



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

ADULT RESIDENTIAL LICENSING

AUG 30 2010

PHONE: (717) 783-3670
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Mr. Kenneth Shaffer, Vice President of Operations
Pleasant View Retirement Community
Attn: Rosemary D. Bianco
544 North Penryn Road
Manheim, Pennsylvania 17545

RE: Pleasant View Retirement Community
544 North Penryn Road
Manheim, Pennsylvania 17545

Dear Mr. Shaffer:

As a result of the Department of Public Welfare's licensing inspection on July 19, 2010 and July 20, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

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

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 Pleasant View Retirement Community, 544 North Penryn Road, Manheim, PA 17545		CURRENT LICENSE NUMBER 321850	
INSPECTION DATE(S) (Include all dates of the inspection) 7/19/10, 7/20/10	REGIONAL REPRESENTATIVE Thomas Roth, Ron Minnich		
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>Kenneth B. Shaffer</i>	DATE 8/2/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Anthony</i>	DATE 8/19/10

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
143a The home shall have a written emergency medical plan that includes the following: (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible. (2) Emergency transportation to be used. (3) An emergency-staffing plan.	At the time of the inspection, the home could not produce a written emergency medical plan.	07/27/10 07/31/10 08/04/10 As Emergencies occur.	Personal Care Emergency Medical Protocol Policy # PC 19. was created on 07/27/10 to eliminate root cause of violation, list emergency measures, transportation, hospital to be used in an emergency and outline staffing plan. All emergency manuals include this policy. Staff were re-serviced on Emergency Medical Protocol. Monitoring will be followed via Emergency Reports, 911 sheets, Incident Reports, 24 hr. sheets by Administrator and Assistant Administrator as emergencies occur. Copy of policy enclosed.	8/19/10 <i>CB</i>

AUG 5 2010

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

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER	
Pleasant View Retirement Community, 544 North Penryn Road, Manheim, PA 17545		321850	
INSPECTION DATE(S) (Include all dates of the inspection)		REGIONAL REPRESENTATIVE	
7/19/10, 7/20/10		Thomas Roth, Ron Minnich	
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	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
<i>Thomas B. Shaffer</i>		8/2/10	<i>[Signature]</i>
			DATE
			8/19/10

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
185b At a minimum, the procedures in 185a shall include: (2) A process to investigate and account for missing medications and medication errors.	The home's medication procedures did not address the home's process for investigating incidents or accounting for missing medications.	07/27/10 08/04/10 Ongoing as incidents occur. Monthly Q+A meetings	Medication Management Policy was revised on 07/27/10 to include investigation of Missing Medications. Procedure for investigation of Missing Medications will be reviewed to staff on 08/04/10. Monitored by Assistant Administrator per documentation of incident and Medication Incident Report as it occurs. Monthly Q+A meetings	8/19/10 <i>[Signature]</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Pleasant View Retirement Community, 544 North Penryn Road, Manheim, PA 17545		CURRENT LICENSE NUMBER 321850	
INSPECTION DATE(S) (Include all dates of the inspection) 7/19/10, 7/20/10		REGIONAL REPRESENTATIVE Thomas Roth, Ron Minnich	
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>Kenneth B Shaff</i>	DATE 8/2/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bowers</i>	DATE 8/19/10

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 person A administered medications and initialed resident medication administration records [MARs] in the secure dementia care unit on 7/09/10, 7/10/10 and 7/11/10; but the employee's name and signature were not listed on the MAR staff signature sheet.	07/21/10 07/25/10 and weekly thereafter 07/31/10 and monthly thereafter	Monthly MAR key staff signature sheet lacked staff person [redacted] signature and initials which caused her to neglect following medication policy and procedures. Staff person [redacted] immediately signed key signature sheet and was disciplined per Discipline Policy. Weekly reviews/checks of signature sheets by Charge Nurse, Administrator and Assistant Administrator beginning 08/15/10 and weekly thereafter. Additional checks using monthly cart audit which includes review of key signature sheet for any missing names or signatures will be checked monthly by Charge Nurse, Assistant Administrator and Administrator.	Steps have been taken to correct violation; full compliance is not verifiable 8/19/10 <i>CB</i> Date Initials (DPW)