



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 09 2013

Ms. Nancy Donnelly, Executive Director
Hatfield Mennonite Homes, Inc.
Oakwood Court
275 Dock Drive
Lansdale, Pennsylvania 19446

Dear Ms. Donnelly:

As a result of the Department of Public Welfare's (Department) licensing inspection on February 19, 2013 and February 20, 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. As soon as each violation is corrected, notify the Department's Regional Office of Human Services 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 "R Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: ^{127960 2013} 12796 - 02/19/2013 - Foulkes, Kimberl

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2. DESCRIPTION OF VIOLATION

- On 2/19/13, at approximately 9 AM, the binder containing resident medication administration records were unlocked and accessible on top of the home's medication cart by the dining room.
- On 2/19/13, at 9:50 AM the binder containing resident medication administration records were unlocked and accessible on top of the home's medication cart on the "Homestead" side of the home's Harmony House section.
- On 2/19/13, at 9:50 AM the information labels to medication blister packs for residents were unlocked and accessible on top of the medication cart in a plastic shoe box on the "Homestead" side of the home's Harmony House section.

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.

On 2/20/13, labels were placed on the MAR binders to remind staff to keep them locked when not in use.
 At staff meeting on 2/27/13 (see attached), staff were instructed to keep blister pack labels locked inside the medication cart until they can be reordered & disposed of appropriately.
 Administrator will perform weekly audits of both Nursing Stations to ensure compliance of this regulation (see attached)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Erin N. Toth, RCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Erin N. Toth</i>	Date <i>3/14/13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3/22/13
 (Date)

Verification of Legal Entity Representative Signature 2/19/13
 (Date)

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

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

Violation Report: ¹²⁷⁹⁰⁰ 127900 - 02/19/2013 - Foulkes, Kimberli

1. REGULATION 56 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2. DESCRIPTION OF VIOLATION

The contract for resident #1 was not signed by the resident.

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 contract was signed by the resident. (see attached)
 Going forward, all residents will sign the contract on day of admission to the facility.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Erin N. Totl, RCHA

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

Erin N. Totl

Date 3/14/13

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

The above plan of correction is approved as of

3/22/13
 (Date)

Verification of Legal Entity Representative Signature

3/21/13
 (Date)

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

The above plan of correction was approved by

ENM
 (Initials)

Violation Report: ¹²⁷⁹⁰⁰ 12796 - 02/19/2013 - Foulkes, Kimberli

1. REGULATION 66 Pa.Code §2600

2600.82(c) - 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.

2. DESCRIPTION OF VIOLATION

Two bottles of Isopropyl Rubbing Alcohol and two bottles of Hydrogen Peroxide, all with manufacture's label indicating "If swallowed get medical help or contact poison control center right away", was unlocked and accessible to residents in cabinet above the counter to the right of the refrigerator in Harmony House. Residents of the home, including the residents who live in Harmony House, have not been assessed capable of recognizing and using poisons safely.

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.

On 2/20/13, the cabinet was labeled with a sticker stating "This cabinet is to remain locked at all times".
 On 3/6/13, at the team meeting, staff were reminded of the importance of keeping poisonous materials in Harmony House locked & inaccessible to residents.
 Administrator will conduct a monthly audit in Harmony House to ensure that all poisonous materials are locked unless being used by/under the supervision of a staff member. (see attached)

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/02/2012	
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Signature of Legal Entity Representative (Required on EVERY Page) Erin N. Toth, PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Erin N. Toth Date 3/14/13

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

The above plan of correction is approved as of <u>3/22/13</u> (Date)	Verification of Legal Entity Representative Signature <u>2/14/13</u> (Date)
The above plan of correction was approved by <u>ERTM</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

127965
 Violation Report: 12796 - 02/19/2013 - Foulkes, Kimberli

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2. DESCRIPTION OF VIOLATION

The telephones in room 122 on the 2nd floor of Oakwood courts and room 24 of Harmony House do not have emergency numbers posted nearby.

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.

On 2/20/13, stickers with the emergency numbers were placed on the phones in rooms 122 and 24.
 Staff on 3-11 shift will audit the presence of the stickers on every phone monthly. The paper audit will be returned to the Care Coordinator at the end of the month. (see attached)

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Erin N. Toth, PCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Erin N. Toth* Date *3/14/13*

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

The above plan of correction is approved as of *3/22/13*
 (Date)

Verification of Legal Entity Representative Signature *2/20/13*
 (Date)

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

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

Violation Report: ¹²⁷⁹⁰⁰127966-02/19/2013 - Foulkes, Kimberl

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2. DESCRIPTION OF VIOLATION

On 2/19/13, there was an accumulation of lint in the lint trap of the dryer in the "Shore House" section of Harmony House.

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 lint was immediately removed from the lint trap on 2/19/13.

On 2/20/13, a label was placed on the front of both dryers in Harmony House reminding staff to empty the lint trap after each use.

At the team meeting on 3/6/13, staff were reminded of the importance of cleaning the lint traps after each use of the dryer. (see attached)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Erin N. Toth, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Erin N. Toth</i>	Date <i>3/14/13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3/22/13
(Date)

Verification of Legal Entity Representative Signature 2/20/13
(Date)

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

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

Violation Report: ¹²⁷⁴⁶⁰~~12786~~ - 02/19/2013 - Foulkes, Kimberli

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - 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.

