

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HOSPICE OF CENTRAL PENNSYLVANIA INC
LEGAL ENTITY

To operate THE CAROLYN CROXTON SLANE RESIDENCE-HOSPICE OF CENTRAL PA
NAME OF FACILITY OR AGENCY

Located at 1701 LINGLESTOWN ROAD, HARRISBURG, PA 17110
(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 6
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

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: 362220

Robert E. Robinson

ISSUING OFFICER

R. C. 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 M. Paris, CEO
Hospice of Central Pennsylvania, Inc.
1320 Linglestown Road
Harrisburg, Pennsylvania 17110

RE: The Carolyn Croxton Slane Residence – Hospice of Central PA
1701 Linglestown Road
Harrisburg, Pennsylvania 17110

Dear Ms. Paris:

As a result of the Department of Public Welfare's (Department) licensing inspection on April 18, 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: 36222 - 04/18/2013 - McCloskey, Jason

PCH Name: THE CAROLYN CROXTON SLANE RESIDENCE HOSPICE OF CENTRAL PA

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

The side-by-side refrigerator / freezer in the kitchen contained:

- * a plastic baggie with three hotdogs. The baggie was not labeled or dated.
- * an opened package of Bob Evans brand pork sausage links. The package was not labeled or dated.

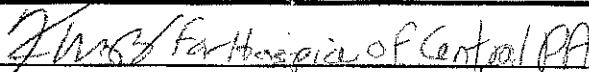
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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 administrator took this as an opportunity to educate staff members on the importance of regular monitoring to ensure foods are properly labeled and not outdated. A memo was put out to staff the day after the survey and the topic will be addressed at a scheduled staff meeting on May 9, 2013. To avoid future violations, the facility will check for unlabeled and outdated foods three times per week. The staff chore list was modified to reflect this. (Attachment A)

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)

Karen M Paris (EO)

Date 4/30/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!The above plan of correction is approved as of 5-7-13
(Date)Plan of correction implementation status as of 5-7-13
(Date)

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

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

Violation Report: 36222 - 04/18/2013 - McCloskey, Jason
 PCH Name: THE CAROLYN CROXTON SLANE RESIDENCE HOSPICE OF CENTRAL PA

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 Two pills were found loose on the floor of the medication room:
 * a small, white tablet labeled, "Watson 240 .5" was found between two filing cabinets
 * a small, white tablet labeled, "M 15" was found next to the supply shelf

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 administrator took this violation as an opportunity for staff education. A memo was put out to staff members the day after the survey and discussion will be included in a scheduled staff meeting to be held on May 9, 2013. Nurses were reminded that accidentally dropped or spilled medications should be located and cleaned up immediately. To avoid future violations, the medication room will be cleaned weekly. The facility chore list was modified to reflect this. (Attachment A)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Karen M Paris For Hospice of Central PA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Karen M Paris (E)</i>	Date <i>4/30/13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5-7-13
 (Date)

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

Plan of correction implementation status as of 5-7-13
 (Date)

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

Violation Report: 36222 - 04/18/2013 - McCloskey, Jason
 PCH Name: THE CAROLYN CROXTON SLANE RESIDENCE HOSPICE OF CENTRAL PA

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 signature key for April 2013, in the home's medication administration record, does not include the name of Staff Person A. Staff Person A administered medications on 4/13/13 and 4/15/13.

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 administrator took this violation as an opportunity for staff education through a memo that was put out the day after the survey and discussion will occur at a scheduled staff meeting on May 9, 2013. To avoid future violations, the nurses who complete the chart review on a 24 hour basis have already been instructed to include a review of the signature key that is associated with the narcotic count.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	 for Hospice of Central PA
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Karen M. Fair CEO	4/30/13

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

The above plan of correction is approved as of <u>5-7-13</u> (Date)	Plan of correction implementation status as of <u>5-7-13</u> (Date)
The above plan of correction was approved by <u>KS</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