



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 19 2013

Mr. Larry Dix, Administrator
Brookdale Senior Living Communities, Inc.
Wynwood of Northampton Manor
65 Richboro-Newtown Road
Richboro, Pennsylvania 18954

Dear Mr. Dix:

As a result of the Department of Public Welfare's licensing inspection on April 11, 2013 and April 12, 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 July 16, 2013 to July 16, 2014 was issued on June 13, 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: 12714 - 04/11/2013 - Kurtz, Andrea
 PCH Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 55 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 On 4-11-13 the home's current license, current violation report, and a copy of 55 Pa.Code Chapter 2600 was not posted in a conspicuous and public place in the home.

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.

POC WW Northampton Manor
4/11/13-4/12/13 Annual Licensing Survey

The following is the Plan of Correction for Wynwood Northampton Manor regarding the Statement of Deficiency dated April 25, 2013 for Annual Licensing Survey conducted April 11 and 12, 2013. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our on going efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided detailed specific actions mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.

Regulation 55 PA Code 2600.3 (e)
 On 4/11/13 the home's current license, current violation record, and a copy of 55 PA Code Chapter 2600 was not posted in a conspicuous and public place in the home.

The current license is posted at the concierge desk of the community which is readily visible. The current violation report and a copy of 55 PA code chapter 2600 are located in a binder in the main lobby of the home. The Executive Director or designee will monitor for compliance.

Completion Date: April 13, 2013

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Larry Dix* Date *5/3/13*

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

The above plan of correction is approved as of <u>5/8/13</u> (Date)	Plan of correction implementation status as of <u>6/13/13</u> (Date)
The above plan of correction was approved by <u>CDM</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

Violation Report: 12714 - 04/11/2013 - Kurtz, Andrea
 PCH Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(2) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: The resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative has provided written informed consent that the person is not to evacuate in a fire drill.

2a. DESCRIPTION OF VIOLATION

There is no statement of informed consent from Resident [redacted] power of attorney for health care regarding the resident not evacuating during fire drills. The staff does not evacuate the resident during fire drills if the resident is in bed.

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.


Regulation 55PA Code 2600.29a (b) (2)

There is no statement of informed consent from resident [redacted] power of attorney for health care regarding the resident not evacuating during fire drills. The staff does not evacuate the resident during fire drills if the resident is in bed.

The Executive Director drafted a letter to the power of attorney for resident [redacted] who has a physician order to remain in her room during fire drills. This has been discussed with the power of attorney and is being mailed out May 3, 2013. The Health and Wellness Director will randomly audit the records of hospice residents who do not need to evacuate in fire drills for proper documentation. The Executive Director or designee will monitor for compliance.

Completion Date: May 15, 2013

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) Larry Diaz Date 5/3/13

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The above plan of correction is approved as of <u>5/8/13</u> (Date)	Plan of correction implementation status as of <u>6/13/13</u> (Date)
The above plan of correction was approved by <u>ORZM</u> (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: 12714 - 04/11/2013 - Kurtz, Andrea
 PCH Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 65 Pa.Code §2600

2600.29a(b)(1) - Documentation of compliance with this section is to be kept in the fire drill record, as well as in the resident's record. The documentation is to include the following:
 (i) A copy of the Department of Health license for the hospice agency.
 (ii) Written certification by the physician as specified in § 2600.29a(b)(1).
 (iii) Written informed consent as specified in § 2600.29a(b)(2).
 (iv) Written documentation of the home's consideration of relocation of the resident's bedroom as specified in § 2600.29a(b)(3).

2a. DESCRIPTION OF VIOLATION

The home's fire drill record and Resident #3's record does not contain a copy of the hospice agency's license from the Department of Health; written documentation that the home considered the location of the resident's bedroom for evacuation purposes.

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.

Regulation 55PA Code 2600.29a (b) (11)
 The home's fire drill record and resident [redacted] record does not contain a copy of the hospice agency's license from the department of Health; written documentation that the home considered the location of the resident's bedroom for evacuation purposes.

