



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: July 6, 2012

Mr. Robert A. Reitz, COO
227 Evergreen Road Operations, LLC
227 Evergreen Road
Pottstown, Pennsylvania 19464

RE: Sanatoga Court

Dear Mr. Reitz:

As a result of the Department of Public Welfare's licensing inspection on May 29, 2012 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.

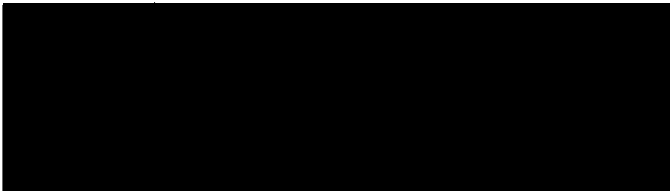
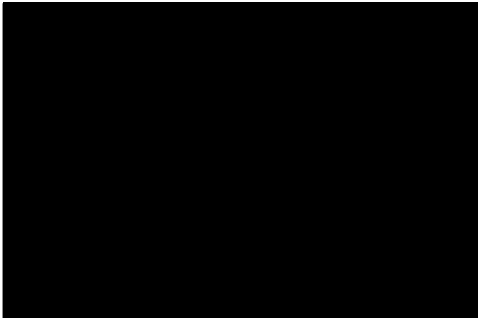
Sincerely,

A handwritten signature in cursive script that reads "Sandra Wooters".

Sandra Wooters
Acting Regional Licensing Director

Enclosure(s)
Violation Report

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

PCH Name: SANATOGA COURT		License Number: 136140
Address: 227 EVERGREEN ROAD, POTTSTOWN, PA 19464		County: Montgomery
Administrator: Karen Kehler		Region: SOUTHEAST
Legal Entity Name: 227 EVERGREEN ROAD OPERATIONS LLC		
Legal Entity Address: 227 EVERGREEN RODA, POTTSTOWN, PA 19464		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 77	Waking Staff: 58
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
05/29/2012: McHale, Christine; Knockstead, Lori; Sledge, Andrea		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: Number of Residents Served: 63 Secured Dementia Care Unit in Home: Yes Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 13614 - 05/29/2012 - McHale, Christine
 PCH Name: SANATOGA COURT

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, 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 services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

On 4/17/12 thirty pills of controlled narcotic pain medication, Percocet, were missing from the home's medication cart. The home did an audit of the current resident medications and discovered additional narcotics missing, as of 4/19/12. All staff that administer medications were given drug tests. Direct care staff member A tested positive for oxycodone, opioids, and marijuana. Direct care staff member B tested positive for oxycodone, opioids, and amphetamines. Neither staff member were able to provide the drug testing laboratory with prescriptions for any of these substances.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

We contest this violation. Upon hire direct care staff A and B were given routine drug testing, which were negative. This is routine for everyone upon hire and we will continue to follow this policy. Staff members showed no visible signs or behaviors indicating drug use. Upon receiving positive test results employees would have been terminated had already left employment from Sanatoga Court without notice.

The home will conduct training with staff on how to identify impaired staff by 7/18/12 and missing narcotic medications.

The administration of the home will meet periodically with all medication administration staff to discuss the disciplinary outcomes of missing medications and impaired staff beginning 7/18/12.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

12/15/2011

Signature of Legal Entity Representative
 (Required on EVERY Page)

Karen Kehler

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Karen Kehler Executive Director

Date

6/20/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

7/5/12
(Date)

Plan of correction implementation status as of

7-5-12
(Date)

The above plan of correction was approved by

CK
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13614 - 05/29/2012 - McHale, Christine
 PCH Name: SANATOGA COURT

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

- Direct care staff member A's most recent medication training was completed on 6/25/10. Staff member A was required to complete an annual practicum by 6/25/11 and did not. Direct care staff member A has continued to administer medications to residents of the home since the initial medication training without any additional required training.

- Direct care staff member B's initial medication training dated 2/5/11 was not completed. The staff member did not have any observations completed as required.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Violation 2600.190

The following steps were taken to correct this violation. All medication administration records are being reviewed quarterly. The medication administration observation is being done every 6 months for completion of the annual practicum. Under new leadership all current staff members were observed and MARS reviewed within the previous 3 weeks. All staff were placed on standard monitoring schedule. This will be monitored on an ongoing basis by RCD/Designee to provide compliance with regulation 2600.190a via the Department of Pennsylvania Medication Administration training program documents.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Karen Kehler

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Karen Kehler Executive Director Date 6/20/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/5/12
 (Date)

The above plan of correction was approved by SK
 (Initials)

Plan of correction implementation status as of 7-5-12
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented