



JUN 21 2013

Ms. Jeannette De La Rosa, Personal Care Administrator
Frederick Mennonite Community
Frederick Living – Magnolia House
P.O. Box 498, 2849 Big Road
Frederick, Pennsylvania 19435

Dear Ms. De La Rosa:

As a result of the Department of Public Welfare's licensing inspection on April 22, 2013 and April 23, 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 22, 2013 to July 22, 2014 was issued on April 29, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky
Director

Enclosure
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: FREDERICK LIVING MAGNOLIA HOUSE		License Number: 12772
Address: PO BOX 498 2849 BIG ROAD, FREDERICK, PA 19435		County: Montgomery
Administrator: Jeanette De La Rosa		Region: SOUTHEAST
Legal Entity Name: FREDERICK MENNONITE COMMUNITY		
Legal Entity Address: PO BOX 498 2849 BIG ROAD, FREDERICK, PA 19435		
Certificate(s) of Occupancy		
C-2 LP 11/13/2001 PA L&I	C-2 LP 10/18/1999 PA L&I	C-2 LP 04/19/2000 PA L&I
Staffing Hours		
Resident Support: 0	Total Dally Staff: 96	Waking Staff: 72
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/22/2013: Kurtz, Andrea; Adams, Patricia 04/23/2013: Kurtz, Andrea; Adams, Patricia		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 104 Number of Residents Served: 62 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 3	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 62 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 34 Have a Physical Disability: 3	

Violation Report: 12772 - 04/22/2013 - Kurtz, Andrea
 PCH Name: FREDERICK LIVING MAGNOLIA HOUSE

1. REGULATION 55 Pa.Code §2600

2600.65(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. §§ 10225.101-10225.5102).
- (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 A, hired 2-13-06; staff person B, hired 7-14-10; and staff person C, hired 8-30-10, did not receive training in Older Adult Protective Services and Resident Rights 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.

All Personal Care Employees in 2013 will receive Chapter 2600 PA training on the Older Adult Protective Service Act and PA Resident Rights as per regulation 2600.65. Staff Person A,B, C has been assigned to receive the required annual training for 2013. Our Electronic Employee training is through Upstairs Solutions. The material was submitted to Upstairs Solution to include the PA Chapter 2600 training content on the OAPS and PA Resident Rights. (See Exhibit A for content of educational material). The Staff Development Coordinator/ PC Administrator is monitoring process to ensure compliance.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jeanette De La Roca* Date *5-15-13*

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

The above plan of correction is approved as of <u>5/21/13</u> (Date)	Plan of correction implementation status as of <u>5/21/13</u> (Date)
The above plan of correction was approved by <u>[Initials]</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: 12772 - 04/22/2013 - Kurtz, Andrea
 PCH Name: FREDERICK LIVING MAGNOLIA HOUSE

1. REGULATION 55 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 4-23-13, Milk of Magnesia prescribed for Resident #1, was located in the home's in the home's medication cart. The medication was discontinued on 2-26-13.

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.

Resident #1 Milk of Magnesia was immediately removed and discarded on day of inspection by charge nurse. A med cart check tool has been implemented to ensure all discontinued and expired meds be removed and discarded appropriately and timely-(see Exhibit F). RN Process Coordinator/PC Administrator is monitoring for compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Teanette De la Rosa</i>	Date <i>5-15-13</i>
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The above plan of correction was approved by <u><i>CKM</i></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
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Violation Report: 12772 - 04/22/2013 - Kurtz, Andrea
 PCH Name: FREDERICK LIVING MAGNOLIA HOUSE

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2's Bisacodyl Suspension 10 mg was missing a pharmacy label.

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

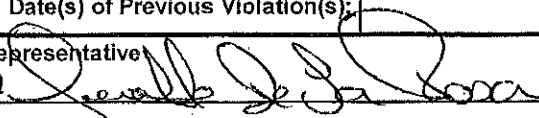
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The pharmacy label for medication Bisacodyl Suspension on resident # 2 was obtained-(see Exhibit K). A med cart check list was implemented to ensure original container for prescription medications are labeled according to regulation 184-(see Exhibit F). All med techs will be inserviced by May 30th. PC Administrator/designee will monitor for 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)

Dearelle De la Rosa

Date

5-15-13

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The above plan of correction is approved as of

5/2/13
 (Date)

Plan of correction Implementation status as of

5/2/13
 (Date)

The above plan of correction was approved by

CDM
 (Initials)

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

Violation Report: 12772 - 04/22/2013 - Kurtz, Andrea
 PCH Name: FREDERICK LIVING MAGNOLIA HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 On 4-17-13 Resident #3's Docusate 100 mg, Geri-lanta 30 ml, Oxazepam 30 mg, and Tylenol 325 mg was administered. The staff person did not initial and date at the time of 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.

Resident #3 received Ducosate 100mg; Geri-lanta 30ml, Oxazepam 30 mg, and Tylenol 325 mg on 4/17/13 by Med tech. Med Tech documented in chart on 4/26-13 (see exhibit L). Med tech was counseled on medication administration protocols. Education was provided on 4/25/13 (Exhibit M) and will also be given on 5/29/13. A med cart check audit tool will be implemented for all med techs. See Exhibit F). Periodic audits are being conducted by Charge nurse/PC Administrator to ensure 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) Jeanette De la Rosa Date 5-15-13

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The above plan of correction was approved by <u>CEM</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