



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
100 LACKAWANNA AVENUE  
ROOM 330, SCRANTON STATE OFFICE BUILDING  
SCRANTON, PENNSYLVANIA 18503-1923

ADULT RESIDENTIAL LICENSING

PHONE: (570) 963-3209  
1-800-833-5095  
FAX: (570) 963-3018

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: July 27, 2010**

Mr. Sterlyn D. May, President  
Wolf Run Village LLC  
5850 Main Road  
Hunlock Creek, Pennsylvania 18621

RE: Wolf Run Village  
3750 Route 220 Highway  
Hughesville, Pennsylvania 17737

Dear Mr. May:

As a result of the Department of Public Welfare's licensing inspection on May 10, 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,

Regional Licensing Administrator

Enclosure  
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME Wolf Run Village, 3750 Route 220 Highway, Hughesville, Pennsylvania 17737		CURRENT LICENSE NUMBER 221490	
INSPECTION DATE(S) (Include all dates of the inspection) May 10, 2010		REGIONAL REPRESENTATIVE Betty Bloch and Mary Ann Domanski	
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>Valerie Dale O'Leary</i>	DATE <i>6/11/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hanvey</i>	DATE <i>6-17-10</i>

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
16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	The home's policy and procedures did not address all required components of this regulation which include the prevention, reporting, notification, investigation and management of the various types of reportable incidents and conditions as indicated in this regulation. The policy also did not specify the types of incidents that are required to be reported by phone within 24 hours to the Department's regional office or to the personal care home complaint hotline.	<i>5/20/10</i>	<i>Wolf Run Village reportable incident policy was updated on 5/20/10 to address all required components of the regulation 16b. The manager, Administrator Asst. Adm. will be responsible for making sure all incidents are properly reported.</i>	<i>6-17-10 JH</i>
<b>RECEIVED</b> JUN 16 2010		<i>* See Attachment *</i>		

SCRANTON FIELD OFFICE  
 Adult Residential Licensing

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

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Valerie DeMeo</i>		DATE 6/11/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>
			DATE 6-17-10

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<p>16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow 15 (relating to abuse reporting covered by law).</p>	<ul style="list-style-type: none"> <li>• The home failed to report a medication error regarding resident # 1 not receiving nine nebulizer treatments of Ipratropium and Xopenex from 5/2/10 through 5/5/10 as prescribed by the resident's physician.</li> <li>• The home failed to report a medication error on 5/3/10 when resident # 1 did not receive their 4pm and 8pm dose of Macrochantin Cap 100 mg as prescribed by the resident's physician.</li> </ul>	<p>5/10/10</p>	<p><i>The day of inspection a reportable incident report was faxed into DPW in regards to medication error of resident #1 nine nebulizer treatments and missed doses of macrochantin at 4pm &amp; 8pm. The med techs &amp; manager were informed of the proper procedures of reporting a medication error. Med techs will inform manager of any errors so they may be reported properly. She will report to administrator or Asst. Administrator. See Attachments x</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable  <del>6-17-10</del>                  Date Initials (DPW)</p>

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<p>22a3 The following admission document shall be completed for each resident - Personal care home assessment completed within 15 days after admission on a form specified by the Department.</p> <p>225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.</p>	<p>Resident # 2's initial assessment was completed prior to admission to the home. The resident was admitted on 2/8/10 and the assessment was completed on 2/7/10.</p>	<p><i>5/10/10</i></p>	<p><i>It was corrected by ASST. Administrator. Files will be reviewed by manager, Administrator and/or asst. administrator within the 1st week of a new admission to ensure dates will be correct in the future.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>6-17-10</i> <i>SH</i></p> <p>Date Initials (DPW)</p>

