



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
100 LACKAWANNA AVENUE  
ROOM 330, SCRANTON STATE OFFICE BUILDING  
SCRANTON, PENNSYLVANIA 18503-1923

ADULT RESIDENTIAL LICENSING

PHONE: (570) 963-3209  
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Sent via email to: [REDACTED]  
MAILING DATE: July 25, 2012

Mr. James E. Adamawicz, President  
The Highlands at Wyomissing, Inc.  
The Highlands at Wyomissing Personal Care Facility  
2000 Cambridge Avenue  
Wyomissing, Pennsylvania 19610

Dear Mr. Adamawicz:

As a result of the Department of Public Welfare's licensing inspection on June 7, 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,

*Anne Graziano*

Regional Licensing Administrator

Enclosure  
Violation Report



Violation Report: 20535 - 06/07/2012 - Bloch, Betty  
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - 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 section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

On 5/30/12 at 9:00 am, resident #1 was administered the PRN medication Clindamycin HCl by staff person A. The medication was prescribed to be administered one hour prior to a dentist's appointment. The resident did not have a dentist appointment on that day. The Department's Reportable Incident and Condition Form report was faxed to the Department on 6/12/12.

On 6/3/12 two pills prescribed to resident #2, Enablex and Zolof, were reportedly found in the resident's bedroom by staff person B and reported to staff person C on 6/6/12. Staff person C, who is the administrator, stated resident #2 cannot self-administer medications. The Department's Reportable Incident and Condition Form report was faxed to the Department on 6/11/12.

The home did not report the medication errors to the Department on the Department's Reportable Incident and Condition Form within 24 hours, as required by this regulation.

**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.

The Medication Error Policy, HPC #24, was created and distributed to all staff on June 18<sup>TH</sup>, 2012. This policy was also reviewed with staff at the Monthly Communication Meeting on June 26<sup>TH</sup>, 2012. The policy includes the requirement that errors be communicated to Charge Nurse and Director of Nursing when detected since the 5/30/12 medication error was only reported during the inspectors visit on 6/7/12.

Medication Errors will be reviewed at time of error and at the Quality Improvement/Assurance meeting to prevent further ERRORS.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Tracey Fungst*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) TRACEY FUNGST, ADMINISTRATOR      Date 7/23/12

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

The above plan of correction is approved as of 7-25-12 (Date)      Plan of correction implementation status as of 7-25-12 (Date)

The above plan of correction was approved by *TF* (Initials)

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

Violation Report: 20535 - 06/07/2012 - Bloch, Betty  
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

**1. REGULATION 55 Pa.Code §2600**  
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

**2a. DESCRIPTION OF VIOLATION**  
 Staff person C, who is the administrator, stated the home routinely utilizes staff from the Nursing Home and the Independent Living sections of the community to assist the Personal Care Home Residents evacuate during fire drills.

**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.

The Personal Care Residence at the Highlands of Wyomissing will no longer require staff from Independent Living and Skilled Nursing to respond to monthly fire drills.  
 Drills will be conducted by the Personal Care Administrator utilizing only staff assigned to Personal Care (security, nursing, activities, housekeeping, etc. Dutary.)

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Tracey*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) TRACEY ADKINS, Administrator      Date 7/23/12

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

The above plan of correction is approved as of 7-25-12      Plan of correction implementation status as of 7-25-12  
 (Date)      (Date)

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

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

**Violation Report:** 20535 - 06/07/2012 - Bloch, Betty  
**PCH Name:** THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - 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 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.

**2a. DESCRIPTION OF VIOLATION**

Staff did not sign or initial the medication administration records of the following residents on the following dates and times to indicate the prescribed medications were administered to the residents:

**Resident #1:**

8:00 am doses of Plavix 75mg on 5/30/12 and 6/2/12 through 6/7/12; 6/5/12 - 6/7/12 the 8:00 am doses of Aspirin Chewable 81mg, Digoxin 0.125mg, Furosemide 40mg, Lisinopril 2.5mg, Metoprolol tartrate 25mg, Nitroglycerin transdermal 0.2mg/1 hr adh patch, and Predorte opha drops. Also, the site of the Nitroglycerin Transdermal 0.2mg patches was not indicated on 5/26/12 and 5/29/12 for the 8:00 am administration times and if the patches were removed on 5/8/12 and 5/21/12 at 8:00 pm, as ordered.

**Resident #2:**

11:00 am doses on 5/22/12 of Enblex 7.5mg, Folic Acid 800mcg, Hydrochlorothiazide 50mg, Multivitamin, Calcium w/D 500mg/200unit, Potassium Chloride 20% s/f, D/F 40meq/15ml, Risperidone 0.25mg, Sertraline HCl 25mg, Amiodarone HCl 200mg, Amlodipine Besylate 2.5mg; 11:00 am doses on 5/26/12 of Risperidone 0.25mg, Sertraline HCl 25mg, Amiodarone HCl 200mg, and Amlodipine Besylate 2.5mg; 11:00 am doses of Vitamin B-12 100mcg on 5/13/12, 5/22/12, and 5/26/12; 11:00 am doses of Aspirin chewable 81mg on 5/17/12, 5/22/12, and 5/26/12; 11:00 am doses of Carbidopa/Levodopa 25mg/100mg on 5/17/12, 5/22/12, and 5/26/12; 11:00 am doses of Diovan 320mg on 5/17/12, 5/22/12, and 5/26/12; 2:00 pm doses of Sertraline HCl 25mg on 5/17/12, 5/22/12, and 5/28/12; 4:00 pm dose of Potassium Chloride 20% S/F D/F 40meq/15ml on 5/8/12 and 5/21/12; 4:00 pm dose of Carbidopa/Levodopa 25mg/100mg; and 8:00 pm dose of Risperidone 0.25mg on 6/6/12.

**Resident #3:**

8:00 pm dose on 6/5/12 of Metoprolol Tartrate 50mg; 8:00 am doses on 5/25/12 of Aspirin 81mg, Ferrous Sulfate 325 mg, Furosemide 20mg, Isosorbide 30mg, Klor-Con M10, Metoprolol 50mg, Plavix 75mg

The Mighty Shake was not documented as administered at 10:00 am on 5/14/12, 5/17/12, 5/22 -25/12, and 5/27 - 28/12. The percent consumed was not documented on 5/12/12, 5/14/12, 5/17/12, 5/22 - 25/12, and 5/27 - 28/12. The medication administration record states, "Record % consumed".

**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.*

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

*Tracey [Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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*TRACEY BUNGST, ADMINISTRATOR*      *7/23/12*


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Violation Report: 20535 - 06/07/2012 - Bloch, Betty	
PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY	
1. REGULATION 55 Pa.Code §2600 2600.187(a) - 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. <del>(5) Dosage form.</del> (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special 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.	
The above plan of correction is approved as of <u>7-25-12</u> (Date)	Plan of correction implementation status as of <u>7-25-12</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

### Plan of Correction:

The Medication Assistance/Administration Policy, HPE 16, has been updated to require the Charge Nurse to review the MAR prior to the end of a staff members shift to assure all medications are delivered in a timely fashion and signed appropriately. Staff members administering medications are also reminded to sign for their medication distribution via this policy. The policy was distributed to all staff on 6/26/12 and reviewed at the Monthly Communication Meeting on 6/26/12.

Adm or designee will perform monthly audits of the MARs to insure compliance.  7-25-12

 7/23/12

Violation Report: 20535 - 06/07/2012 - Bloch, Betty  
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

**1. REGULATION 55 Pa.Code §2600**

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

**2a. DESCRIPTION OF VIOLATION**

The home did not report to the residents' physicians and designated persons the following medication errors:

On 5/30/12 at 9:00 am, resident #1 was administered the PRN medication Clindamycin HCl by staff person A. The medication was prescribed to be administered one hour prior to a dentist's appointment. The resident did not have a dentist appointment on that day.

On 6/3/12 two pills prescribed to resident #2, Enbix and Zolof, were found in the resident's bedroom. Staff person C, who is the administrator, stated resident #2 cannot self-administer medications.

**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.

The Medication Error Policy, HPC #24, which was created and distributed on 6/18/2012 and reviewed at the Monthly Staff Communication Meeting on 6/26/12 requires the notification of the resident, the physician, and the resident's designated party.

Medication Errors will be reviewed at the time of the error and at the Quality Improvement/Assurance meeting to prevent further issues.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Tracey*

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

TRACEY HUNGST, Administrator

Date

7/23/12

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7-25-12  
 (Date)

Plan of correction implementation status as of

7-25-12  
 (Date)

The above plan of correction was approved by

*[Signature]*  
 (Initials)

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