The hospice agency's license from the Department of Health was placed in the fire drill binder. The letters to the power of attorney will include a discussion of different room location options to better facilitate evacuation in the event of a fire such as rooms on the first floor, if available. The Executive Director or designee will monitor for compliance.

Completion Date; May 15, 2013

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) Larry Dix	Date 5/3/13
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6/19/13</u> (Date)	Plan of correction implementation status as of <u>6/19/13</u> (Date)
The above plan of correction was approved by <u>ORM</u> (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: 12714 - 04/11/2013 - Kurtz, Andrea
 PCI Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 65 Pa.Code §2609

2609.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.6102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person [redacted] hired 8-20-11 did not receive training in falls and accident prevention during training year 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.

Regulation SSPA Code 2600.65 (g)

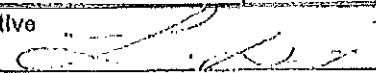
Staff person A hired 6/20/11 did not receive training in falls and accident prevention during training year 2012.

2013 training calendar has been completed and posted for all staff. We've created an excel spreadsheet with all of the staff members names listed along with the annual trainings. At the end of each quarter we audit the trainings and identify which staff members are missing what trainings. They are given 30 days to complete all missing trainings or they will be removed from the schedule until they complete the necessary trainings. Staff person A received her training on 6/6/2013. This new system was implemented on April 22, 2013.

The Executive Director or designee will monitor for compliance.

Completion Date: ongoing, December 2013

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) Lesley Dix Date 5/3/13

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

The above plan of correction is approved as of <u>01/19/13</u> (Date)	Plan of correction implementation status as of <u>01/19/13</u> (Date)
The above plan of correction was approved by <u>ORM</u> (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: 12714 - 04/11/2013 - Kurtz, Andrea
 PCH Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 55 Pa.Code §2000
 2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 The trash containers on the outside of the home were not covered on 4-12-13 at 9:15 am.

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.

Regulation 55PA Code 2600.85 (e)
 The trash containers on the outside of the home were not covered on 4/12/13 at 9:15 am.

The trash containers were covered the day of survey after finding them open. The appropriate staff were retrained in the proper storage of trash. The Maintenance Technician or designee will conduct daily rounds and document on the Environmental Rounds Sheet. The Executive Director or designee monitor for ongoing compliance.

Completion Date: April 22, 2013 and ongoing.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Larry Dix</i>	Date <i>5/3/13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/8/13
 (Date)

Plan of correction implementation status as of 5/8/13
 (Date)

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

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

Violation Report: 12714 - 04/11/2013 - Kurtz, Andrea
 PCH Name: WYNWOOD OF NORTHAMPTON MANOR

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.

2a. DESCRIPTION OF VIOLATION
 The telephones located in resident rooms #231 and #112 do not have emergency service numbers posed near by.

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.

Regulation 55PA Code 2600.91
 The telephones located in resident rooms #231 and #112 do not have emergency service numbers nearby.

A list of emergency numbers was placed in rooms #231 and #112. The appropriate staff were retrained on the availability of emergency numbers in resident rooms. The Maintenance Technician or designee will review rooms periodically and document on the Weekly Environmental Rounds Sheet that emergency numbers are posted in each room. In addition, resident's rooms will be set-up with emergency numbers upon move-in. The Executive Director or designee will monitor ongoing compliance.

Completion Date: April 20, 2013

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/11/2012
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Larry Dix</i>	Date <i>5/3/13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/8/13</u> (Date)	Plan of correction implementation status as of <u>6/13/13</u> (Date)
The above plan of correction was approved by <u>[Signature]</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

Violation Report: 12744 - 04/11/2013 - Kurtz, Andrea
 PCH Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

As a result of a Sprinkler System Quarterly Inspection on 3-11-2013, several deficiencies were identified in the home's sprinkler system. As of 4-11-13 these deficiencies were not corrected

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.

