



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 19 2013

Mr. Michael B. Laign, President/CEO
Holy Redeemer Health System
Holy Redeemer St. Joseph Manor
1616 Huntingdon Pike
Meadowbrook, Pennsylvania 19046

Dear Mr. Laign:

As a result of the Department of Public Welfare's licensing inspection on April 25, 2013 and April 26, 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 9, 2013 to July 9, 2014 was issued on March 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: 12794 - 04/25/2013 - Kurtz, Andrea
 PCH Name: HOLY REDEEMER ST JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 2-6-13 Resident [redacted] fell in the bedroom and sustained a laceration on the chin approximately 2 cm in length. The resident was sent to the hospital for evaluation and treatment. The resident received sutures in the chin. The home did not submit an incident report to the Department until 4-25-13.
 On 4-7-13 Resident [redacted] walked away from the home and was found at an apartment complex. He was returned to the home by the police. The home did not submit an incident report to the Department.

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.

Issue:

1. All details related to the incident of 4/7/13 with Resident [redacted] were communicated via telephone with [redacted] on May 1, 2013 & May 3, 2013.

To Ensure this Violation Does Not Recur:

1. All Professional Nursing staff will be reeducated on the requirements and Best Practices related to identifying a "reportable incident" and reporting an incident within regulatory guidelines. (see attached in-service) (Administrator will conduct in-service) (Completion: 6/20/13)
2. Monthly compliance audit of Reportable Incidents will be conducted. (Administrator) (June 2013 & Ongoing)

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/04/2012		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Julia Regan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Julia Regan, P.C. Adm.* Date *6/6/2013*

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

The above plan of correction is approved as of <u>6/18/13</u> (Date)	Plan of correction implementation status as of <u>6/18/13</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: 12794 - 04/25/2013 - Kurtz, Andrea
 PCH Name: HOLY REDEEMER ST JOSEPH MANOR

1. REGULATION 55 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.

2a. DESCRIPTION OF VIOLATION

The contracts for Residents [redacted] and [redacted] was not signed by the residents.

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.

Issue:

1. Change to the Contract Document for the cited residents was signed by the cited residents (see attached)

To Ensure this Violation Does Not Recur:

1. 30 days prior to a change in a resident contract, the resident and the resident's payer and/or designated person, if applicable and agreeable to the resident, will receive a Change in Contract letter. (Administrator/Secretary)
2. Residents and payer/designated person will be instructed to return the letter signed.
3. 15 days prior to the date of the contract change, returned letters will be audited. (Administrator) (June 15, 2013)
4. If a contract letter has not been returned/signed by the resident, the resident will be approached and a signature obtained. (Social Worker) (June 15-30, 2013)
5. By day of contract change, a second audit will be conducted to assure all resident signatures were obtained and follow-up to obtain signature conducted as needed. (Administrator/Secretary/Social Worker)(July 1, 2013)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Julia Regan

Printed Name and Title of Legal Entity Representative
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Julia Regan, P.C. Admin.

Date

6/6/2013

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(Initials)

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Violation Report: 12794 - 04/25/2013 - Kurtz, Andrea
 PCH Name: HOLY REDEEMER ST JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600
 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

The resident in room [redacted] shares a toilet with the resident in room [redacted]. The door from each bedroom into the room with the toilet can not be locked from in the bathroom. The resident in room [redacted] expressed concern about privacy when using the toilet.

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.

Issue:

1. All resident bathrooms were surveyed to identify the number of bathrooms that needed a change in the locking system to assure resident privacy. (June 5, 2013) *37 replacements*

To Ensure this Violation Does Not Recur:

1. Bathrooms are surveyed and appropriate replacement locking system determined. (Engineering Director & Administrator) (June 5, 2013)
2. Estimates for purchase and installation of locking system are obtained. (July 31, 2013)
3. Locking system is installed on each designated door by contracted installer. (Date to be determined based on time estimate provided by contractor)
4. Engineering Director surveys installation of locks for appropriate completion. (Engineering Director) (At completion of work)
5. Bureau of Licensing will be notified of completion. (Administrator) (At completion of survey of installation)

Repeat Violation: No

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RB
 (Initials)

Violation Report: 12794 - 04/25/2013 - Kurtz, Andrea
 PCH Name: HOLY REDEEMER ST JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(3) - Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.

2a. DESCRIPTION OF VIOLATION
 The bed for resident in room [redacted] has a plastic mattress cover in poor repair. The mattress cover contained a tear approximately 24 inches in the middle.

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.

Issue:

1. Mattress cover was removed from resident's bed on day of inspection. (April 25, 2013)

To Ensure this Violation Does Not Recur:

1. Residents will be educated at Resident Council of the regulation related to keeping their bed coverings in good repair. Residents will be asked to notify staff if they recognize a repair need. (Administrator/Social Worker) (June 20, 2013)
2. Staff will be educated on their role in identifying and correcting any repair need related to the care and maintenance of a resident's bed. (see attached in-service) (Administrator) (June 20, 2013)
3. Visual inspection of bed coverings/linens will be conducted during change of resident's bed linens and blankets. (Nursing Assistant Staff) (Weekly and/or as needed)

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Julia Regan, P.C. Admin.* Date *6/6/2013*

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Violation Report: 12794 - 04/25/2013 - Kurtz, Andrea
 PCH Name: HOLY REDEEMER ST JOSEPH MANOR

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

2a. DESCRIPTION OF VIOLATION

The following food was opened and unsealed in the main kitchen freezer: frozen lasagne, bread sticks, and cookies.

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.

