



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
Norristown State Hospital
1001 Sterigere Street
Bldg 2 Rm. 161
Norristown, Pennsylvania 19401

ADULT RESIDENTIAL LICENSING

1-866-711-4115
610-270-1137

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
Mailing Date: December 27, 2011

Mr. John P. Rijos, Co-President
ARC Brandywine, LP
111 Westwood Place, Suite 200
Brentwood, Tennessee 37027

Re: The Gardens at Freedom Village
25 Freedom Boulevard
West Brandywine, Pennsylvania 19320

Dear Mr. Rijos:

As a result of the Department of Public Welfare's licensing inspection on August 30, 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.

Sincerely,

Chevon Miller
Regional Licensing Administrator

Enclosure(s)
Violation Report

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

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NAME AND ADDRESS OF PERSONAL CARE HOME THE GARDENS AT FREEDOM VILLAGE, 25 FREEDOM BOULEVARD WEST BRANDYWINE, PA 19320		CURRENT LICENSE NUMBER 126000	
INSPECTION DATES (Include all dates of the inspection) 08/30/2011		REGIONAL REPRESENTATIVE Justin Trupp, Lori Knockstead	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>DAVID MACIUSIEWICZ</i>			
SIGNATURE OF LEGAL ENTITY <i>David Maciusewicz</i>	DATE 09/23/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Miller</i>	DATE 11/12/11

PENN STATE BEAVER

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).	Resident #1 did not receive Fish Oil 1000mg on 7/8/11 at 8:00pm & Travatan Z 0.004% eye drops on 5/13/11-5/16/11 at 8:00pm due to the medication not being available in the home. These medication errors were not reported to the Department.	Nursing Meeting 10/17/2011. Immediate and on-going.	2600.15. c. The nursing staff will attend a mandatory training that will address reporting a medication error to the on duty supervisor (nurse case manager, nurse resident care coordinator, administrator or designee). All nursing staff is required to report medication errors to their supervisor upon immediate discovery or occurrence. Failure to report will result in disciplinary correction. When a medication error is reported, the on duty supervisor will file an incident report to the Department of Public Welfare within the required 24 period. Documentation and notification of the medication error include a faxed or e-mailed incident report to the Department of Public Welfare, hard copy retained in the incident report manifest and resident's file, written notation in the resident chart, nursing note entry of the error into the MAR. New practice standards (included review of the MAR on a daily basis by the nurse case manager, the nurse resident care coordinator, or designee of the nursing staff, to insure that medication errors are document and reported.	11-16-11 <i>CSJ</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE GARDENS AT FREEDOM VILLAGE, 25 FREEDOM BOULEVARD WEST BRANDYWINE, PA 19320		CURRENT LICENSE NUMBER 126000	
INSPECTION DATES (Include all dates of the inspection) 08/30/2011		REGIONAL REPRESENTATIVE Justin Trupp, Lori Knockstead	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>DAVID MACIUKIEWICZ</i>			
SIGNATURE OF LEGAL ENTITY <i>David Maciukiewicz</i>	DATE 09/23/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Miller</i>	DATE 11/12/11

