

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to 227 EVERGREEN ROAD OPERATIONS LLC

LEGAL ENTITY

To operate SANATOGA COURT

NAME OF FACILITY OR AGENCY

Located at 227 EVERGREEN ROAD, POTTSTOWN, PA 19464

(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 85  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 28

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 June 20, 2013 until June 20, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 136140

*Robert E. Robinson*

ISSUING OFFICER

*RC 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



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUN 20 2013

Ms. Karen Kehler, Executive Director  
227 Evergreen Road Operations, LLC  
Sanatoga Court  
227 Evergreen Road  
Pottstown, Pennsylvania 19464

Dear Ms. Kehler:

As a result of the Department of Public Welfare's (Department) licensing inspection on April 1, 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: 13614 - 04/01/2013 - Adams, Patricia  
 PCH Name: SANATOGA COURT

**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.

**2a. DESCRIPTION OF VIOLATION**


On 4/1/13, at 10:00 am, resident records, located on the second floor were unlocked and accessible in the secure dementia unit.

**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.*


Resident charts were moved at the time of inspection to a cabinet with a working lock. The staff was inserviced that the cabinet must remained locked at all times and if at any time the the lock becomes inoperable, they are to notify the program director.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Earl Stingel, Designee (Dementia Program Dir)	Date 4/19/2013
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>4/30/13</u> (Date)	Plan of correction implementation status as of <u>4/30/13</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

Violation Report: 13614 - 04/01/2013 - Adams, Patricia  
 PCH Name: SANATOGA COURT

1. REGULATION 55 Pa. Code §2600  
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION  
 The beds in rooms #112 and #209 do not have a source of light that can be turned on/off from bedside.

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 bulb for room 209 was replaced at the time of survey. The resident of room 112 was re-educated that her lamp must remain within reach of her bedside. Lamp was moved back to the bedside table. See attached photos.

Staff will monitor rooms for compliance and report non compliance to the administrator or designee.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Earl Stingel, Designee/Dementia Program Director Date 4/19/13

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 (Date)

Plan of correction implementation status as of 4/30/13  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

Violation Report: 13614 - 04/01/2013 - Adams, Patricia  
 PCH Name: SANATOGA COURT

1. REGULATION 55 Pa.Code §2600  
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 4/1/13, the temperature in the freezer located on the second floor of the secured dementia unit, was greater than 0 degrees farenheit.

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.*

During the time of inspection, one of our freezers was above 0° F. It was explained that this was due to the automatic defrosting cycle that the freezer was going through at that time.


Our freezer goes through a defrost cycle at least once a day\*, which results in the temperature of the freezer to rise for a short period of time, especially when there is a small amount of products in the freezer. There were two containers of ice cream in the freezer at the time. While the temperature was above 0 F, the food products were still frozen hard and their integrity was not compromised.

The temperature of the freezer was check 15 minutes after the inspector noted the temperature above 0° F. and it was reported to be at its normal temperature of -8 F.

Chef Manager, or designee will continue monitor and record daily temperatures for compliance.

\*Freezer manufacturer statement can be provided if desired.

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

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Earl Stengel, Designee (Dementia Program Dir)      Date 4/19/13

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Violation Report: 13614 - 04/01/2013 - Adams, Patricia  
 PCH Name: SANATOGA COURT


1. REGULATION 55 Pa.Code §2600  
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION  
 - The bag of brown sugar in the 1st floor secured dementia unit kitchen was opened and unsealed.  
 - The jello salad in the second floor secured dementia unit kitchen refrigerator was open and unsealed.

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.


Chef Manager re-educated staff to DOH and DPW regulations in regard to storing food product on the Secured Dementia Units. Staff was re-educated on job responsibilities for monitoring the units for stored food products. Administrator and Program Director will monitor during for compliance. See attached policy.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Earl (Strigel), Designee (Dementia Program Director) Date 4/19/13

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Violation Report: 13614 - 04/01/2013 - Adams, Patricia  
 PCH Name: SANATOGA COURT


1. REGULATION 65 Pa.Code §2600  
 2600.103(f) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION  
 On 4/1/13, a pie and jello salad was located in the home's secure dementia unit refrigerator unlabeled.

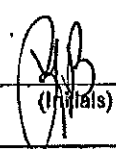
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Chef Manager re-educated staff to DOH and DPW regulations in regard to storing food product on the Secured Dementia Units. Staff was re-educated on job responsibilities for monitoring the units for stored food products. See attached policy.  
 Administrator and Program Director will monitor during for compliance.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Earl Stogel, Designer (Dementia Program Units) Date 4/19/13

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Violation Report: 13614 - 04/01/2013 - Adams, Patricia  
 PCH Name: SANATOGA COURT


1. REGULATION 55 Pa.Code §2600  
 2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION  
 On 4/1/13, the vehicle used to transport residents did not have a first aid kit.

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.

First Aid kit in the facility bus was replaced at the time of survey.  
 Staff will perform monthly and post use audits for content compliance.

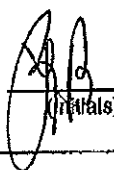
Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Earl Stunzel, Designee Dementia Program Director      Date 4/19/13

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Fully Implemented  
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Violation Report: 13614 - 04/01/2013 - Adams, Patricia  
 PCH Name: SANATOGA COURT

**1. REGULATION 66 Pa.Code §2800**  
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**2a. DESCRIPTION OF VIOLATION**  
 - On 4/1/13, Triamcinolone Acetonide Cream 1% and Gold Bond medicated powder was unlocked and accessible to residents in the secured dementia unit of the home. The medication was located in room # 254.  
 - On 4/1/13, two bottles of Aspirin were unlocked and accessible to residents. The medication was in room #112.