2. DESCRIPTION OF VIOLATION

The medical evaluation for for Resident #2's was completed on ^{9/17/12}~~9/17/13~~ and faxed to the home. The form was then altered to include the resident's ability to self administer medications or not by a staff member of the home. This staff member did not receive permission from the resident's doctor to make a change to the form.

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.

Correction: The medical evaluation was completed on 9/17/12.

On 2/27/13, the need to ensure proper completion of the medical evaluations was discussed at the team meeting.

Task has been given to Charge Nurse on 1st shift to check accuracy of the medical evaluations monthly and follow-up with the physicians if inaccuracies are found.

On 3/13/13, clarification was obtained, from the resident's physician, on the information intended for the medical evaluation. (see attached)

At the 2/27/13 meeting, staff were also reminded that alterations can only be made on the medical eval. at the direction of the physician and must then be documented as such.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Erin N. Toth, RHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Erin N. Toth* Date *3/14/13*

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

The above plan of correction is approved as of *3/22/13* (Date)

Verification of Legal Entity Representative Signature *3/22/13* (Date)

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

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

Violation Report: ¹²⁷⁹⁶⁰ 12796-02/19/2013 - Foulkes, Kimberl

1. REGULATION 55 Pa.Code §2600

2. DESCRIPTION OF VIOLATION

The medical evaluation for resident #2, dated 8/17/12, does not include the resident's special health or dietary needs.

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.

On 2/27/13, the need to ensure proper completion of the medical evaluations was discussed at the team meeting.
 A task has been given to the Charge Nurse on 1st shift to check accuracy of the medical evals. monthly & follow-up with the physicians if inaccuracies are found.
 On 3/13/13, clarification was obtained, from the resident's physician, on the information intended for the medical evaluation. (see attached)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Erin N. Toth, PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Erin N. Toth Date 3/14/13

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

The above plan of correction is approved as of 3/22/13 (Date)

Verification of Legal Entity Representative Signature Erin N. Toth (Date)

The above plan of correction was approved by Erin N. Toth (Initials)

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

Violation Report; ¹²⁷⁹⁶⁰ 12796 - 02/19/2013 - Foulkes, Kimberli

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2. DESCRIPTION OF VIOLATION

On 2/20/13, resident #2's medication Genteal Eye Lube was located on the home's medication cart. This medication expired 12/2012.

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.

A task has been added to the 11-7 shift to check the medication carts monthly for expiration dates, not on the pharmacy label, but on the actual ointment tubes & eye/ear drops bottles. The expired eye lube was removed from the cart immediately and disposed of properly.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/02/2012		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Erin N. Toth, PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Erin N. Toth* Date *3/14/13*

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

The above plan of correction is approved as of 3/22/13
(Date)

Verification of Legal Entity Representative Signature 3/22/13
(Date)

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

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

Violation Report: ¹²⁷⁹⁰⁰~~127900~~ - 02/19/2013 - Foulkes, Kimberli**1. REGULATION 56 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.

2. DESCRIPTION OF VIOLATION

The medication administration record for resident #2 does not include the diagnosis or purpose for Vitamin D3 and Genteal Eye Lube.

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.

On 2/27/13, the MARs were corrected to indicate the resident's diagnosis. (see attached)

At the team meeting on 2/27/13, staff were reminded that all medications must have a correlating diagnosis/purpose.

A task has been added to 3-11 shift to audit MARs for corresponding diagnoses monthly.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

03/02/2012

Signature of Legal Entity Representative
(Required on EVERY Page)

Erin N. Toth, RCHA

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

Erin N. Toth

Date 3/14/13

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

The above plan of correction is approved as of

3/28/13
(Date)

Verification of Legal Entity Representative Signature

3/28/13
(Date)

The above plan of correction was approved by


(Initials)

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

Violation Report: ¹²⁷⁹⁶⁸~~12796~~ - 02/19/2013 - Foulkes, Kimberli

1. REGULATION 55 Pa.Code §2800

2800.187(d) - The home shall follow the directions of the prescriber.

2. DESCRIPTION OF VIOLATION

-Medication Vitamin D3 400IU was not available for administration on 2/14/13.

-Resident #2's aspirin, vitamins and supplements were ordered to be held after her surgery on 2/19/13. On 2/20/13 the home administered the resident's Acidophilus and Cranberry supplements and Vitamin D3. The home also attempted to administer the resident's aspirin, but the resident refused.

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.

For resident #2, Vitamin D3 400IU was available & was administered on 2/14/13. (see attached)
 Clarification was requested from the physician because there were no signed orders not to give the above listed medications after the surgical procedure. On 2/20/13, the physician clarified the medications were to be held until after surgery. (see attached) Staff administered the medications as ordered by the physician.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/02/2012	
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Signature of Legal Entity Representative (Required on EVERY Page) Erin N. Toth, RCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Erin N. Toth Date 3/14/13

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

The above plan of correction is approved as of <u>3/22/13</u> (Date)	Verification of Legal Entity Representative Signature <u>3/22/13</u> (Date)
The above plan of correction was approved by <u>ERM</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented