

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THREE READING, LP

LEGAL ENTITY

To operate THE MANOR AT MARKET SQUARE

NAME OF FACILITY OR AGENCY

Located at 803 PENN STREET, READING, PA 19601

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 65
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from September 17, 2010 until September 17, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **205890**

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



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

ADULT RESIDENTIAL LICENSING

SEP 21 2010

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

Ms. Lori A. Prevost, Executive Director
Three Reading, LP
The Manor at Market Square
803 Penn Street
Reading, Pennsylvania 19601

Dear Ms. Prevost:

As a result of the Department of Public Welfare's licensing inspection on June 3, 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Manor at Market Square, 803 Penn Street, Reading, Pennsylvania, 19601		CURRENT LICENSE NUMBER 205890	
INSPECTION DATE(S) (Include all dates of the inspection) June 3, 2010		REGIONAL REPRESENTATIVE Leslie Patton and Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Lori A. Prevost, Executive Director			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Lori A. Prevost</i>	DATE 6/3/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jane Calver</i>	DATE 9-9-10

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
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	Direct care staff person C was hired by the home on 2/25/10 which was not in accordance with the OAPSA. Review of the Pennsylvania State Police SP4 – 137B form compiled 3/16/10 indicated that this staff person had two prohibitive offenses which prevented employment in a PCH. In addition, this staff person was retained after the 30-day provisional hiring period. Repeated Violation- 4/17/09 RECEIVED	6/3/10	Direct care staff person C was terminated on 6/3/10. An audit of all employee charts was done to ensure that all employees had no prohibitive offenses on their background checks. Administrative Assistant and Executive Director will double check every new employee background check for ongoing compliance.	DCU 9-9-10

JUL 01 2010

Original

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE		DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
<i>Yousuf A. Prevez</i>		6/30/10	<i>June C. Valence</i>
			9-9-10

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
for older adults) and other applicable regulations.	(Continued From Previous Page.)		<i>See previous page</i>	

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>John A Prevost</i>	DATE 6/30/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C Valence</i>	DATE 9910

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
81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	<p>Resident #4 utilizes a grab assist bar. The resident's assessment and support plan (dated 8/28/09) do not address and specify the resident's use of the assistive device.</p> <p>Resident #10 utilizes a grab assist bar which was observed to be uncovered allowing the possibility for the resident's limbs to become entrapped. The resident's assessment and support plan (dated 11/20/09) did not address and specify the resident's use of the assistive device.</p> <p>Repeated Violation- 4/17/09</p>	6/4/10	<p>Spoke with resident #4 about the grab assist bar and [redacted] voiced that [redacted] did not want the device on [redacted] bed. The grab assist bar was removed. An audit of all assisted living rooms was completed to make sure if a grab bar was on a bed that it was properly covered and addressed on support plan and assessment. Weekly audits of all rooms will be done (see attachment #1) by care assistants to ensure compliance. Clinical Care Manager will oversee and ensure ongoing compliance.</p>	<p>DCU 99-10</p>

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<i>Jon A. Prevost</i>	6/30/10	<i>Doreen C. Valence</i>	9-9-10

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
85d Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.	The cover on the trash receptacle located in the bathroom adjacent to the "activities room" was unable to remain closed due to the broken clip on its lid.	6/3/10	Trash can in "activities room" bathroom was replaced immediately with a working lid. All public restrooms were checked for compliance. Executive Director will ensure ongoing compliance.	DCV 9-9-10

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Jouli Rucio</i>	DATE 6/30/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Colance</i>	DATE 9-9-10

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
93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	<p>The following egress paths do not have a handrail to assist residents and/or staff in the event of an emergency:</p> <p>The step from the "alley" fire escape exit has a 2" drop to the outside landing and does not have a handrail.</p> <p>The "kitchen alley" fire escape exit has an 8 1/2" drop to the outside landing and does not have a handrail.</p>	7/15/10	<p>The building has contracted with a metal fabricator to install handrails on both the "alley" and "kitchen alley" fire escapes to ensure safety for residents and staff when exiting the building. This will be completed by 7/15/10. Executive Director will ensure compliance with completion of project.</p>	DCV 9-9-10

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<i>Jon A. Prevost</i>	6/30/10	<i>Diane C. Valence</i>	9-9-10

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101j3 Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.	The pillowcase on the bed in room # 229 was heavily soiled on both the top and bottom sections of it. The room was occupied by one resident.	6/3/10	Pillowcase on the bed of room 229 was immediately changed. Linens are changed weekly or more often if necessary. A reminder was laminated and posted in the front of the shower chart book (see Attachment #2) and also discussed at the staff meeting on June 17. Clinical Care Manager will ensure ongoing compliance.	DCV 9-9-10

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Joni A. Prevost</i>	DATE 6/30/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dorene Culver</i>	DATE 9-9-10

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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.	Bedroom # 229, occupied by one resident, did not have a source of lighting which could be turned on/off at bedside. Repeated Violation- 4/17/09	6/4/10	Lamp was put by bed in room #229. Weekly audits of all rooms are done by caregivers. Apartment checklist (Attachment #1) is completed by them to ensure compliance. Resident Care Supervisor will ensure ongoing compliance and report to Executive Director.	D. Culver 9-9-10

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<i>John A. Prewitt</i>	6/30/10	<i>James C. Valence</i>	9-9-10

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141a-1 A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	Staff person A who is not a physician, physician's assistant or a certified registered nurse practitioner completed the stated information on the following medical evaluations: Resident #1: medical evaluation dated 4/27/10- Staff person A wrote, "PT/OT skilled service as needed." Resident #2: medical evaluation dated 8/26/09- Staff person A completed the information regarding the resident's height, weight, blood pressure, pulse, and changed the resident's ability to administer medication from "Can self-administer medication with assistance opening container or locked storage area" to "Can not	7/15/10	New medical evaluations for residents #1, 2, 3, 4 were sent to their physicians to be redone. Clinical Care Manager (CCM) will ensure that we receive them back from physicians by 7/15/10. Staff person A was educated not to write anything on the medical evaluations. Clinical Care Manager will make sure that when we get medical evaluations back from physicians that they are filled out correctly and accurately. If there is a disagreement with the physician as to the documentation on the medical eval, the CCM will discuss with physician and ask them to make necessary changes. Executive Director will ensure ongoing compliance by doing audits of all new and annual medical evaluations.	Steps have been taken to correct violation; full compliance is not verifiable. 9-9-10 DCV Date Initials (DPW)

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<i>John A. Pucet</i>	6/30/10	<i>Diane C. Balance</i>	9-9-10


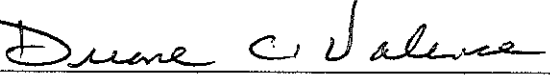
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(Continued from the previous page)	<p>self-administer medication” Staff person A also wrote, “PT/OT skilled nursing as needed.”</p> <p>Resident #3: medical evaluation dated 6/11/09- Staff person A completed the “diet” and “body positioning needs” sections of the medical evaluation. Staff person A also wrote, “PT/OT skilled nursing as needed.”</p> <p>Resident #4: medical evaluation dated 8/28/09- Staff person A completed the “medication administration” section of the medical evaluation stating the resident can not self-administer medications. Staff person A also changed the resident’s mobility</p>		(see previous page)	

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(Continued from the previous page)	needs from "unable to move from one location to another without oral prompting from others" to "independently mobile with ambulation device."		<i>See previous page</i>	

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 John A. Puro		 Duane C. Valence	
DATE		DATE	
6/30/10		9-9-10	

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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. (4) Special health or dietary needs of the resident. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate.	The initial medical evaluation in the record of resident #5 (dated 1/5/10) did not specify the resident's height. The annual medical evaluation in the record of resident #6 (dated 4/19/10) did not specify the resident's height. The annual medical evaluation in the record of resident #7 (dated 2/13/10) did not specify the resident's blood pressure. The initial medical evaluation in the record of resident #8 (dated 3/18/10) did not specify prescribed medications. The list of medications attached to the medical evaluation was a copy of the resident's Medication Administration Record	7/15/10	The medical evaluations for residents #5, 6, 7, 8, 9 were resent to their physicians to be redone. Clinical Care Manager will ensure that we receive them back from physicians by 7/15/10. CCM will make sure that when we get the medical evaluations back from the physicians that everything is completely filled out. If it is not, CCM will resend medical evaluations to physicians to ensure proper completion. Executive Director will monitor for ongoing compliance with audits of all new and annual medical evaluations.	DCV 9-9-10

