

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THE HICKMAN FRIENDS SENIOR COMMUNITY OF WEST CHESTER

LEGAL ENTITY

To operate THE HICKMAN

NAME OF FACILITY OR AGENCY

Located at 400 N. WALNUT STREET, WEST CHESTER, PA 19380

(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 85
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 February 27, 2011 until February 27, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 140930

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

FEB 28 2011

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

Mr. John Schwab, President
The Hickman Friends Senior Community of West Chester
The Hickman
400 North Walnut Street
West Chester, Pennsylvania 19380

Dear Mr. Schwab:

As a result of the Department of Public Welfare's licensing inspection on December 20, 2010, December 21, 2010 and February 16, 2011 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 black ink, appearing to read 'R. Melusky'.

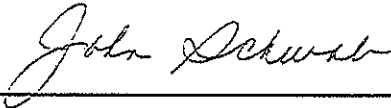

Ronald Melusky
Acting Director


Enclosures
License
Violation Report

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

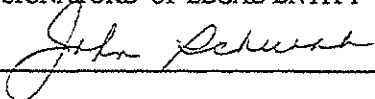
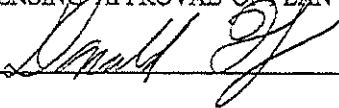
NAME AND ADDRESS OF PERSONAL CARE HOME THE HICKMAN, 400 N WALNUT STREET WEST CHESTER, PA 19380		CURRENT LICENSE NUMBER 140930		
INSPECTION DATES (Include all dates of the inspection) 12/20/2010		REGIONAL REPRESENTATIVE Michelle Morton, Kimberli Foulkes		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center;"><i>John Schwab, President</i></p>				
SIGNATURE OF LEGAL ENTITY <i>John Schwab</i>	DATE <i>1/31/2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald GJ</i>	DATE <i>2/16/11</i>	
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
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).	On 11/5/10, the home's fire alarm was activated by a toaster in a resident's room. The home did not submit an incident report to the Department. Repeat Violation- 7/10/10 <i>Violators withdrawn AG 2/16/11</i>	1/26/2011	This was an interpretation that we were not aware of prior to this inspection, but is now in part of our policy. Our policy on reportable incidents and our Emergency Action Plan was amended to include that we will report to DPW within 24 hours anytime we initiate our Emergency Action Plan. All department heads were in-serviced on this policy. <i>(see attachment)</i> <i>Alarm was internal only; emergency responders did not respond 2/16/11 J.M.M.</i>	

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

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25c13 (13) Written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of rights and complaint procedures).	The contracts for residents #3, 6 and 9 contained an incomplete list of resident rights. These lists were missing 13 of the required resident rights.	12/31/2010	All 3 residents were respite stays. The respite contract contained the error. Residents #3 and 6 became permanent residents and signed a permanent resident contract as of 1/1/11, which does contain all the resident rights. Resident #9 was given a full copy of the resident rights, and was discharged on 1/3/11, as planned. All prior copies of multiple contracts were purged from files. One main contract was adapted to include both permanent and respite residents; this contract has the full set of resident rights. The new contract is in place for all residents admitted as of 1/1/11. The admissions director is responsible to insure that only this contract is used and will distribute to other staff as needed.	2/16/11 

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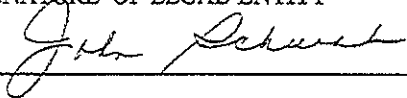

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SOPb1	<p>Resident #3, who is receiving hospice services, has a written letter from a doctor dated 10/6/10 that states the resident "had an appointment today in our office. Please excuse participation from fire drills." The letter does not include a written certification that the resident is receiving hospice services, is actively dying and may be injured or suffer a hastened death as the result of participating in a fire drill.</p> <p>Resident #7, who is receiving hospice services, was not evacuated during the fire drills conducted on 4/29/10, 5/29/10, 6/30/10, 7/29/10, 8/31/10, 9/27/10 and 10/15/10. The resident has a letter from a doctor dated 3/22/10 that states the resident is receiving hospice services and does not need to participate in fire drills. However, the letter does not include a written certification that the resident is actively dying and may be injured or suffer a hastened death as the result of participating in a fire drill.</p>	1/26/2011	<p>Physician certification to allow hospice residents to be excused from fire drills was in place. However, the surveyor offered clarification on the required content and use of the form at the time of inspection.</p> <p>As a result, the hospice policy was revised to include these clarifications. A new medical certification form was created and put in place to clarify the circumstances under which the form is used. Our Emergency Action Plan was also revised to match these forms and the requirements of the regulation.</p> <p>At this time, Resident #7 has passed away, and Resident #3 was discharged from hospice. (see attachment)</p>		<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>2/16/11 Initials (DPW)</p>


