

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **PRESBYTERIAN HOMES, INC.**

LEGAL ENTITY

To operate **KIRKLAND VILLAGE**

NAME OF FACILITY OR AGENCY

Located at **2335 MADISON AVENUE, BETHLEHEM, PA 18017**

(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 **64**

(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 5, 2012** until **February 5, 2013**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 220500

*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

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

FEB 28 2012

Ms. Hope Manning, Interim Executive Director  
Presbyterian Homes, Inc.  
One Trinity Drive East, Suite 201  
Dillsburg, Pennsylvania 17019

RE: Kirkland Village  
2335 Madison Avenue  
Bethlehem, Pennsylvania 18017

Dear Ms. Manning:

As a result of the Department of Public Welfare's licensing inspection on December 19, 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 "Ronald Melusky".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

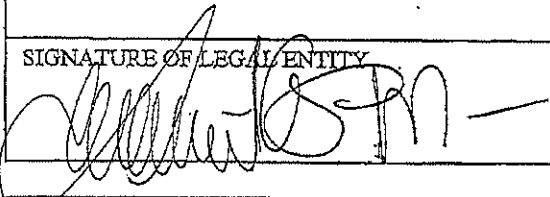
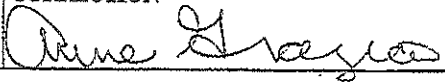
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME KIRKLAND VILLAGE, 2335 MADISON AVENUE BETHLEHEM, PA 18017		CURRENT LICENSE NUMBER 220500	
INSPECTION DATES (Include all dates of the inspection) 12/19/2011		REGIONAL REPRESENTATIVE Ann O'Haire, 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>Samantha A. Roos-Meiser, Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 1/19/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Aene Grazia</i>	DATE 1-27-12

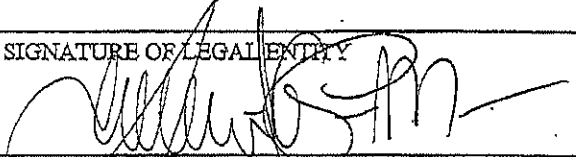

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	Direct care staff person # "A" who was hired on 7/14/11, does not have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.	12/20/12	Employee A's high school diploma was found on 12/20/11. It had been miss-filed in another employee's human resource file. HR files were audited on 12/20/12 to assure 100% compliance. HR Assistant will complete monthly audits on new hires to assure that new employee documentaiton is consistent with regulation and filed appropriately. Variances will be corrected and results of audits will be presented to the QA committee. See Attachment A.	<i>Q7</i> 1-27-12

**RECEIVED**  
JAN 20 2012  
SCRANTON FIELD OFFICE  
Adult Residential Licensing

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

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services with reasonable skill and safety.				

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

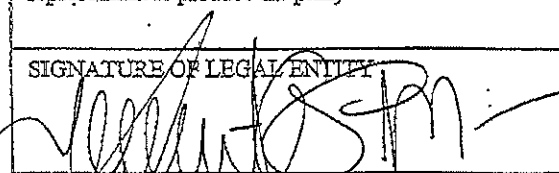

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82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	<p>On the day of this inspection, a 16 fluid ounce plastic bottle of "Treasury" Rubbing Alcohol was found stored on the countertop of the sink located in the private bathroom adjoining resident # 1 bedroom. The manufacturer's label stated, "In case of accidental ingestion, seek professional assistance or contact a poison control center immediately."</p> <p>Resident # "1" most current assessment (dated 9/30/11) and support plan (dated 9/30/11) do not indicate that the resident was assessed to have unsupervised access to poisons.</p> <p style="font-style: italic; font-size: 1.2em;">The Adm or a designee will do weekly checks to insure poisons are secured.</p> <p style="font-size: 1.5em; font-weight: bold;">1-27-12</p>	01/02/12	<p>On 12/20/11, 100% of the residents were assessed. Two residents were determined not safe to manage unsupervised access to poisons. Resident support plans were updated to reflect compliance to this standard. Residents will be assessed on admission and at least annually with support plans updated as needed.</p> <p>On 1/2/12 a letter was sent to residents and responsible parties to remind and educate residents and their families about the importance of complying to this regulation. See Attachment B.</p> <p style="text-align: right;">(OVER)</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation full compliance to be achieved date 1-27-12 initials (over)</p>