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<i>Joni Prevost</i>	6/30/10	<i>Diane C. Valence</i>	9-9-10

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(Continued from the previous page)	<p>from 4/1/10- 4/30/10 and was therefore not obtained at the time the medical evaluation was completed.</p> <p>The initial medical evaluation in the record of resident #9 (dated 4/15/10) did not specify prescribed medications, height, diet, or body positioning needs, if any.</p>		<i>see previous page</i>	

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<i>John A. Priest</i>	6/30/10	<i>Sharon C. Valance</i>	9-9-10

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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>The home did not have the required documentation which indicated that staff person D successfully completed the required Annual Practicums of the Department-approved medication administration course prior to continuing to administer medications to residents, as noted below:</p> <ul style="list-style-type: none"> • The Annual Practicum completed 12/10/08 did not have the required Student Certification Form • The Annual Practicum with the last medication administration record review date of 12/9/09 omitted if the staff person has or has not passed the Annual Practicum, the student pass date, if applicable, and the 	<p>7/14 + 7/15/10</p>	<p>Staff person D will be retrained in the medication administration course on 7/14 and 7/15/10. Tammy Wright, med trainer, will conduct the class. All staff members that give medications will have the proper training properly documented by [redacted] going forward. Clinical Care Manager will ensure ongoing compliance.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>9-9-10 DCV Date Initials (DPW)</p>

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(Continued from the previous page)	<p>trainer's signature. All areas were left blank on the form.</p> <p>In addition, it did not have the required Student Certification Form completed.</p> <p>This staff person administered medications to residents on the 2:30pm – 10pm shifts on 5/29/10 and 6/2/10.</p>		<i>See previous page</i>	

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<i>Yoni Shrest</i>		6/30/10	<i>Duane C Valence</i>
			9-9-10

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
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Novolog 100/ml insulin prescribed to resident #11 and Lantus 100/ml insulin prescribed to resident #12 were both opened on 4/30/10. Both medications were administered after 30 days of being opened. Repeated Violation- 4/17/09	6/4/10	Both the Novolog and the Lantus were destroyed and new ones were obtained. An audit of all medications was done to check for expired medications. Medication techs check expiration dates daily to make sure they are not expired. Resident Care Supervisor checks all medications monthly as a double check and the pharmacy does a quarterly audit. Clinical Care Manager will ensure ongoing compliance.	DCV 9-9-10

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

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER	
The Manor at Market Square, 803 Penn Street, Reading, Pennsylvania, 19601		205890	
INSPECTION DATE(S) (Include all dates of the inspection)		REGIONAL REPRESENTATIVE	
June 3, 2010		Leslie Patton and Betty Bloch	
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		REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	
<i>Joni A Prevost</i>		<i>Dune C Valance</i>	
DATE		DATE	
6/30/10		9-9-10	

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
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.	Staff person A stated it is the home's policy to document when insulin is opened. Staff person B, who is the administrator, stated it is not part of the home's written policy, but it is verbally understood that staff must document when insulin is opened. The medications filled on the stated dates and prescribed to the following residents were not dated when opened: Resident #9: Humalog 100/ml, filled 5/13/10 Resident #13: Novolog 100/ml filled 5/27/10 Resident #14: Humalog 100/ml filled 5/27/10.	6/3/10	The policy for dating medications when they are opened has been added to ^{written} our policies (see attachment #3). The medications for residents # 9, 13, 14 were reordered and dated when they were opened. Medication technicians will date all medications when they are opened. Resident Care Supervisor will audit all medications on a weekly basis to ensure compliance. Clinical care manager will ensure ongoing compliance.	Steps have been taken to correct violation; full compliance is not verifiable 9-9-10 <i>JCV</i> Initials / DPW

Clinical care manager will ensure ongoing compliance.

