to the need for an increase level of care on 11-21-09. Resident #3 expired on 09-25-09. None of the above mentioned residents or representatives for these residents received an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home.	6/8/2010 & ongoing	An itemized written account of resident's funds including debit &/or credit was sent to Res. # 1-2-3 & kept on file @ Villa. A new form was made and added to our existing contract. Upon discharge, this form will be filled out by our accounting department and given to resident and or responsible party.	7/30/10 <i>BS</i>

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42r A resident has the right to receive visitors for a minimum of 12 hours daily, 7 days per week.	Located in resident #4's record was a typed statement from the resident's power of attorney which restricts this resident's right by preventing certain mentioned family members from visiting this resident. This resident is a capable individual.	6/08/2010 & ongoing	Res. # 4's POA was contacted on phone by Res. Care Coordinator and informed of resident right to receive visitors. All new residents & family will be informed of this right. Addendum has been sent to residents families.	Steps have been taken to correct violation; full compliance is not verifiable <u>7/30/10</u> <u>B.B.</u> Date Initials (DPW)

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Jean Bready</i>	DATE 6/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Bob Bagnoni</i>	DATE 7/30/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
57b Direct care staff persons shall be available to provide at least one hour per day of personal care services to each mobile resident.	<p>On Monday, May 31, 2010 the home provided 70.5 hours of total personal care staffing hours daily when 80 hours of personal care was required for 80 residents. The home was short 9.5 hours during this 24 hour period.</p> <p>On Saturday, June 5, 2010 the home provided 78 hours of total personal care staffing hours daily when 80 hours of personal care was required for 80 residents. The home was short 2 hours during this 24 hour period.</p> <p>On Sunday, June 6, 2010 the home provided 70.5 hours of total personal care staffing hours daily when 80 hours of personal care was required for 80 residents. The home was</p>	<p>6/8/10 & ongoing</p> <p>8/15/10</p>	<p>On the days sited we were fully staffed. However, the 2nd part of our schedule reflecting more hrs. was not seen by inspector. We have now posted both schedules and show more than even the necessary hrs. All new schedules will reflect the correct # of hrs. for each shift.</p> <p><i>The Administrator will keep copies of all weekly staff schedules in a binder for review. The schedules for all staff, direct care and ancillary, will be kept in the binder. The Administrator will document on all staff schedules the total number of</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable <i>7/30/10</i> <i>B.B.</i> Date Initials (DPW)</p>


*personal care hours provided each day as well as the number required to be provided based on the daily census.
Bob B. 7/30/10*

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE VILLA ST ELIZABETH, 1201 MUSEUM ROAD READING, Pennsylvania - 19611		CURRENT LICENSE NUMBER 205762	
INSPECTION DATE(S) (Include all dates of the inspection) June 8, 2010		REGIONAL REPRESENTATIVE Michele Moskalczyk, Anne Graziano, Florence Babiarz	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Jean Brady</i>	DATE 6/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>By Babiarz</i>	DATE 7/30/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
Continued from previous page.	short 9.5 hours during this 24 hour period.		<i>see previous page</i>	<i>see previous page</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE VILLA ST ELIZABETH, 1201 MUSEUM ROAD READING, Pennsylvania - 19611		CURRENT LICENSE NUMBER 205762	
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57d At least 75% of the personal care service hours specified in 57b and 57c shall be available during waking hours.	<p>On Monday, May 31, 2010 the home provided 55.5 hours of personal care staffing hours during waking hours of 7am to 11pm when 60 hours was required to provide care to the 80 residents. The home was short 4.5 hours.</p> <p>On Sunday, June 6, 2010 the home provided 55.5 hours of personal care staffing hours during waking hours of 7am to 11pm when 60 hours was required to provide care to the 80 residents. The home was short 4.5 hours.</p>	8/15/10	<p align="center">Same as #5 unacceptable plan of correction.</p> <p>The Administrator will keep copies of all weekly staff schedules in a binder for review. The schedules for all staff, direct care and ancillary, will be kept in the binder. The Administrator will document on all staff schedules the total number of personal care hours provided each day as well as the number required to be provided based on the daily census.</p> <p align="right">Bob B. 7/30/10</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p align="center">7/30/10 B.B.</p> <p>Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE VILLA ST ELIZABETH, 1201 MUSEUM ROAD READING, Pennsylvania - 19611		CURRENT LICENSE NUMBER 205762	
INSPECTION DATE(S) (Include all dates of the inspection) June 8, 2010		REGIONAL REPRESENTATIVE Michele Moskalczyk, Anne Graziano, Florence Babiarz	
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Jean Bready</i>	DATE 6/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>B.G. Babiarz</i>	DATE 7/30/10

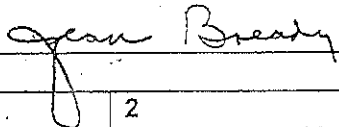
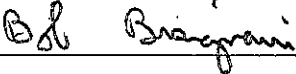
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	Water temperature was tested in resident Room 231. The hot water temperature in the shower measured 126.6°F.	6/11/10	A new valve was installed in Rm 231 and water temp readings continue to be conducted by maintenance weekly readings normal	7/30/10 B.G.