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1	2	3	4	5
REGULATION 55 Pa.Code § 2600.	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY DPW
29 Hospice care and services that are licensed by the Pennsylvania Department of Health as a hospice may be provided in a personal care home.	The home did not have a copy of the hospice license from Providence Health System d/b/a Susquehanna Home Care and Hospice, who has been providing hospice services to resident # 1 since 4/1/10.	<i>5/10/10</i>	<i>We obtained the correct copies on the day of inspection. All new agencies providing services to Wolf Run residents will care must fax all necessary copies to Wolf Run Village prior to services. Manager will advise agencies and report to Administrator or asst. administrator. See Attachment.</i>	<i>6-17-10 JH</i>

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51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults). 52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.	The home did not have a PA criminal history background check completed for direct care staff person A, hired 4/24/10. Staff person B, who is a co-administrator of the home, indicated that staff person A has provided unsupervised care to residents.  The home did not have copies of the criminal history background checks completed for the employees of the Providence Health System d/b/a Susquehanna Home Care and Hospice, who have been providing hospice services to resident # 1 since 4/1/10.	<i>May 10, 10</i>	<i>AS OF May 10, 2010 STAFF Person A only had supervised <sup>care</sup> into residents. STAFF Person B provided the supervision. STAFF Person A was terminated after receiving criminal background check 6/1/10. In future all criminal checks must be completed before being hired.</i>  <i>* See attachments *</i>	<div style="border: 1px solid black; padding: 5px; width: fit-content;">                         Steps have been taken to correct violation; full compliance is not verifiable                          6-17-10 <i>JH</i>                          Date Initials (DPW)                     </div>

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54a Direct care staff persons shall have the following qualifications: (2) Have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry.	The record of direct care staff person A, who was hired 4/24/10, did not contain a high school diploma, GED diploma or active registry status on the PA nurse aide registry. There was no written documentation that they were unable to obtain it.	<i>6/11/10</i>	<p><i>STAFF Person A was terminated she could not provide this information.</i></p> <p><i>All future STAFF must have all required information Before hire.</i></p> <p><i>Manager will make sure all information is complete and report to Administrator or Asst Administrator</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>6/17/10</i> <i>DT</i></p> <p>Date Initials (DPW)</p>

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63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation shall be present in the home at all times.	There was no staff person certified in CPR working at the home on 5/6/10 from 7am to 3pm. There was no current CPR card on file for staff person C. Staff person D, who is a co-administrator, has a CPR card from the "International CPR Institute Inc.", which does not meet the requirements of this regulation.	<i>5/10/10</i>	<p><i>STAFF Person [redacted] was on 7-3. She did have her card on file.</i></p> <p><i>STAFF Person C had training But card not on file at the time. STAFF Person D took CPR again.</i></p> <p><i>Wolf Run will make sure at least one STAFF person be certified in CPR for every 50 residents.</i></p> <p><i>Manager &amp; Administrator will be responsible.</i></p> <p style="text-align: center;"><i>* See Attachments *</i></p>	<i>6-17-10 BJA</i>

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<p>65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:</p> <p>(1) Evacuation procedures.                      (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.                      (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.</p>	<p>DCS persons A, E, F and G were not trained in #s (1) – (7) of this regulation prior to or during the first day of work. They were hired 4/24/10, 4/1/10, 3/22/10 and 4/28/10 respectively. Staff person B, who is the co-administrator, could not provide documentation that the staff were trained.</p>	<p><i>May 11, 10</i></p>	<p><i>We found training information May 11, 2010</i>  <i>See Attachments</i>  <i>All future STAFF will have all needed training</i>  <i>Manager will be responsible for maintaining training information in appropriate files and update Administrator &amp; asst. Administrator</i>  <i>See attachments</i></p>	<p><i>DCU</i> <i>7.22-10</i></p>

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(4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.	(Continued from the previous page)	<i>May 11, 10</i>	<i>See page 8.</i>	