Regulation 55PA Code 2600.95

As a result of a quarterly Sprinkler System inspection on 3/ 11/2013, several deficiencies were identified in the home's sprinkler system. As of 4/11/13 these deficiencies were not corrected.

The 5-year testing of the sprinkler system was completed on April 25, 2013.

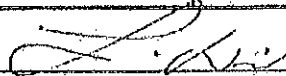
All identified deficiencies have been scheduled for repair by Tilley Company following their site visit May 1, 2013. The Executive Director or designee will monitor for compliance.

Completion Date: May 14, 2013

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)

Larry Dix

Date

5/13/13

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The above plan of correction is approved as of

6/13/13
 (Date)

Plan of correction implementation status as of

6/13/13
 (Date)

The above plan of correction was approved by


 (Initials)

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

Violation Report: 12714 - 04/11/2013 - Kuitz, Andrea
 PCH Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 56 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The home's written emergency procedures have not been reviewed or submitted to the municipal emergency management agency since November 1, 2011.

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.

*Regulation 55PA Code 260 were submitted 0.107 (d)
 The homes written emergency procedures have not been reviewed or submitted to the municipal emergency management agency since November 1, 2011.*

*The home's emergency procedures were submitted by the Executive Director to the municipal office. They were reviewed and signed by the Municipal Emergency Management Agency. The Executive Director or designee will monitor for compliance ANNUALLY *John**

Completion Date: May 2, 2013

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

[Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Larry Dix</i>	<i>5/3/13</i>

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

The above plan of correction is approved as of <u><i>5/8/13</i></u> (Date)	Plan of correction implementation status as of <u><i>5/8/13</i></u> (Date)
The above plan of correction was approved by <u><i>DEM</i></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

Violation Report: 12714 - 04/11/2013 - Kurtz, Andrea
 PGH Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 56 Pa.Code §2600
 2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

2a. DESCRIPTION OF VIOLATION

On 4-11-12, a cat owned by Resident [redacted] was present at the home. The home does not have a current certificate of rabies vaccination for the cat.

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.

*Regulation 56 Pa Code 2600.109 (b)
 On 4/11/12, a cat owned by resident [redacted] was present in the home. The home does not have a current certificate of rabies vaccination for the cat.*

Resident [redacted] cat was taken to the veterinarian and received the annual rabies vaccination. A document to verify completion will be kept in the business office. A system has been put in place to track annual pet vaccinations. The Executive Director or designee will monitor for compliance.

Completion Date: April 20, 2013

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Larry Dix</i>	Date <i>5/3/13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/8/13
 (Date)

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

Plan of correction implementation status as of 10/13/13
 (Date)

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

Violation Report: 12714 - 04/11/2013 - Kurtz, Andrea
 PCH Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drill conducted on 3-22-13 does not include the exit routes, problems encountered and whether fire alarm or smoke detector was operative.

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.

Regulation 55PA Code 2600.132 (c)
 The fire drill record for the drill conducted on 3/22/13 does not include the exit routes, problems encountered, and whether the alarm or smoke detector was operative.

A copy of the DPW approved fire drill record was downloaded from the website and will be used as required. - This form has been placed in the fire drill binder and appropriate staff were retrained in using the form. The Executive Director or designee will monitor for compliance.

Completion Date: April 20, 2013

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/11/2012		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Larry Oix* Date *5/3/13*

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The above plan of correction is approved as of 5/8/13
 (Date)

Plan of correction implementation status as of 5/8/13
 (Date)

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

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

Violation Report: 12714 - 04/11/2013 - Kurtz, Andrea
 PGH Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 The home's designated evacuation time from a Fire safety expert is 8 minutes 30 seconds. The home's fire drill evacuation time on 12-14-12 was 9 minutes and on 2-19-13 was 10 minutes 2 seconds.

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.

Regulation 55PA Code 2600.132 (d)
 The home's designated evacuation time from a fire safety expert is 8 minutes and 30 seconds. The home's fire evacuation time on 12/14/12 was 9 minutes and on 2/19/13 it was 10 minutes 2 seconds.

