



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

AUG 0 2 2013

Ms. Linda E. Brandon, Administrator  
Family Pines Personal Care Home  
P.O. Box 455, 11293 Route 422  
Elderton, Pennsylvania 15736

Dear Ms. Brandon:

As a result of the Department of Public Welfare's licensing inspection on February 8, 2013, 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.

Your regular license for the period of April 20, 2013 to April 20, 2014 was issued on February 8, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", written over a horizontal line.

Ronald Melusky  
Director

Enclosure  
Violation Report



Violation Report: 42671 - 02/08/2013 - Gearhard, Nancy  
 PCH Name: FAMILY PINES PERSONAL CARE HOME

6 2013

Western Field Office  
 Adult Protective Services Licensing

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

The February 2013 medication administration record for resident #1 does not include a purpose or diagnosis for the following medications:

- \* Sertraline, 25 mg - 1 tablet daily
- \* Pantoprazole, 40 mg - 1 tablet daily

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.

*Home will notify the doctors that diagnosis need to be specified on medications. the pharmacy has also been reminded to include diagnoses on the MAR.*

*Diagnoses for the medications cited have been added to resident #1's MAR. MS 4/8/13*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Linda Brandon* Date *4-2-13*

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

The above plan of correction is approved as of 4/8/13  
 (Date)

Plan of correction implementation status as of 4/8/13  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress MS
- Partially Implemented - Inadequate Progress

The above plan of correction was approved by MS