82c

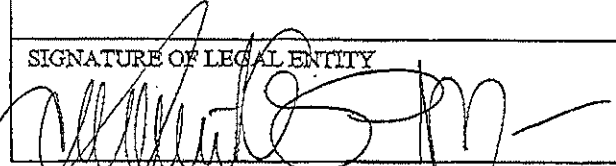

A new monthly audit tool was created to assure staff compliance. Variances will be corrected immediately and results of audits will be presented to the QA committee for review. See Attachment C.

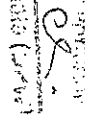
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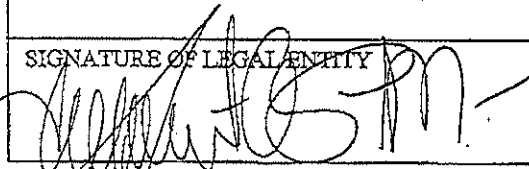
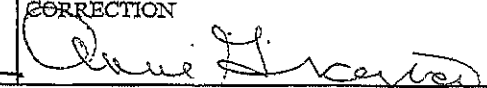
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91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The current personal care home complaint hotline phone number (877-401-8835) was not posted near the phones with outside lines at the following locations:  <ul style="list-style-type: none"> <li>• "East Nook" - posted numbers were 1-800-254-5164 and 1-800-833-5095</li> <li>• "West Nook" - posted numbers were 1-800-254-5164 and 1-800-833-5095</li> <li>• "East Lounge", "West Bulletin Board", and "Activities Room" - posted number was 1-800-254-5164</li> <li>• Room #s 210, 229, 232, and 235 - posted number was 1-800-254-5164</li> </ul>	12/19/11	The required list of telephone numbers was updated on 12/19/11. Old lists were removed and the new lists were placed by telephones in personal care. See Attachment D.  The Administrator will read LeadingAge Monthly Bulletins to assure that changes from DPW that reflect personal care home regulations are noted.  Audits of necessary postings and phone numbers will be done at least quarterly by the Administrator to ensure compliance.	 1-27-12

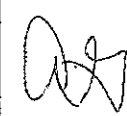
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141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	Resident # 2 Medical Evaluation form completed 8/24/11 had a notation on the form stating "see medication list attached." No medication list from the resident's physician was present and attached to the form.	Correction at time of inspection.	Resident records were audited on 1/6/12 to assure that complete MA-51 forms included medication. Records were 100% compliant.  New resident records and annual medical evals will be reviewed for correctness by Adm or designee  OJ 1-27-12	Steps have been taken to correct violation full compliance by 1-27-12  1-27-12 Bethlehem (PA)

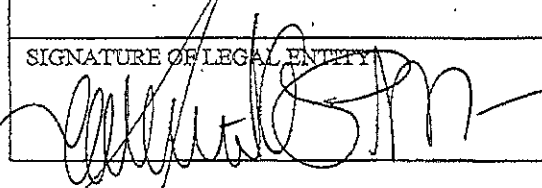
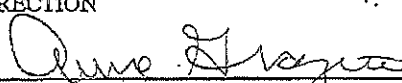
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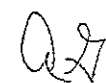
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162c Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.	The menus dated 12/18/11 – 12/24/11 which were posted in the hallway adjacent to room #222 and on the "West Bulletin Board" did not include beverage choices for lunches or dinners (except for 12/19/11 lunch) and did not include the main course with alternative meal choice for dinners from 12/19/11 through 12/23/11. In addition, the dinner for 12/24/11 did not include an alternate meal choice for the pasta with marinara.  In these same locations, the menus dated 12/25/11 – 12/23/11 did not include a main course, or alternative, for dinners from 12/26/11 – 12/31/11 or beverage choices for lunch or dinners from 12/25/11 – 12/31/11.	Corrected at time of inspection	Full menus (breakfast, lunch, and dinner) will be posted 3 weeks in advance. They will be replaced by the dining services clerk and checked for compliance by the Director of Dining Services weekly.  The Administrator has initiated weekly bulletin board checks to assure that menus and all other required documents are posted according to regulations.	 1-27-12

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Page 7 of 14

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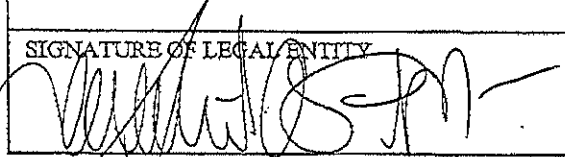

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<p>181c A resident who desires to self-administer his medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.</p>	<p>Resident # 3 had the medication Mometasone Furoate Cream USP, 0.1% tube stored on the countertop of the sink located in the private bathroom adjoining the resident's bedroom. The label stated, "RX Only". The resident's most current medical evaluation (dated 10/19/11) states the resident cannot self-administer medications.</p> <p>Resident # 1 had the medication Eargene ½ fluid ounce ear lotion stored on the countertop of the sink located in the private bathroom adjoining the resident's bedroom. The resident's most current medical evaluation (dated 10/19/11) stated the resident cannot self-administer medications.</p> <p>The doors to both these residents' bedrooms were locked at the time of inspection.</p>	<p>Removed at the time of inspection.</p>	<p>Staff checked resident apartments to assure that prescription and OTC medications stored in individual apartments had a doctor's order stating that the medication could be self-administered.</p> <p>On 1/2/12 a letter was sent to residents and responsible parties to remind and educate residents and their families about the importance of complying to this regulation. See Attachment B1.</p> <p>Resident Town Hall Meeting was held on 1/11/12.</p> <p style="text-align: right;">(OVER)</p>	<p style="text-align: center;"> 1-27-12</p>

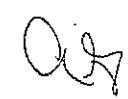
181C

Administrator reviewed the letter sent on 1/2/12 and provided residents a list of examples of over the counter medications. See Attachment B2/

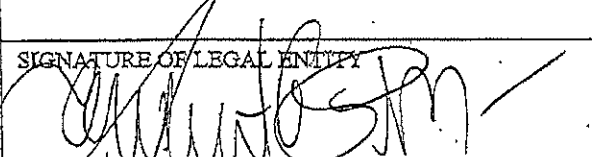
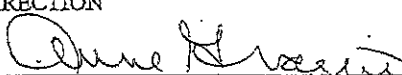
Staff will complete monthly audits to assure compliance with this regulation.


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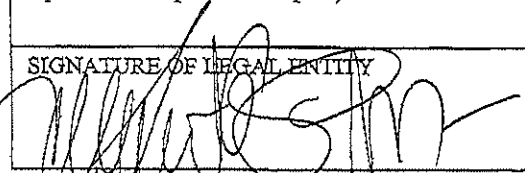