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<p>65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:</p> <p>(1) Resident rights.                      (2) Emergency medical plan.                      (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.                      (4) Reporting of reportable incidents and conditions.</p>	<p>DCS persons A, E, F and G were not trained in #s (1) – (4) of this regulation within 40 scheduled working hours. They were hired 4/24/10, 4/1/10, 3/22/10 and 4/28/10 respectively. Staff person B, who is the co-administrator, could not provide documentation that the staff were trained.</p>	<p><i>5/11/10</i></p>	<p><i>Training information was provided; see copies attached.</i>  <i>All staff will have appropriate training.</i>  <i>Manager will be responsible for all trainings being done &amp; maintain records.</i>  <i>She will report to administrator &amp; asst. Administrator</i></p> <p style="text-align: center;"><i>* See attachments *</i></p>	<p><i>DCV</i> <i>7.22.10</i></p>

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65c Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.	DCS persons A, E and G, who also complete housekeeping duties, did not receive a general orientation of them prior to working in that capacity. They were hired 4/24/10, 4/1/10 and 4/28/10 respectively. Staff person B, the co-administrator, could not provide documentation that the staff were trained.	<i>5/11/10</i>	<i>STAFF Person A, E &amp; G. See Attached Notices for each shift. All future STAFF will be provided all appropriate training; and all documentation of training will be kept on file. Manager will be responsible and report to Administrator &amp; asst. Administrator</i>  <i>x see attached x</i>	<i>DCV 7-22-10</i>

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65d Direct care staff persons hired after April 24, 2006 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.	DCS persons A and G did not receive # (1) of this regulation prior to completing unsupervised ADL services to residents. They were hired 4/24/10 and 4/28/10 respectively. Staff person B, the co-administrator, could not confirm if they were trained.  In addition, staff person G did not complete the required Department approved direct care training course in #s (2) of this regulation.	<i>6/9/2010</i>	<i>All training information found see attachments All future STAFF must have all appropriate training required by regulations. Manager will be responsible that all training is done and kept on file She will report to administrator and asst. administrator  *see attachments*</i>	<i>6-17-10 JH</i>

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66b The staff training plan shall include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan shall include the following: (1) The name, position and duties of each direct care staff person. (2) The required training courses for each staff person. (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.	The 2010 staff training plan was incomplete as it only listed the courses held on 1/25/10, 2/19/10 and 4/28/10, and the one scheduled for 5/26/10.  In addition, it did not include the required courses under Ch.2600.65g, with the exception of resident rights. The plan also did not include the staff persons who were scheduled to be trained, on the dates indicated above.	<i>5/26/10</i>	<i>A new staff training plan was implemented which includes all required courses under ch. 2600.65g which now includes all staff that were trained. The manager will be responsible and report to Administrator &amp; asst administrator. The new training plan will be used.</i>  <i>* see attached *</i>	<i>Done 7-22-10</i>

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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
91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The required telephone numbers were not posted on or by the telephones in resident bedroom #s D5, D7, D8 and D10.	<i>5/10/10</i>	<i>The required telephone numbers for rooms D5, D7, D8 and D10 were replaced day of inspection. Housekeeping will review the rooms on a weekly basis and check for all appropriate items needed in the rooms they will report to manager if any items are missing using housekeeping log. * See attached *</i>	<i>DCV 7-22-10</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Wolf Run Village, 3750 Route 220 Highway, Hughesville, Pennsylvania 17737		CURRENT LICENSE NUMBER 221490	
INSPECTION DATE(S) (Include all dates of the inspection) May 10, 2010		REGIONAL REPRESENTATIVE Betty Bloch and Mary Ann Domanski	
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Valerie M. Clontz</i>		DATE <i>6/11/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan Harvey</i>
		DATE <i>6-17-10</i>	

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96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The home's first aid kit did not contain adhesive tape and nonporous disposable gloves.	<i>5/10/10</i>	<p><i>Day of inspection the 1st aid kit missing adhesive tape and nonporous gloves was replaced.</i></p> <p><i>The Manager will be responsible for the 1st aid kit monthly review log; and will replace any items needed.</i></p> <p style="text-align: center;"><i>* See attached *</i></p>	<i>6-17-10 JH</i>

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

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			DATE <i>6-17-10</i>

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132c A written fire drill record shall 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.	The home's fire drill records did not indicate the number of residents evacuated during the fire drills conducted on 2/17/10, 3/10/10 and 4/27/10.  Staff person B, the co-administrator, stated all residents were evacuated to the fire-safe areas within the home or to the outside designated area during these fire drills.	<i>5/14/10</i>	<i>A new fire drill log was implemented which indicates the number of residents evacuated during the fire drills Wolf Run will continue to use the updated fire drill log. Administrator and asst Administrator will be responsible.</i>  <i>* See attachments *</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>7-22-10</i> Date <span style="float: right;"><i>Dev</i></span> Initials (DPW)

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

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181a A home shall provide residents with assistance, as needed, with medication prescribed for the resident's self-administration. This assistance includes helping the resident to remember the schedule for taking the medication, storing the medication in a secure place and offering the resident the medication at the prescribed times.	On 5/3/10, the home did not have the 4pm or 8pm dose of the prescribed medication Macrochantin cap 100mg on-hand to administer to resident # 1, as indicated on the May 2010 medication administration record.	<i>5/10/10</i>	<i>A reportable incident was filled out &amp; fixed the day of inspection all med. Techs &amp; Manager were updated on the proper reporting procedures for reporting medication errors. The resident must be told, the responsible party must be informed, and the prescribing physician and all the other prescribing physicians. Manager will be responsible to inform Administrator &amp; asst. Administrator.</i>  <i>x see attached x</i>	<i>Dev 7-22-10</i>

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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			DATE <i>6-17-10</i>

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<p>182b Prescription medication that is not self-administered by a resident shall be administered by one of the following:</p> <p>4) A staff person who has completed the medication administration training in 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.</p>	<p>• <u>Staff person B</u> did not have the required documentation that they completed the Initial Annual Practicum for the department-approved medication administration course in 2008. Their Initial Training was completed 5/1/07. In addition, the Annual Practicum (incorrectly completed on the Initial Annual Practicum form) indicated that only 2 of the required 4 medication administration record reviews were completed on this Annual Practicum. The record for staff person B did not include the required Student Certification Form for any of these trainings.</p>	<p><i>5/18/10</i></p>	<p><i>STAFF Person B was retested. The certified medication trainer will be responsible for all med tech training and all new staff will be properly trained &amp; tested before being able to pass medication as required by DPW stated regulations.</i></p> <p><i>* See attached *</i></p>	<p><i>DCV 7-22-10</i></p>

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

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(Continued from the previous page)	<ul style="list-style-type: none"> <li>• Staff person G did not complete the Initial Training portion of the Department approved medication administration course. The initial training form indicated they only completed only Part 1 of the 3 required areas of this training which was the written examination.</li> <li>• The home did not maintain a copy of the required train-the-trainer certificate for [REDACTED], who completed the Initial Trainings for staff persons A and H, who had pass dates of 11/21/09 and 9/5/09 respectively.</li> </ul> <p>Staff persons A, G and H administered medications to residents in May 2010.</p>	<p>STAFF Person (G) 5/18/10 STAFF Person (A) 5/14/10 STAFF Person (H) 5/12/10 STUDENT PASS DATES</p>	<p>STAFF Person (A)(G)(H) were all retested. The Certified Medication Train the Trainer will be responsible for all med tech training. All STAFF must have student pass date before passing medication * See attached *</p>	<p>DCU 1-22-10</p>

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

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(Continued from the previous page)	The home did not have copies of the required Certified Diabetic Educator certificates for trainers [redacted] and [redacted] who completed diabetic trainings for staff persons G and H on 10/19/09 and 9/16/09 respectively.	<i>5/27/10</i> STAFF Person (H) <i>6/8/10</i> STAFF Person (G)	<i>STAFF Person (H) took the class again. STAFF Person (G) received the Trainers [redacted] certificate. Wolf Run will no longer accept training certificates w/o the trainer certificate attached. Manager will be responsible &amp; report to Administrator &amp; set Administrator * see attached *</i>	<i>DCD 7-22-10</i>