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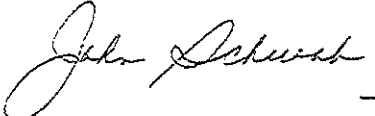
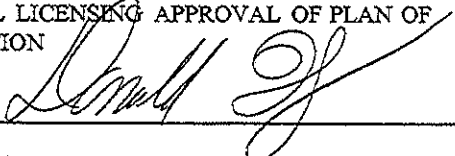
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SOPb10	<p>Resident #3's assessment dated 10/4/10 does not address the resident's exclusion from evacuation during fire drills due to status in an active dying process.</p> <p>Resident #7's assessment dated 8/24/10 does not address the resident's exclusion from evacuation during fire drills due to status in an active dying process.</p> <p>Resident #8's assessment dated 11/8/10 and support plan dated 11/8/10 do not address the resident's exclusion from evacuation during fire drills due to status in an active dying process.</p>	1/26/2011	<p>Resident #7 and 8 have passed away. Residents #3 had their assessments updated to include their evacuation status (<i>see attachment</i>), however, this resident was discharged from hospice services on 1/28/11.</p> <p>As residents go onto hospice, updates on their evacuation status will be placed on the assessments and the support plan by the Resident Care Manager at the time hospice begins and as the resident's condition changes. Our policy has been revised to reflect this. (<i>see attachment</i>)</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>2/16/11 Date Initials (DPW)</p>


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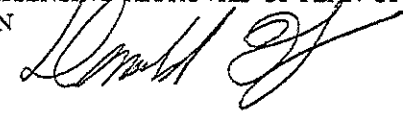
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SOPb11	Three of the home's residents are currently receiving hospice. The home's fire drill record does not contain a copy of the three hospice agencies licenses, from the Department of Health and the informed consent of the residents and legal representatives that the resident is not to be evacuated during fire drills.	12/20/2010	The hospice licenses and the informed consents were in the fire drill manual at the time of the survey. When the surveyor was asked for the fire drill logs, only the logs were pulled out of the book and presented, and not the entire manual. Hospice licenses were provided to the surveyor, however, on request. The manual is now reformatted with index tables to store all the required information. At future surveys, the entire fire drill manual that includes this information will be given to the surveyor to review.	2/16/11 


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SOPb3	Resident #8 receives hospice services and has written certification date 11/9/10 that states the resident is actively dying and would be harmed by participating in fire drills. The resident lives on the 2nd floor of the home. According to the home records, the home has not given consideration to the practicality of relocating the resident to the ground floor of the home.	12/28/2010	<p>Consideration had been given to the resident's condition and location, and staff agreed that the resident could be cared for appropriately in that location on the second floor, however, a written note was not entered until following the discussion at the time of inspection. This resident has since passed away.</p> <p>Resident Care Manager will insure that all discussion regarding room location for hospice residents will be documented as part of the sign-on process with hospice, and will be noted on the assessment form and in the fire drill log. RC Mgr. will update the assessment form if the resident's status should change. This is also indicated in our hospice policy. (see attachment)</p>	2/16/11 