Fire and Life Safety Solutions performed a site visit to the home on April 18, 2013 for the annual fire review. After reviewing the allotted evacuation procedure, the evacuation area was modified. This changed the evacuation time to 11 minutes as opposed to 8 minutes and 30 seconds. Appropriate staff were retrained and monthly fire drills will meet the new guideline. The Executive Director or designee will monitor for compliance.

Completion Date: May 3, 2013

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)	Date
Larry Dix	5/3/13

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

The above plan of correction is approved as of 5/8/13
 (Date)

Plan of correction implementation status as of 6/13/13
 (Date)

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

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

Violation Report: 12714 - 04/11/2013 - Kurlz, Andrea
 PCH Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

On 3-4-13, 3-6-13, 3-6-13, 3-7-13, 3-8-13, 3-18-13 and 3-22-13, Resident [redacted] refused to take a scheduled dose of Dicyclomine HCL. The home did not report these refusals to the resident's doctor 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.

Regulation 55PA Code 2600.187 (c)
 On 3/4/13, 3/5/13, 3/6/13, 3/7/13, 3/8/13, 3/18/13 and 3/22/13, resident #2 refused to take a scheduled dose of Dicyclomine HCL. The home did not report these refusals to the resident's doctor as required.

Resident [redacted] physician was notified and aware of the Dicyclomine HCL medication refusals. Documentation of these discussions will be noted in the resident's medical record. The physician is aware of the resident's history of refusing the medication on a periodic basis. The Health and Wellness Director will retrain the Medication Technicians in proper Medication Administration Record (MAR) documentation of medication refusals and will set up a system for auditing the medication administration records. This system will then trigger physician notification of refusals. The Health and Wellness Director or designee will monitor for compliance.

Completion Date: May 1, 2013

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/11/2012	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Larry Dix* Date *5/3/13*

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

The above plan of correction is approved as of <u>5/8/13</u> (Date)	Plan of correction implementation status as of <u>5/13/13</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (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: 12714 - 04/11/2013 - Kurtz, Andrea
 FCH Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 55 Pa.Code §2600
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The assessment for Resident [redacted] indicates the resident regularly refuses medication. The resident's support plan does not document how this need will be met.

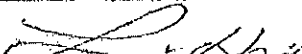
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 55PA Code 2600.227 (d)
 The assessment for resident [redacted] indicates the resident regularly refuses medication. The resident's support plan does not document how this need will be met.

The Resident Support Plan was updated to include information regarding physician approved approach to meeting the need for Dicyclomine HCL when refused by the resident. The physician will be notified after 3 refusals but the medication will still be offered to the resident. Notification to the physician will be documented in the medical record. The Health and Wellness Director or designee will monitor for compliance.

Completion Date: May 1, 2013

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) Lacey Dix Date 5/3/13

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

The above plan of correction is approved as of <u>6/13/13</u> (Date)	Plan of correction implementation status as of <u>6/13/13</u> (Date)
The above plan of correction was approved by <u>ORM</u> (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: 12714 - 04/11/2013 - Kurtz, Andrea
 PCH Name: WYNWOOD OF NORTHAMPTON MANOR

1. REGULATION 68 Pa.Code §2600
 2600.254(c) - Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

2a. DESCRIPTION OF VIOLATION
 Resident records are stored on shelves in the Health and Wellness office on the second floor. The office door is not locked.

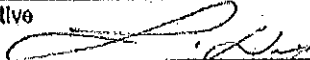
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 55PA Code 2600.254 (c)
 Resident records are stored on shelves in the Health and Wellness office. The office door was not locked.

The carts containing the resident medical records were relocated to the adjacent office which is that of the Health and Wellness Director. This office is locked when not occupied. The Health and Wellness Director or designee will monitor for compliance.

Completion Date: May 2, 2013

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>Larry Dix</i>	Date <i>5/3/13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/8/13</u> (Date)	Plan of correction implementation status as of <u>6/13/13</u> (Date)
The above plan of correction was approved by <u>CDM</u> (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