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

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183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	The following OTC medications were found unlocked in resident bedrooms: <ul style="list-style-type: none"> <li>A tube of A&amp;D ointment was found in resident #1 and #3's bathroom.</li> <li>Two bottles of Phillip's Milk of Magnesium and a tube of Gold Bond Medicated Anti-Itch Cream were found in resident #4's bathroom.</li> <li>A tube of antibiotic cream and a tube of hydrocortisone cream were found in resident #5's bedroom on the night stand.</li> </ul>	<i>5/10/10</i>	<i>All items were removed the day of inspection &amp; place in lock area in med room. Housekeeping will check rooms on a weekly basis to assure no perscription meds. OTC meds, cam &amp; syringes are in residents room. If any found they will be removed, reported to manager who will inform administrators &amp; assisted admin. * see attached log *</i>	<i>Dec 7-22-10</i>

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

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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 policy and procedures do not address the safe storage, access, security, distribution and use of medical equipment such as oxygen, glucometers and wheelchairs.	<i>5/14/10</i>	<i>Our policy &amp; procedure was updated as of 5/14/10 which includes the safe storage of medical equipments such as Oxygen, glucometer &amp; wheel chairs. The items will be stored in secure locked area in med room while not being used by resident. Med tech &amp; manager will be responsible.</i> <i>* see attached *</i>	<i>DCU 7-22-10</i>

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

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187c If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.	Resident # 4 refused the medication Alendronate (Fosamax) Tab 70 mg on 5/1/10 and 5/8/10. The home did not report this refusal to the prescriber.	<i>5/10/10</i>	<i>Day of inspection a repeatable incident report was forced into DPW all med techs &amp; manager were informed of the proper procedures for a refusal. Med Tech Trainer will be responsible to keep med tech &amp; manager properly informed. Med Tech will inform of any refusals, manager will inform Administration</i>  <i>x see attached x</i>	<i>DCV 7-22-10</i>

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188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	<p>Resident # 1 did not receive the prescribed Ipratropium and Xopenex nebulizer treatments, as noted below:</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Prescribed Times</th> </tr> </thead> <tbody> <tr> <td>5/2/10</td> <td>10:30pm</td> </tr> <tr> <td>5/3/10</td> <td>6:30am, 2:30pm, 10:30pm</td> </tr> <tr> <td>5/4/10</td> <td>6:30am, 2:30pm, 10:30pm</td> </tr> <tr> <td>5/5/10</td> <td>6:30am, 2:30pm</td> </tr> </tbody> </table> <p>In addition, on 5/3/10 this resident did not receive their Macrodanin Cap 100mg at 4:00pm and 8:00pm.</p> <p>These medications errors were not immediately reported to the resident's designated person and the prescriber.</p>	Date	Prescribed Times	5/2/10	10:30pm	5/3/10	6:30am, 2:30pm, 10:30pm	5/4/10	6:30am, 2:30pm, 10:30pm	5/5/10	6:30am, 2:30pm	<i>5/10/10</i>	<p><i>Day of inspection an incident report was faxed into DPW.</i></p> <p><i>All med techs and managers were informed of the proper procedures for a reporting of a med error. Med techs will report to manager of any errors. Reportable incident will be faxed in DPW manager will report to Administrators</i></p> <p><i>* See attachment</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>JW</i> <i>DCU</i></p> <p>Date Initials (DPW)</p>
Date	Prescribed Times													
5/2/10	10:30pm													
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5/4/10	6:30am, 2:30pm, 10:30pm													
5/5/10	6:30am, 2:30pm													

**RECEIVED**

JUN 16 2010

SCRANTON FIELD OFFICE  
Adult Residential Licensing