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SOPb7	<p>The home has multiple (two) buildings separated by an underground tunnel that is 202 feet long. On 12/20/10 and 12/21/10 the home served 38 personal care residents, three of whom are receiving hospice care and 30 "independent residents". One of the persons receiving hospice is not evacuated during fire drills. According to the home's "Evacuation Lists", 15 personal care residents need assistance to evacuate during fire drills and seven "independent" residents need assistance to evacuate. According to the home's fire drill records, only two staff participated in drills held on the following days:</p> <p>3/30/10 9/24/10 9/27/10</p> <p>Three staff participated in drills held on the following days:</p> <p>5/28/10 5/29/10 6/28/10 6/30/10 7/28/10 7/29/10 8/30/10</p>	2/2/2011	<p>The list shared with surveyors was the list that the Fire Department receives to give them better knowledge of the residents who they may be in contact with. For example, some residents have low vision and are independent and can evacuate without assistance, but we would want the fire department to be aware of this. There are no independent residents who need assistance to evacuate.</p> <p>With that said, additional staff is being added, and some staff schedules are being changed to insure adequate staff is available.</p> <p>There are currently no hospice residents at this time who are in an actively dying situation. The revision of our hospice policy and emergency action plan is designed to more accurately represent the regulation and provide guidance to staff. Resident care staff have been instructed on the charge regarding hospice residents. (see attachments)</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center">2/16/11  Date Initials (DPW)</p>

In the event a resident is removed from fire drills, will remove any other residents well review weekly staffing schedules to assure enough staff present to


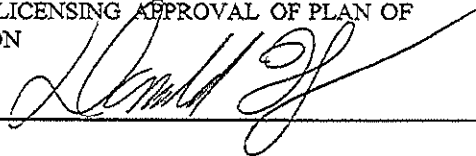
M. Morton 2/16/11

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	8/31/10			

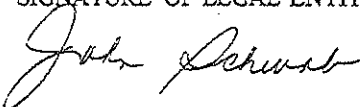

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<p>51/52</p> <p>Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).</p> <p>Hiring, 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</p>	<p>Staff person A was hired on 10/4/10. The home has not completed a criminal background check through the Pennsylvania State Police.</p> <p>Staff person B was hired on 4/1/10. The staff person's criminal background check was not completed until 3/26/10.</p> <p><i>Violation withdrawn as it relates to staff person B</i></p> <p style="text-align: right;"><i>A 2/16/11</i></p>	<p>12/20/10</p>	<p>A PA state police background check was done on this date.</p> <p>Staff member A is a contract employee through a company in Maryland who did the background check, which came back clean, but it was not completed with the PA State Police. This company (EMS) was notified and has opened an account with the PA State Police to do criminal history checks for any employees that they hire in contract for The Hickman.</p> <p>Staff member B did have a PA criminal background check at time of interview on 3/26/10, and was officially hired to work on 4/1/10. This is in compliance with the regulation that allows a PA State Police check within 30 days of employment.</p> <p>Human Resources Director has revised the new hire check list to insure background checks are done correctly and on time.</p>	<p><i>2/16/11</i></p> <p style="text-align: right;"><i>A</i></p>


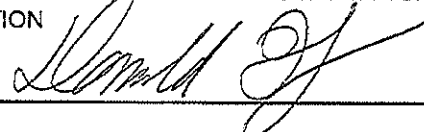
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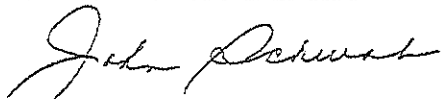
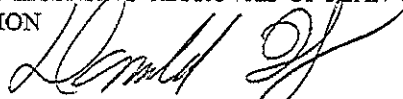
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(relating to protective services for older adults) and other applicable regulations.				

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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: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	<p>Staff person B whose first day of work was 4/1/10 did not receive orientation in evacuation procedures, fire drills, the designated meeting place, smoking procedures, fire extinguishers and telephone use and notification of emergency services until 4/5/10.</p> <p>Staff person C, whose first day of work was 3/21/10, did not receive orientation in evacuation procedures, fire drills, the designated meeting place, smoking procedures, fire extinguishers and telephone use and notification of emergency services until 3/3/10.</p> <p>Staff person D, whose first day of work was 4/12/10, did not receive orientation in evacuation procedures, fire drills, the designated meeting place, smoking procedures, fire extinguishers and telephone use and notification of emergency services until 12/2/10.</p> <p>Staff person E, whose first day of work was 3/15/10, did not receive orientation in evacuation procedures, fire drills, the designated meeting place, smoking procedures, fire extinguishers and telephone use and notification of emergency</p>	1/26/2011	<p>Staff person D did receive the training within the first week, but documentation was unavailable. The date listed was second all-staff training on fire safety that she attended.</p> <p>The Human Resources Director has changed our first day of hire procedure and will take over from the department heads the orientation, supervision and documentation of all required day 1 training. This will insure that all new staff receive the same required training in accordance with the regulations. A new hire checklist form was created to track this training and includes both day 1, which includes all aspects of fire safety and emergency action plan for the facility, and first 40 hours training. (see attached)</p>	2/16/11 

