



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
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CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 4, 2011

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 September 22, 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, PA 17737		CURRENT LICENSE NUMBER 221490	
INSPECTION DATES (Include all dates of the inspection) 09/22/2010		REGIONAL REPRESENTATIVE 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) <i>Valerie A. Mc Clintock Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Valerie A. Mc Clintock</i>	DATE <i>11/4/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dune e Valerie</i>	DATE <i>2-4-11</i>

REGULATION	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
55 Pa.Code §2600 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 the guidelines in § 2600.15 (relating to abuse reporting covered by law).	<p>On 9/14/10, resident # 1 did not receive the 12:00 pm dose of Duragesic Patch medication. It was administered late on 9/15/10 at 12:00 pm. The home did not submit an incident report to the Department for this medication error.</p> <p>Repeated Violations: 05/10/2010</p> <p align="center">RECEIVED</p> <p align="center">NOV 09 2010</p> <p align="center">SCRANTON FIELD OFFICE Adult Residential Licensing</p>	<i>9/22/10</i>	<p><i>Reportable Incident was filled out and FAX into office 9-22-10 day of Complaint Inspection.</i></p> <p><i>STAFF members were inserviced by [redacted] LPN & Manager regarding details and prescribed times and medication error policy and procedures. We have incorporated a monthly desk calendar which is highlighted when all patches are to be applied. Also highlighted days on Residents MAR when the day is to be applied to eliminate future errors. Manager will be responsible and report to Administrators</i></p> <p align="center"><i>*See Attached*</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date <i>2-4-11</i> Initials (DPW)</p>

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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 <i>Valerie McClintock</i>	DATE 11/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen C. Valence</i>	DATE 2-4-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	On 9/14/10, an error in resident # 1's medication administration occurred in which the Duragesic Patch was not applied at the prescribed time of 12:00 pm. It was applied on 9/15/10 at 12:00 pm. The prescriber's order indicated to apply one every 72 hours on the resident; the previous patch was applied on 9/11/10 at 12:00 pm. The error was not reported to the physician, the resident or resident's designated person. Repeated Violations: 05/10/2010	9/22/10	Reportable Incident was filed but and fax 9-22-10 day of Complaint Inspection. STAFF members were interviewed by [redacted] LPA manager, regarding details and prescribed times and medication errors policy and procedures. We have incorporated a monthly desk calendar which is highlighted when all patches are to be applied. Also days are highlighted on Residents MAR when patch is to be applied to eliminate future errors. Manager will be responsible and report to Administrators. See attachments	Steps have been taken to correct violation; full compliance is not verifiable Date 2-4-11 Initials (DPW)

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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 <i>Valerie Anne Cloutch</i>	DATE 11/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dune Videne</i>	DATE 2-4-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	<p>On 9/22/10, at 10:00 am, staff person A stated that s/he did not initial the September 2010 medication administration record for resident # 2 on this same date after administering the 8:00 am dose of Levothyroxin tab 25mcg, and for resident # 3 on this same date after administering the 8:00 am dose of Atenolol tab 5mg. Both areas were left blank on the medication administration records.</p> <p>The September 2010 medication administration records for resident # 2 were not initialed by staff person B at the time the 8:00 am doses of medications were administered on 9/9/10; they were initialed on the following day 9/10/10. The medications included Cymbalta, Dorzol/Timol SOL 2-0.5op, Aricept, Atenolol, Klor-Con 10, Levothyroxin, Mirtazapine and OystShell/D.</p> <p>The September 2010 medication administration record for resident # 4 did not include a purpose or diagnosis for the prescribed medication Porters Linement.</p>	9/22/10	<p>STAFF Person A made corrections day of Complaint Inspection for Resident #2 Levothyroxin Tab 25mcg and Resident # 3 Atenolol tab 5mg. STAFF Person A was updated on procedures to eliminate this error.</p> <p>on STEP # 3 check of Medication Administration put a dot in the Box where your initial will go. After observing resident take medication Recheck all meds given and initial all specified areas. the dot will be a guide. After medication Administration is complete review all Residents MARS to make sure all were initialed and re view med. CART to be sure all meds. given.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 2-4-11 Initials (DPW): DC</p>

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SIGNATURE OF LEGAL ENTITY <i>Valerie DeCoutch</i>	DATE <i>11/4/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane Valencia</i>	DATE <i>2-4-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.		<i>9/22/10</i>	<p><i>STAFF Person B made corrections with initials for Resident # 2 medications cymbalta, Dorzol/Timol Sol 2-0.5op; Aricept, Atenolol Klor-Con 10, Levothyroxine, Mirtazapine and Qstshell/D.</i></p> <p><i>STAFF Person B was also updated on procedures to eliminate this error.</i></p> <p><i>on STEP 3 check of medication Administration put a dot in the Box your initial will go. After observing Resident take meds given recheck meds given and place an initial in all appropriate areas; the dot will be a guide. Review all Residents MARs and med cart to ensure all appropriate meds are given.</i></p>	<i>See page 3 of 6 DCV</i>

See next page attachment for #4 resident diagnosis

Attachment to Page # 4 of 6

Valerie DeClintor

11/4/10

The diagnosis was added to Resident #4s MAR by Wolf Run manager [REDACTED] day of Complaint

Inspection 9/22/10.
(for wound care)
open area on leg

MAR's will be reviewed
By LPN ensuring all medication
& treatments have a diagnosis

Manager will be responsible
for all proper procedures
on the MAR Initials/ Diagnosis
med. techs will have reviews
and be kept updated as the
need arises.

* See attachments *

* Attachment to Page 5 of 6 *

8/25/10 the prescribed 2:00 AM dose of
PiloSec was not administered to resident
5

Report was filed in on 8/26/10
(See attachments)

a written warning given
also a training review was done
on 8/26/10 to all med techs.

Manager will be responsible
and report to Administrators.

Valerie Anne Clinton

11/4/10

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SIGNATURE OF LEGAL ENTITY <i>Valerie Sue Cloutch</i>	DATE <i>11/4/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C. Valera</i>	DATE <i>2-4-11</i>

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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 # 4's assessment was not updated to include observation for possible skin tears due to edema. This concern was not known to the home when the initial, and only, assessment was completed on 2/8/10. The resident has been receiving medical treatment for this since July 2010. RECEIVED NOV 09 2010 SCRANTON FIELD OFFICE Adult Residential Licensing	<i>9/23/10</i>	<i>A new assessment was done on 9/23/10 with updated information regarding Resident #4 concerns with possible skin tears and edema. Manager will inform administrators with any new changes with residents so a new assessment can be done with all updated information regarding Residents.</i>	<i>DCV</i> <i>2-4-11</i>