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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95 Furniture and equipment shall be in good repair, clean and free of hazards.	Bathroom fan in resident Room 225 is inoperable.	6/08/10 & ongoing	A loose wire in the bathroom fan was repaired immediately. All bathroom fans were added to our weekly checklist & will be checked by maintenance. Repairs will be made by maintenance as soon as detected. Picture sent.	7/30/10 B.S.

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

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101j2 Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.	Room #138 contains a folding chair. There is no information regarding either resident's willingness to accept a folding chair, nor that they are capable of operating the chair without assistance.	6/8/10 & ongoing	Any resident issued a folding chair, will be asked to sign a form and demonstrate capability to operate chair. A letter has been placed in the residents chart for residents in room # 138 and this states they are capable of using a folding chair.	7/30/10 B.S.

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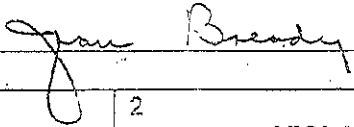
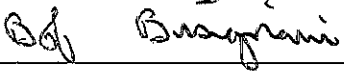
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183f Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.	The homes shuttle bus first aid kit contained the following expired items: <ul style="list-style-type: none"> • 7 packages of "Band Aid" brand antibacterial ointment expired 05/2008. • 2 packages of Motrin, expired 02/2008 • 2 packages of "St. Joseph's" brand aspirin, expired 11/2006. • 1 package of "Tylenol" brand extra strength pain reliever, expired 10/2008 	6/08/10	All items were discarded immediately. Staff retrained in contents of First Aid Kits. List of acceptable items placed in each Kit by Adm. & a weekly check by Res. Care coordinator instituted.	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p><u>7/30/10</u> <u>B.S.</u></p> <p>Date Initials (DPW)</p>

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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 narcotic count sheet for the medication cart at the rear of the home at the bottom of the chair lift contains a sign in/out sheet for staff to initial at the beginning and end of their shift after two (2) staff count the narcotics. On the following dates, signatures or initials were missing from the log: <table border="1" style="width:100%; margin-top: 10px;"> <thead> <tr> <th>Date:</th> <th>Shift:</th> <th>Missing Info:</th> </tr> </thead> <tbody> <tr> <td>06/02/10</td> <td>11 pm</td> <td>No sign out</td> </tr> <tr> <td>06/03/10</td> <td>7 am</td> <td>No sign in</td> </tr> <tr> <td>06/04/10</td> <td>11 pm</td> <td>No sign in</td> </tr> <tr> <td>06/05/10</td> <td>3 pm</td> <td>No sign in or out</td> </tr> <tr> <td>06/07/10</td> <td>3 pm</td> <td>No sign out</td> </tr> </tbody> </table> Repeated Violation – 11/18/09	Date:	Shift:	Missing Info:	06/02/10	11 pm	No sign out	06/03/10	7 am	No sign in	06/04/10	11 pm	No sign in	06/05/10	3 pm	No sign in or out	06/07/10	3 pm	No sign out	6/09/10 8/15/10	A mandatory meeting was held by adm. & Res. Care coordinator 6/09/10 to discuss the importance of narcotic accountability. All Med Techs were required to sign a form stating that they understood the regulation and would be terminated immediately if the log was not signed. Adm. Assistant will check daily to insure 2 signatures for each shift. The daily checks of the narcotic count sheet by the Adm. Assistant will be documented on a log sheet, which will be maintained for review. Bob B. 7/30/10	Steps have been taken to correct violation; full compliance is not verifiable 7/30/10 B.B. Date Initials (DPW)
Date:	Shift:	Missing Info:																				
06/02/10	11 pm	No sign out																				
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187d The home shall follow the directions of the prescriber.	Resident #5 has a current order for Silvadene topical ointment to be applied daily. The ointment was not provided on June 6 and 7, 2010. Staff report that medication ran out and has not been replenished Resident #6 has an order for Docusate calcium, 240 mg. that was not administered on June 5, 6, 7 or 8. The medication is not on hand. Repeated Violation – 11/18/09	6/09/10 6/09/10	Staff faxed request for new order to PCP on 6/09 & 6/23. PCP did not fax back new order as of 7/2/10. Staff then faxed request for ointment to be d/c by PCP. Currently awaiting that order The colace was filled and has been administered regularly ever since. Any medication running out will be ordered by our Pharmacy and no interruption of administrator will take place. All orders are now checked by Adm. Assistant	Steps have been taken to correct violation; full compliance is not verifiable. 7/30/10 Date Initials (DPW) S.B.

RECEIVED

JUL 07 2010

SCRANTON FIELD OFFICE
Adult Residential Licensing