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

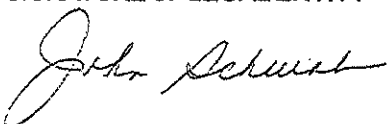
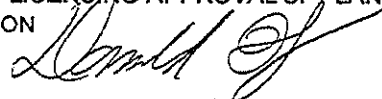
NAME AND ADDRESS OF PERSONAL CARE HOME THE HICKMAN, 400 N WALNUT STREET WEST CHESTER, PA 19380		CURRENT LICENSE NUMBER 140930	
INSPECTION DATES (Include all dates of the inspection) 12/20/2010		REGIONAL REPRESENTATIVE Michelle Morton, Kimberli Foulkes	
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SIGNATURE OF LEGAL ENTITY 	DATE 1/31/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2/16/11


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
location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (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.	services until 3/19/10.			

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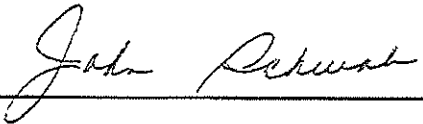
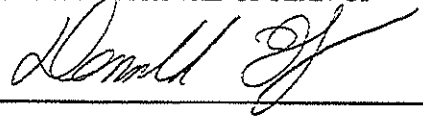
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65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102). (4) Reporting of reportable incidents	Ancillary staff person D, whose first day of work was 4/12/10, did not receive orientation in resident rights, emergency medical plan, and Older Adult Protective Services Act until 9/9/10. Ancillary staff person D, whose first day of work was 4/12/10, did not receive orientation in reportable incidents. Direct care staff person F, whose first day of work was 11/30/10, did not receive orientation in the emergency medical plan, Older Adult Protective Services Act and reportable incidents. The training record for staff person G did not include dates for orientation in resident rights and Older Adult Protective Services Act, making it impossible to determine if the training was held with 40 scheduled working hours of hire. Repeat Violation-12/2/09 et al	1/26/2011 1/26/2011 1/26/2011	The Human Resources Director has changed our first day of hire procedure and will take over from the department heads the orientation, supervision and documentation of all required day 1 training and first 40 hour training. This will insure that all new staff receive the same required training in accordance with the regulations. A new hire checklist form was created to track this training and includes both day 1 and first 40 hours training, which includes resident rights, emergency medical plan, and OAPS Act, reportable incidents. <i>(see attachment)</i> Staff person D received missing orientation on reportable incidents. <i>(see attachment)</i> Staff person F did receive the required training; staff member had not turned in his orientation forms at the time of the survey. <i>(see attachment)</i> OAPS and resident rights were reviewed with staff member G to insure her training was completed. <i>(see attachment)</i>	2/16/11 

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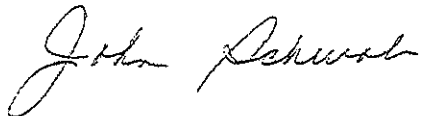

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
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65c Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.	Ancillary staff person D, who began work on 4/12/10. did not receive a general orientation to their job functions.	1/26/11	Staff person D did receive general orientation to job functions/job description by her supervisor but it was not documented. It was reviewed again with the staff member to insure compliance. The Human Resources Director will insure that the job description is given to the new staff member and job functions are reviewed by the department head and documented on the New Hire Checklist that was created to follow the training on all new employees. <i>(see attachment)</i>	2/16/10 

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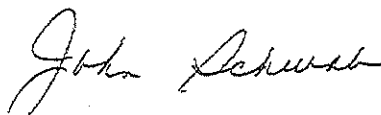

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130d If the home serves nine or more residents, there shall be at least one smoke detector on each floor interconnected and audible throughout the home or an automatic fire alarm system that is interconnected and audible throughout the home.	The home conducts separate fire drills for each of its buildings. The home's fire alarm system is set so that it does not ring simultaneously in both buildings of the home. On 12/20/10, the home was serving 32 residents.	1/28/2011	<p>The fire alarm system has always been connected to allow one building to be signaled that there is an emergency going on in the opposite building. This provides the advantage of not causing distress to the residents of the opposite building. The buildings are of a sufficient distance that this will not pose a problem.</p> <p>However, going forward, the fire safety staff person will conduct simultaneous fire drills in both buildings. This will be done through a manual process until the fire alarm systems can be interconnected to allow the alarm to automatically sound throughout both buildings at the same time.</p> <p><i>Agency currently collecting information to request a waiver by the system. Waiver is denied. Will be interconnected within 30 days of denial. In the meantime, alarms will manually signal.</i></p>	<p><i>Steps have been taken to correct violation; full compliance is not verifiable</i></p> <p><i>2/16/11</i> Date</p> <p><i>[Initials]</i> Initials (DPW)</p>

[Signature]
2/16/11

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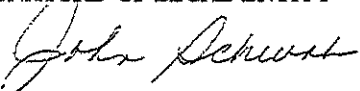
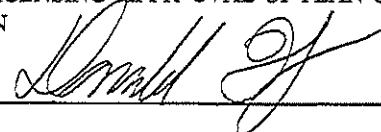
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132a An unannounced fire drill shall be held at least once a month.	The home serves residents who receive hospice care. The direct care staff are notified of fire drills in advance so that they know not to evacuate residents who are receiving hospice.	1/26/11	Our hospice policy and Emergency Action Plan were revised to indicate that staff will not receive notice of an impending fire drill so that they do not have to evacuate a resident on hospice. There are currently no residents on hospice who are actively dying. Resident Care staff were in-serviced on this revision and their requirements regarding evacuation of hospice residents. <i>(see attachment)</i>	2/16/11 gf																																																																	
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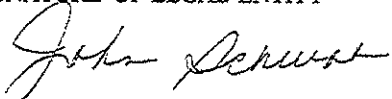
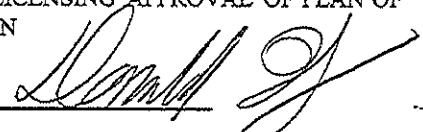
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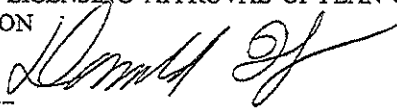
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132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	<p>The home serves residents with mobility needs. According to the home's fire drill records, on 11/29/10, a resident with a walker was prohibited from entering a fire safe area in Sharpless Hall with the walker. The fire drill records for The Hickman Building state that on 3/30/10 and 6/28/10, "Some residents on the upper floors attempted to enter stairwells with walkers. Staff relieved these residents of walkers."</p> <p>The home's designated evacuation time for "The Hickman Building" is 6 minutes and 45 seconds. The home's fire drill evacuation times are:</p> <p><i>Recommended evacuation time prior to 4/15/10 had been 8 min + 23 sec.</i></p> <p style="text-align: right;"><i>D 2/16/11</i></p>	2/2/2011	<p>There are no immobile residents in this building. Residents are currently able to utilize handrails in fire safe areas.</p> <p>Our plan indicates that additional staff will be hired and staffing patterns changed to assist with evacuation.</p> <p>Time for evacuation was changed from 8 minutes to 6 min. 45 secs. in April, but we were not notified until June, so the March drill is in compliance. Anytime there is inability to evacuate within the time limit, fire safety person and staff will evaluate the reasons, initiate interventions and add additional fire drill(s) to test for compliance, if necessary.</p> <p><i>Homes monthly drills from 4/10 to date have all been within recommended evacuation time</i></p> <p style="text-align: right;"><i>OK 2/16/11</i></p>	<p>2/16/11</p> <p style="text-align: right;"><i>[Signature]</i></p>