**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 products found in room 254 were removed in the presence of the surveyor. The Program Director placed a call to the family of this recently admitted resident to re-educate them to providing the resident with over the counter products that may be considered harmful and that all products must be stored in the staff maintained secure area. The products discovered in room 112 were removed by nursing staff. The resident and family were re-educated that all over the counter medications must be recommended by the resident's physician and stored in the staff maintained secure area.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Earl Stingel, Designee (Dementia Program Director)*      Date *4/19/13*

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The above plan of correction is approved as of *4/30/13*  
 (Date)

The above plan of correction was approved by *[Signature]*  
 (Initials)

Plan of correction implementation status as of *4/30/13*  
 (Date)

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

Violation Report: 13614 - 04/01/2013 - Adams, Patricia  
 PCH Name: SANATOGA COURT

1. REGULATION 56 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION  
 - On 4/1/13, Triamcinolone Acetonide 1% and Gold Bond medicated powder was in the room of resident #1. The home does not have physician orders for the medications.  
 - On 4/1/13, two bottles of Aspirin were in the room of resident # 2. The home does not have a physician order for the medication.

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 products found in room 254 were removed in the presence of the surveyor. The Program Director placed a call to the family of this recently admitted resident to re-educate them to providing the resident with over the counter products that may be considered harmful and that all products, including over the counter must be recommended by the resident's physician, and stored in the staff maintained secure area. The products discovered in room 112 were removed by nursing staff. The resident and family were re-educated that all over the counter medications must be approved by the resident's physician and stored in the staff maintained secure area.

Staff was re-educated on 4/17/2013 about securing products brought in by families to make sure they are appropriate per physician orders and that they remain secured. The activity staff was also alerted to inform the nursing staff if the resident purchases over the counter medications during shopping trips.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Earl Stuegel, Designee (Dementia Program Director)* Date *4/14/13*

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 (Date)

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

Plan of correction implementation status as of *4/30/13*  
 (Date)

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

Violation Report: 13614 - 04/01/2013 - Adams, Patricia  
 PCH Name: SANATOGA COURT

1. REGULATION 55 Pa.Code §2600  
 2600.185(a) - 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.

2a. DESCRIPTION OF VIOLATION  
 - On 4/1/13, resident # 3's Acetaminophen 325 mg, Pro re nata (PRN), was not available for administration.  
 - On 4/1/13, resident # 4's Biotene A/F mouth wash and Deep Sea 0.65% spray, PRN was not available for administration.

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 staff was re-educated that Acetaminophen 325mg is a house stock item that is available when needed. This particular resident's stock arrived with the medication delivery that day to replace a bottle that expired earlier.  
 Physician orders for the self administered PRN medications noted for resident #4 were discontinued on 4/5/2013 per resident and staff request due to non use.  
 The staff was re-educated on the medication reorder policies including those for PRN medications and the discontinue request policy of non use medications.


Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Earl Stengel, Designee (Dementia Program Director) Date 4/14/13

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- Not Implemented

Violation Report: 13614 - 04/01/2013 - Adams, Patricia  
 PCH Name: SANATOGA COURT

- 1. REGULATION 66 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 medication administration record for resident #5 does not include a diagnosis for Donepezil HCL 5 mg.
- The medication administration record for resident #6 does not include the initials of the staff person administering the 8:00 am medications on 3/31/13.

**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 diagnosis for resident #5 Donepezil was corrected on the MARS at the time of survey. The correction was sent to the pharmacy provider for correction on the preprinted sheets.

The Resident Care Director or their designee will review the MARS weekly for diagnosis.

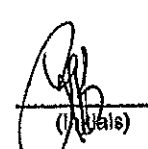
Staff verified with resident that he received medications on the date and time noted. The med tech responsible for administration of those medications was also immediately contacted to verify that medications were given. The med tech was re educated and disciplined for failure to adhere to medication distribution policies.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Earl Stingel, Designee (Dementia Program Director)</u>	Date <u>4/19/13</u>
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Violation Report: 13614 - 04/01/2013 - Adams, Patricia  
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1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

- Resident # 1, admitted 3/29/13, has a physician order for the administration of Docusate Sodium 100 mg daily. The medication has not been administered.
- Resident # 4 has a physician order for the administration of Caltrate 600 + D Plus mineral 600 mg-800 tab. The home administered; Caltrate 500 mg + D on 4/1/13.
- Resident # 6 has a physician order to wear TEDs stockings daily. The resident was not wearing the stockings on 4/1/13.

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 error for resident #1 Ducusate was corrected immediately on the MAR and the physician was notified of the error. Resident Care Director and Program Director will review new admission orders for accuracy of transcription.

The physician for resident #4 was informed of the dosage of Calcium Chews provided by family and changed order to match those being provided. Staff was re-educated on the importance of monitoring over the counter medications provided by families for compliance with current physician orders.

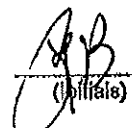
Resident #6, who is independent with dressing, (order is to self apply TEDS), was re-educated on the importance of wearing his TED stockings. Staff was re-educated on the importance of documenting refusals to wear the stockings and reporting those refusals to the resident's physician.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Earl Sturzel, Designer (Dementia Program Director)</i>	Date <i>4/14/13</i>
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