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182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic. (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.	The following direct care staff persons' Department-approved medication administration training was incomplete and, therefore, they are not currently qualified to administer medications to residents: <u>Staff person "B"</u> • Initial Training completed 10/30/07 No Student Multiple Choice Examination Answer Sheet/test No Student Certification Form No Train-the-Trainer verification • Initial Annual Practicum completed 11/5/08 No Student Certification Form • Annual Practicum completed 10/2/09 No Student Certification Form • Annual Practicum completed 12/8/10 No Student Certification Form Not completed within 12 months of the previous annual practicum completed 10/2/09 • Annual Practicum completed 12/5/11 No Student Certification Form <u>Staff person # C</u> • Initial Training completed 6/14/07 • Initial Annual Practicum completed 12/5/07 • Annual Practicum completed 12/12/08 Only 2 of the 4 required MAR reviews completed	01/04/12	Staff Person B completed the Pennsylvania Department of Public Welfare Medication Administration Training Program on 1/4/12. All required forms are on file.  Any new staff person who comes to us with current credentials to pass medications will automatically be re-trained by our certified Train the Trainer to assure compliance with this regulation.  DPW surveyors provided technical support at the time of survey. Correct forms are now on record.	 1-27-12


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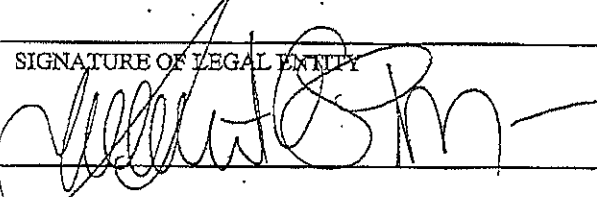


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<p>(3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.</p> <p>(4) A staff person who has completed the medication administration training 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>	<ul style="list-style-type: none"> <li>• Annual Practicum completed 10/12/09</li> <li>Only 2 of the 4 required MAR reviews completed</li> <li>No Student Certification Form</li> <li>• Annual Practicum completed 12/4/10</li> <li>No Student Certification Form</li> <li><u>Staff person # C</u></li> <li>• Initial Training completed 6/14/07</li> <li>• Initial Annual Practicum completed 12/5/07</li> <li>• Annual Practicum completed 12/12/08</li> <li>Only 2 of the 4 required MAR reviews completed</li> <li>• Annual Practicum completed 10/12/09</li> <li>Only 2 of the 4 required MAR reviews completed</li> <li>No Student Certification Form</li> <li>• Annual Practicum completed 12/4/10.</li> <li>No Student Certification Form</li> <li>Not completed within 12 months of the previous Annual Practicum completed 10/12/09</li> <li>Not completed within 12 months of the previous Annual Practicum completed 10/12/09</li> </ul>		<p>Medication education records were audited. A total of five employees completed the Pennsylvania Department of Public Welfare Medication Administration Training Program on 1/4/12 and 1/5/12. All required forms are on file.</p>	 1-27-12

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183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	(10) - 0.9g packages of "Fougera" Triple Antibiotic Ointment which expired in 2010 were stored in the first aid kit located in the "PC File Room".		The item was removed and replaced at time of inspection.  A new monthly audit tool was created to assure staff compliance. Variances will be corrected and results of audits will be reported to the facility QA committee for review. See Attachment C.  The adm or a designee will perform monthly audits to insure compliance.	<div style="text-align: right;"> <p>Steps have been taken to correct violation full compliance is not sufficient</p> <p>1-27-12</p> <p></p> <p>Ann O'Haire (D-W)</p> </div>

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

NAME AND ADDRESS OF PERSONAL CARE HOME KIRKLAND VILLAGE, 2335 MADISON AVENUE BETHLEHEM, PA 18017		CURRENT LICENSE NUMBER 220500		
INSPECTION DATES (Include all dates of the inspection) 12/19/2011		REGIONAL REPRESENTATIVE Ann O'Haire, 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 	DATE 1/19/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1-27-12	
REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	A single dose packet of resident #4 Zolpidem Tartrate (Ambien) 5mg tablet was incorrectly stored with the box containing the resident's Tums Ultra 100mg tablets.	DPW surveyors offered technical assistance at time of inspection.	As a result, both medication carts have been reorganized to reduce the risk of this problem re-occurring.  LPN staff has developed a weekly check system to review medication carts with Medication Technicians to assure that proper organization is maintained. Administrator will audit medication carts monthly to ensure compliance. Results of these audits will be presented to the facility QA Committee for review.	 1-27-12