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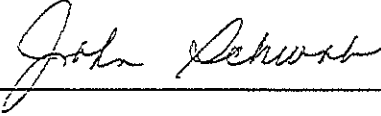
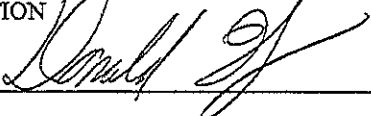
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	<p>4/29/10 5/29/10</p> <p>The fire drill records for "Sharpless Hall" indicate that on 9/27/10 resident#11 refused to participate in the fire drill.</p> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;">Mont</th> <th style="text-align: left;">Date</th> <th style="text-align: left;">Time</th> <th style="text-align: left;">Evac. Time</th> <th style="text-align: left;">FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/28/2010</td><td>11:10 AM</td><td>6 min 15 sec</td><td>No</td></tr> <tr><td>Feb</td><td>02/27/2010</td><td>07:30 PM</td><td>4 min 25 sec</td><td>No</td></tr> <tr><td>Mar</td><td>03/30/2010</td><td>11:40 PM</td><td>7 min 30 sec</td><td>No</td></tr> <tr><td>Apr</td><td>04/28/2010</td><td>10:00 AM</td><td>5 min 25 sec</td><td>No</td></tr> <tr><td>May</td><td>05/28/2010</td><td>07:52 PM</td><td>7 min 30 sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/28/2010</td><td>08:40 PM</td><td>5 min 52 sec</td><td>No</td></tr> <tr><td>Jul</td><td>07/28/2010</td><td>07:30 PM</td><td>5 min 6 sec</td><td>No</td></tr> <tr><td>Aug</td><td>08/30/2010</td><td>07:50 PM</td><td>4 min 37 sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/24/2010</td><td>11:20 PM</td><td>5 min 35 sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/15/2010</td><td>10:45 AM</td><td>4 min 18 sec</td><td>No</td></tr> <tr><td>Nov</td><td>11/05/2010</td><td>08:40AM</td><td>5 min 30 sec</td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/28/2010	11:10 AM	6 min 15 sec	No	Feb	02/27/2010	07:30 PM	4 min 25 sec	No	Mar	03/30/2010	11:40 PM	7 min 30 sec	No	Apr	04/28/2010	10:00 AM	5 min 25 sec	No	May	05/28/2010	07:52 PM	7 min 30 sec	No	Jun	06/28/2010	08:40 PM	5 min 52 sec	No	Jul	07/28/2010	07:30 PM	5 min 6 sec	No	Aug	08/30/2010	07:50 PM	4 min 37 sec	No	Sep	09/24/2010	11:20 PM	5 min 35 sec	No	Oct	10/15/2010	10:45 AM	4 min 18 sec	No	Nov	11/05/2010	08:40AM	5 min 30 sec	No	Dec				No		<p>Residents were reminded that this is listed in the provider agreement.</p> <p>Our policy going forward is to counsel a resident if they refuse to participate in a fire drill. Taking each case individually, if a resident refuses to participate in 1-2 subsequent fire drills, that resident will be given a 30 day notice of discharge.</p>	
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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME THE HICKMAN, 400 N WALNUT STREET WEST CHESTER, PA 19380		CURRENT LICENSE NUMBER 140930	
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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
<p>141a</p> <p>he medical evaluation shall include the following:</p> <p>(1) A general physical examination by a physician, physician's assistant or nurse practitioner.</p> <p>(2) Medical diagnosis including physical or mental disabilities of the resident, if any.</p> <p>(3) Medical information pertinent to diagnosis and treatment in case of an emergency.</p> <p>(4) Special health or dietary needs of the resident.</p> <p>(5) Allergies.</p> <p>(6) Immunization</p>	<p>The medical evaluation for resident #4 dated 8/25/10 says to "see attached list" for medication. There is not an attached list. The resident's record contains another copy of the same medical evaluation with a medication list on the back of it but the medication list is dated 8/24/10. This medical evaluation also has an attached list that is not dated.</p> <p>The medical evaluation for resident #5 dated 11/15/10 says to "see attached list" for medication. The attached list is not dated and is not signed by the doctor.</p>	<p>12/22/2010</p>	<p>Residents #4 and 5 have had their medication forms signed by their physicians.</p> <p>A system was developed where a sticker labeled "MD signature and date" is attached to every medication list for the physician to sign when completing the medical evaluation form. The Resident Care administrative assistant is responsible for providing the resident with the correct paperwork, including the stickered medication list, for their medical evaluation visit. If the paperwork comes back incomplete, the administrative assistant will contact the MD office and insure that the paperwork is completed in detail.</p> <p style="text-align: right; margin-top: 20px;">_____ MD Signature</p> <p style="text-align: right; margin-top: 5px;">_____ Date</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center; margin-top: 5px;"><u>2/16/11</u> Date Initials (DPW)</p>