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
188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	Resident #1 did not receive Fish Oil 1000mg on 7/6/11 at 8:00am & Travatan Z 0.004% eye drops on 5/13/11-5/16/11 at 8:00pm due to the medication not being available in the home. These medication errors were not reported to the prescriber.	Nursing Meeting 10/17/2011. Bi-monthly for one year. Immediate and on-going.	2600.188. b. The nursing staff will attend a required training that will address DPW requirements for reporting a medication error, which include that the medication was not available and was not administered to the prescriber. Training will be conducted by the administrator. Bi-monthly trainings are scheduled for the nursing staff to provide awareness of their roles and responsibilities, especially to comply with regulations to report medication errors. The training will be conducted by the administrator and nurse case manager, or other provider who is approved for medication trainings. As part of our changing practice, medication administration record (MAR) monitoring will be held on a daily basis by the nurse case manager, the nurse resident care coordinator, or designee of the nursing staff, who will insure that medication errors are properly document and reported. Documentation of the error will be faxed to the prescriber if an error is reported. The documentation will be retained in the MAR chart addendum and resident chart.	11-16-11 <i>CDJ</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE GARDENS AT FREEDOM VILLAGE, 25 FREEDOM BOULEVARD WEST BRANDYWINE, PA 19320		CURRENT LICENSE NUMBER 126003	
INSPECTION DATES (Include all dates of the inspection) 08/30/2011		REGIONAL REPRESENTATIVE Justin Trupp, Lori Knockstead	
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187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	<p>On 8/26/11, 7/16/11, & 7/15/11 resident #1 went out with family prior to the 4:00pm and 5:00pm medication administration passes. The resident's family was given the 4:00pm blister pack of Oyster Shell Cal 500mg/200unit and 5:00pm blister pack of Glipizide ER 2.5mg prior to leaving the facility with the resident. Staff person A initialed the MAR for the 4:00pm and 5:00pm medications on 8/26/11 indicating that the medication was administered to resident by staff person A. The medication was actually administered by the family while the resident was out of the facility.</p> <p>On 5/31/11, at 8:00pm, resident #1's Fish Oil 1000mg, Sertraline HCL 25mg, and Travatan Z 0.004% were administered by staff person A. Staff person A did not initial the MAR.</p>	Immediate and on-going.	<p>2600.187. b. Daily team meetings will be required for each nursing staff member to attend at change of their shift. At each meeting a review of documentation will be performed to ensure that medication administration follows the direction of the prescriber and quality standard for performance are maintained. The team meetings will be conducted by the nurse case manager, the nurse resident care coordinator, administrator or designee.</p> <p>When a resident is absent from the home and their medications are taken with them a Medication Release Document will be completed and signed and dated by the attending nursing staff, resident and/or their designated person that will detail the name of medication, strength, release amount and returned amount. Documentation on the MAR will include a (O) and nursing note that details the medication and release to the appropriate individual. Upon return a nursing note will be completed to detail the acceptance of the medication into the home.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable <i>11-16-11</i> Date Initials (DPW) <i>SM</i></p>

Resident release forms in use. See supporting documentation.

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NAME AND ADDRESS OF PERSONAL CARE HOME THE GARDENS AT FREEDOM VILLAGE, 25 FREEDOM BOULEVARD WEST BRANDYWINE, PA . 19323		CURRENT LICENSE NUMBER 126000	
INSPECTION DATES (Include all dates of the inspection) 08/30/2011		REGIONAL REPRESENTATIVE Justin Trupp, Lori Knockstead	
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187d The home shall follow the directions of the prescriber.	<p>Resident #1 has an order for Fish Oil 1000mg on at 8:00am & Travatan Z 0.004% eye drops at 8:00pm. The resident did not receive the Fish Oil 1000mg on 7/6/11 & Travatan Z 0.004% on 5/13/11-5/16/11 due to medications not being available in the home.</p> <p>Resident #2 has an order for Namenda 10mg at 8:00am. The resident did not receive the medication on 8/6/11 due to staff failing to administer the medication.</p> <p>Resident #3 has an order for Isosorbide Mono ER 60mg at 11:00am. The resident did not receive the medication on 8/9/11 due to staff failing to administer the medication.</p>	Immediate and on-going	<p>2600.187. d. Practice standards for the order and access of medications will be enforced as part of a quality improvement plan that includes documentation of the most current prescription that follow the directions of the prescriber. Attending nursing staff will be responsible for transcription and acceptance of medications and to ensure medications are procured within a timeframe that permits medication to be available without interruption of administration. The nurse case manager, nurse resident care coordinator, administrator or designee will be responsible for monitoring the nursing staff for compliance.</p> <p>Daily MAR audits will be provided by the nurse case manager, nurse resident care coordinator, administrator and/or nursing staff designee to review documentation and accuracy of required record. A medication record audit form has been developed and will be signed by attending nursing staff for each audit to ensure that all medications recorded on the MAR include compliance standards for record at the time the medication is administered and reporting medication errors.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable 11-16-11 Date <i>CM</i> Initials (DPW)</p>