Issue:

1. All identified items were discarded. (Immediately)

To Ensure this Violation Does Not Recur:

1. Food & Nutrition staff were in-serviced regarding proper storage and labeling of food items. *(In-service and attendance records attached)* (Completion date: 5/22/13)
2. Food & Nutrition supervisors and managers are assigned specific refrigerators/freezers to monitor. *(see attached)* (5/28/13 & Ongoing)
3. Monthly audit will be conducted to monitor compliance. (Personal Care Administrator/Food & Nutrition Manager) (June 2013 & Ongoing)

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/04/2012	
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 (Initials)

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Violation Report: 12794 - 04/25/2013 - Kurtz, Andrea
 PCH Name: HOLY REDEEMER ST JOSEPH MANOR

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 medication administration record for Resident #3 does not include the diagnosis or purpose for Systane Balance Eye Lub.
- The medication administration record for Resident #4 does not include the diagnosis or purpose for Quietapline 25 mg.
- The medication administration record for Resident #5 does not include the diagnosis or purpose for Senna Tablet 8.6 mg, Timolol 0.25%, Travatan 0.004%.
- The medication administration record for Resident #2 does not include the diagnosis or purpose for Ferrous Glucomate 324 mg, Aspirin EC 81 mg, and acetaminophen 325 mg.

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.

1. Nurse Manager made corrections to resident's [redacted] and [redacted] MAR's on 4/27/13. Each medication missing a diagnosis was corrected. (4/27/13)
2. A review of the current MAR (April) was checked and any missed diagnosis for a medication was corrected.

To Ensure this Violation Does Not Recur:

1. Education provided to all staff who administer medications that "each medication needs a diagnosis". (see attached) (Nurse Manager/Medication Trainer) (Completed 5/1-5/30/13) (PRN to be completed by 6/20/13)
2. An audit of the medication logs will be completed twice monthly to see that each medication has a diagnosis. (11-7 shift)(June 2013)
3. A monthly review of the audits conducted by 11-7 shift will be completed. Any discrepancies noted will be addressed. (Nurse Manager/Medication Trainer) (June 2013)
4. When new staff are trained in Medication Administration, the element of "having a diagnosis for each medication" will be emphasized. (Medication Trainer) (Orientation) (June 2013)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Julia Regan, P.O. Admin.</i>	Date <i>6/6/2013</i>
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Violation Report: 12794 - 04/25/2013 - Kurtz, Andrea
 PCH Name: HOLY REDEEMER ST JOSEPH MANOR

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 4-8-13, at 1700 hours, Resident █████ Venlafaxine ER cap and Polyethylene Glycol PWD was administered. Staff person █████ did not initial or record the date and time of administration.
 - On 4-8-13 at 2300 hours, Resident █████ Mirtazapine tabs 15 mg was administered. Staff person █████ did not initial or record the date and 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.

Issue:

1. Immediate verbal education was provided to all staff involved in the "failure to document that a medication was administered" violation. Education completed on 4/26/13 by NurseManager/Medication Trainer.

To Ensure this Violation Does Not Recur:

1. Education provided to all staff who administer medications on "documentation immediately after administering a medication". (see attached) (Nurse Manager/Medication Trainer) (Completed 5/1-5/30/13) (PRN Staff to be completed by 6/20/13)
2. An audit of the medication logs will be conducted monthly. Any discrepancy identified will be reviewed with the identified employee. (Nurse Manager/Medication Trainer)/Designee) (June 2013)
3. When new staff are trained in Medication Administration, the element of "documentation after a medication is administered" will be emphasized. (Orientation/Med Training) (Nurse Manager/Medication Trainer) (June 2013 & Ongoing)

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Violation Report: 12794 - 04/25/2013 - Kurtz, Andrea
 PCH Name: HOLY REDEEMER ST JOSEPH 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 4-4-13, Resident [redacted] refused to take a scheduled dose of Mirtazapine tabs 15 mg. The home did not report the refusal to the resident's doctor as required.
- On 4-7-13 Resident [redacted] refused to use a scheduled dose of Artificial Tears at 2100 hours. The home did not report the refusal to the resident's doctor as required.
- On 4-12-13 Resident [redacted] refused to take a scheduled dose of Protonix 40 mg at 0630 hours. The home did not report the refusal 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.

Issue:

1. All Staff involved with the refusals were verbally educated on "refusal of medication" regulation. (Immediately) (Nurse Manager/Medication Trainer) (4/26/13)

To Ensure this Violation Does Not Recur:

1. Education on "refusal of medication" regulation provided to all staff who administer medications. (see attached) (Completed 5/1/13-5/30/13) (Nurse Manager/Medication Trainer) (PRN Staff to be completed by 6/20/13)
2. When new staff are trained in Medication Administration, the elements of "refusal of medication" will be emphasized. (Orientation) (Nurse Manager/Medication Trainer) (6/2013 & Ongoing)
3. Monthly audit of the medication logs will be completed. Any discrepancy identified in audit will be reviewed with the identified employee. (see attached audit form) (Nurse Manager/Medication Trainer) (6/2013 & Ongoing)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 12794 - 04/25/2013 - Kurtz, Andrea
 PCH Name: HOLY REDEEMER ST JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for Resident [redacted] was completed on 2-18-13. On 4-7-13 Resident [redacted] wandered from the home. The home has not updated the resident's assessment to reflect the use of a wanderguard.

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.

Issue:

- 1. Resident's RASP was updated to reflect use of Wanderguard. (4/25/13) *(see attached)*

To Ensure this Violation Does Not Recur:

- 1. Education of staff responsible for amending RASP. *(see attached)* (Administrator) (June 2013)
- 2. Monthly audit of 5 charts to assure compliance. (Nurse Manager) (June 2013 & Ongoing)

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