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

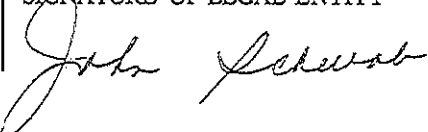
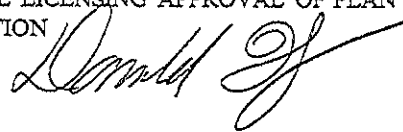
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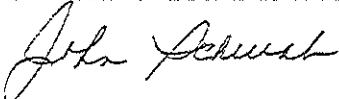

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history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.				


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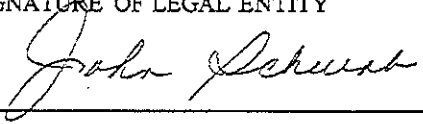
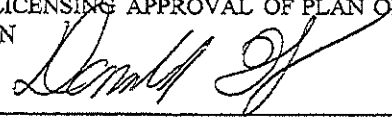
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188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	<p>The medication administration record for resident #2 states that on 12/20/10 at 9:00p.m., the resident did not receive liquid Tylenol as ordered because "there wasn't enough". The medication error was not reported to the resident, the resident's designated person and the resident's physician.</p> <p>The medication administration record for resident #12 regarding the resident's order for Magnesium 64 indicates that the home was "out of med" on 12/17/10 in the evening, and on 12/18/10, 12/19/10 and 12/20/10 in the morning and evening. The medication error was not reported to the resident, the resident's designated person and the resident's physician.</p>	1/21/2011	<p>Managing inventory of medications was reviewed with RC staff at staff meeting, emphasizing the importance of reordering medications in a timely fashion to insure there is always an adequate supply of medication. Also reviewed with staff the requirement of notifying the resident, POA and physician of any time a medication is not given, as part of our policy and procedure for medication error reporting, including notification to DPW of any prescription medication errors. RC Mgr. will monitor compliance with monthly review of MARs.</p> <p>RC Mgr. will review all medication errors to insure that the doctor, resident, and POA are notified and will document this in the resident's file. RC Mgr. will insure that all prescription medication errors are reported to DPW within 24 hours.</p> <p>The problem was discussed with resident #2 who opted to take another PRN medication that provided the same function. The medication arrived for the next scheduled dose. (continued on attached sheet)</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable 2/16/11 Date Initials (DPW)</p>

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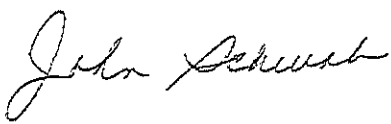
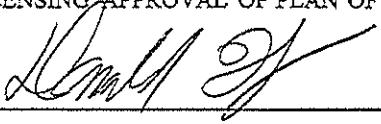
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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The medication administration record for resident #4 indicates to administer Senna once daily by mouth if no bowel movement in 2 days. The label on the medication indicates to administer Senna every other day if no bowel movement in 2 days. The medication administration record for resident #4 indicates to administer 2 tablets of 200 mg Ibuprofen p.r.n. for pain. the label on the medication indicates to administer 2 tablets 3 x per day p.r.n.	1/21/2011 3/1/2011	Matching labels and MAR entries was reviewed at length at a RC staff meeting. Staff were advised to let the RC Mgr. know immediately of any non-matches, and to apply the temporary red notification label to the medication package. Staff involved in the issues were counseled. In addition, the support pharmacy that the facility uses has agreed to start printing all monthly MARs. This will insure that that all labels and MAR entries will match. This pharmacy is reviewing some resident insurance plans and will be accepting some plans where residents are currently using mail order services. (Mail order medications save the residents money, but there is often a delay when orders are changed.) These residents will be then be notified that they will no longer need to mail order medications and will receive them through our pharmacy at comparable price, again reducing chances for match errors. <i>Resident Care Manager will review weekly. Michelle 2/16/11</i>	2/16/11 