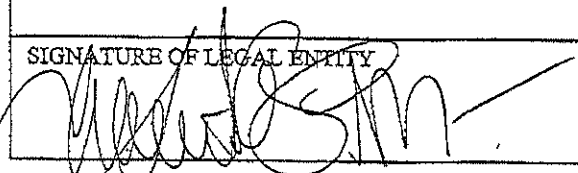
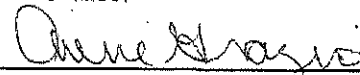
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600


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SIGNATURE OF LEGAL ENTITY 	DATE 1/19/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 02-08-12

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	Resident #4 "Rite Aid" Nicotine Polacrifex Gum USP, 2mg (100 pc. Box) and "Similasan" Dry Eye Relief OTC medications did not have labels on them that included the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration, and the name and title of the prescriber. The December 2011 e-medication administration record included the prescribed dosage and instructions for the administration of these medications on it.	DPW surveyors	offered back. LPN staff has developed a weekly check system to review medication carts with Medication Technicians to assure that all medications are properly labeled and stored in an organized manner. Administrator will audit medication carts montly to ensure compliancer Results will be presented to the QA committee until deemed unnecessary.	 02-08-12

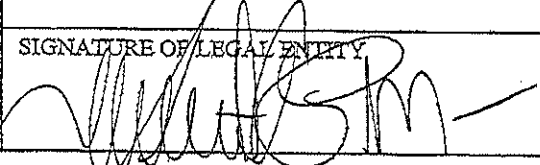

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

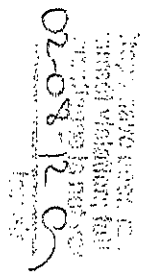
Page 13 of 14

NAME AND ADDRESS OF PERSONAL CARE HOME KIRKLAND VILLAGE, 2335 MADISON AVENUE BETHLEHEM, PA 18017		CURRENT LICENSE NUMBER 220500	
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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.	<p>The home did not follow its written policy and procedure to document administration of controlled substances on its Controlled Drug Administration Record, as indicated below:</p> <p>On 12/9/11 staff person "D" did not complete the documentation after administering resident # 5 Vicodin 5/500mg tab PO at 10:07am. It omitted the signature, amount received, amount on-hand, and the amount administered.</p> <p>On a separate occasion, the date and time staff person "E" Vicodin 5/500mg tab PO to resident # 5 was not documented.</p> <p>On 12/15/11, staff person "E" did not complete the record after administering resident #6 Fentanyl 25mcg patch.</p>	01/02/12	<p>On 1/2/12 the Controlled Drug Administration Record was revised to increase compliance and accuracy of daily record keeping. See Attached E3.</p> <p>An LPN meeting was held on 1/12/12. Education and technical support was provided to LPN staff.</p>	<p style="text-align: center;">Steps have been taken current violation has been corrected and compliance has been verified. 02-08-12 </p>

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227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	The home did not update resident # 1 support plan on October 14, 2011 to indicate that the resident could not self-administer medications. The resident's most current medical evaluation (dated 10/19/11) and most current assessment (dated 9/30/11) state the resident cannot self-administer medications. The resident's most current support plan (dated 9/30/11) stated "self administration of medications" under the medications section of the form; on the same date, on a different page of the support plan, medication administration was updated to indicate staff was to "administer all medications for 2 weeks then re-evaluate for self-administration". There were no new orders from a physician stating the resident can self-administer medications. The support plan was not updated following the 2 week re-evaluation period.	12/19/11	On 12/19/11 all documents were changed to reflect that staff had been administering Resident #1's medications since 10/19/11 per MD order. See Attachment F.  LPN staff will complete monthly audits to assure that all changes in care and services needs are accurately reflected in the RASP. See Attachment G1 and G2.	

**RECEIVED**

JAN 20 2012