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Manor at Market Square, 803 Penn Street, Reading, Pennsylvania, 19601		CURRENT LICENSE NUMBER 205890	
INSPECTION DATE(S) (include all dates of the inspection) June 3, 2010		REGIONAL REPRESENTATIVE Leslie Patton and Betty Bloch	
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>John Pawest</i>			
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)		REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane Calene</i>	
DATE 10/30/10		DATE 9-9-10	

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 the previous page)	Resident #15 is prescribed Systane eye drops to be administered to each eye 3 times daily as needed. The medication was not on-hand at the time of inspection.	7/10/10 <u>Clarification:</u> The eyedrops for resident #15 were discontinued by the physician following the survey date of 6/3/10. Executive Director and Clinical Care Manager will continue to monitor that all medications ordered are available in the medication cart.	The eyedrops for resident #15 were discharged by the physician as they were no longer needed. Clinical Care Manager went through all the "as needed" medications and contacted the resident's physicians to see if the medications were still needed by their patients. If they were not, the order was received to d/c them, if they were still needed, the medications were ordered and will be in the med cart if they are needed by the resident. All "as needed" medications will be in the med cart going forward if they are ordered by the physician. Clinical Care manager will ensure ongoing compliance.	

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

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INSPECTION DATE(S) (Include all dates of the inspection) June 3, 2010		REGIONAL REPRESENTATIVE Leslie Patton and Betty Bloch	
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>Joni A Prevost</i>	DATE 6/30/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen C Valera</i>	DATE 9-9-10

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
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (14) Name and initials of the staff person administering the medication.	Staff did not initial or sign the Medication Administration Record of resident #14 indicating Phenytoin EX 100mg was administered at 1:00pm on 5/5/10, 5/6/10, 5/8/10-5/25/10, and 5/27/10- 5/30/10.	6/3/10	The medication for resident #14 was given, but not documented for the listed dates. The times on Major medication administration record (MAR) were not listed. The MAR for June was corrected by the Clinical Care Manager (CCM) and going forward. The medication technicians were instructed to notify the CCM if times are not present on the MAR so it can be corrected immediately. The 3rd shift med techs will check the	DCV 9-9-10

MARs daily for any blank spaces. Resident Care Supervisor will check the MARs weekly and Clinical Care Manager will ensure ongoing compliance.

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

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INSPECTION DATE(S) (Include all dates of the inspection)		REGIONAL REPRESENTATIVE	
June 3, 2010		Leslie Patton and Betty Bloch	
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE		DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
<i>Jou Alvarez</i>		6/30/10	<i>Diane Colares</i>
DATE			
9-9-10			

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
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 #9 is prescribed Ducosate 100mg to be administered twice a day at 9:00am and 5:00pm. The resident refused the 5:00pm dose on 5/7/10, 5/8/10, 5/10/10, and 5/15/10. The physician was notified of the medication refusals on 5/17/10 and not within 24 hours of the initial medication refusal. Repeated Violation- 4/17/09	6/3/10	If a resident refuses a medication, the medication technician will fill out the "resident refused medication" sheet (see attachment #4) and give to Clinical Care Manager (CCM) daily. CCM will then document the refusal and contact the resident's physician within 24 hours. CCM will ensure ongoing compliance	DCU 9-9-10

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

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INSPECTION DATE(S) (Include all dates of the inspection) June 3, 2010		REGIONAL REPRESENTATIVE Leslie Patton and Betty Bloch	
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>John A. Prescott</i>	DATE 6/30/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Deanne C. Valence</i>	DATE 9-9-10

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
188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	The Medication Administration Record of resident #16 indicates the resident did not receive Omeprazole 20mg at 6:00am from 5/17/10-5/24/10 due to the medication not being available. The prescribing physician was not notified of the medication error nor was the resident's designated person.	6/3/10	The omeprazole for resident #16 was ordered and received. When a medication for a resident is low (less than a 3 day supply) the medication technician will fill out the low medication sheet (see attachment #5) and give to clinical care manager daily. The ccm will then order the medication that is low so the resident does not run out of a medication. CCM will ensure ongoing compliance.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>9-9-10 <i>Dev</i></p> <p>Date Initials (DPW)</p>

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