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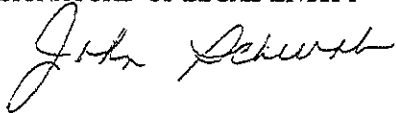
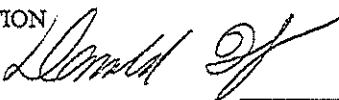
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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				

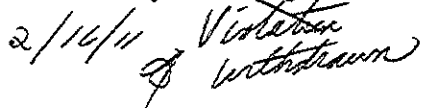
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187d The home shall follow the directions of the prescriber.	<p>The medication administration record for resident #2 states that on 12/20/10 at 9:00p.m., the resident did not receive liquid Tylenol as ordered because "there wasn't enough".</p> <p>The medication administration record for resident #12 regarding the resident's order for Magnesium 64 indicates that the home was "out of med" on 12/17/10 in the evening, and on 12/18/10, 12/19/10 and 12/20/10 in the morning and evening.</p> <p>Repeat Violation-12/2/09 et al</p>	1/21/2011	<p>At a RC staff meeting, reviewed with staff the requirement of following prescriber's directions and notifying the resident, POA and physician of any time a medication is not given, as part of our policy and procedure for medication error reporting, including notification to DPW of any prescription medication errors. Staff asked to notify the RC Mgr. immediately with any medication errors.</p> <p>RC Mgr. will monitor compliance with monthly review of MARS; RC Mgr. will insure that all prescription medication errors are reported to the MD, POA, resident and DPW. (see attachment)</p>	2/16/11 

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227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	An assessment for resident #6 completed on 5/24/10 indicated that the resident requires wound care. The support plan dated 5/28/10 does not include the resident's need for wound care. The resident is currently still receiving wound care. <div style="text-align: center; margin-top: 10px;">  </div>	12/16/2010	Resident's support plan does indicate wound care on admission being provided by a Home Care agency. The plan was again updated on 12/16 to reflect his need for wound care following a hospitalization. On review, the only error noted was the name of the home care agency on the first entry—should have been Mercy Home Health and not Bayada. Mercy Home Care is indicated in the assessment. <i>(see attachment)</i>	

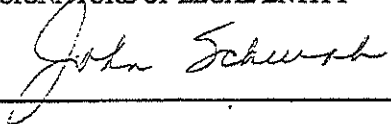
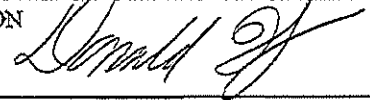
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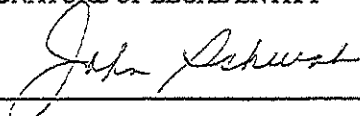
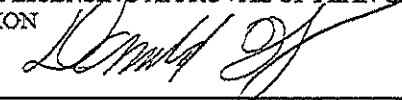
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address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary				

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restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.				

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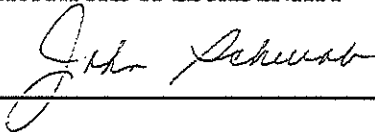

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(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents				

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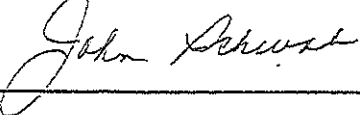
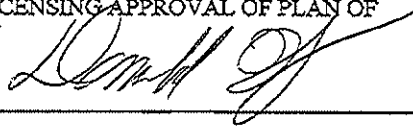
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NAME AND ADDRESS OF PERSONAL CARE HOME THE HICKMAN, 400 N WALNUT STREET WEST CHESTER, PA 19380		CURRENT LICENSE NUMBER 140930	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 1/31/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2/16/11

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
receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified				

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE HICKMAN, 400 N WALNUT STREET WEST CHESTER, PA 19380		CURRENT LICENSE NUMBER 140930	
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SIGNATURE OF LEGAL ENTITY 	DATE 1/31/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2/14/11

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
in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any				