



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 21 2013

Ms. Renna Engel, Administrator
Presbyterian Homes, Inc.
One Trinity Drive East, Suite 201
Dillsburg, Pennsylvania 17019

RE: Presbyterian Home at Williamsport
810 Louisa Street
Williamsport, Pennsylvania 17701

Dear Ms. Engel:

As a result of the Department of Public Welfare's licensing inspection on April 30, 2013, of the above personal care home the violations with 55 Pa.Code Ch. 2600 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 2600 must be maintained.

Your regular license for the period June 22, 2013 to June 22, 2014 was issued on March 7, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "RMelusky", with a long horizontal flourish extending to the right.

Ronald Melusky
Director

Enclosure
Violation Report

Violation Report: 20054 - 04/30/2013 - Dumas, Gerald
 PCH Name: PRESBYTERIAN HOME AT WILLIAMSPORT

1. REGULATION 55 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
 Multiple staff interviews indicated that on occasion staff members will know about the fire drill before it is conducted. Staff members will overhear there is a fire drill or will be told there will be a drill conducted on the day of the drill.

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 2600.132A – All facility fire drills are held unannounced monthly by the administrator. At no time will staff or residents be made aware in advance.

- Environmental service personnel- counseling session held 5/6/13 and reviewed that no staff are to be make aware of when a fire drill is going to be held.
- Resident council meeting held on 5/3/13-reviewed Emergency Readiness for Personal Care- that an unannounced fire drill will be performed monthly, at varied times and dates to review and reinforce fire safety and evacuation plan/emergency preparedness within the home.
- Employee Meetings to review Emergency Preparedness/Readiness for all employees to review the emergency plan and role of each department during a drill/ emergency evacuation.
- The goal of PHW is to promote the highest quality of care, service and safety for both the residents and staff. The administrator will not announce to the residents or staff when a drill is to be held.

• The Administrator shall be responsible for monitoring and ongoing compliance. M 5/14/13

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

Signature of Legal Entity Representative (Required on EVERY Page) *Dana' Opel*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 5/6/13

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

The above plan of correction is approved as of <u>5/14/13</u> (Date)	Plan of correction implementation status as of <u>5/14/13</u> (Date)
The above plan of correction was approved by <u><i>M</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

Violation Report: 20054 - 04/30/2013 - Dumas, Gerald
 PCH Name: PRESBYTERIAN HOME AT WILLIAMSPORT

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

Resident # 1 receives insulin coverage based on a sliding scale. Accu-checks are ordered 4 times daily. When coverage was needed for the month of April, the medication administration record did not indicate how many units of insulin were administered.

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 2600.187a- A medication record shall be kept for each resident.

- Millennium Pharmacy computerized documentation system for medication administration is utilized by the facility. The administrator contacted the Millennium Pharmacy support system - installation initiated 5/2/13 into the medication administration information a icon box for the staff to address/document the sliding scale insulin coverage as ordered per physician.
- Daily audits via nursing during shift to shift medication count will be done to check documentation in the Millennium System is completed.
- The charge nurse / 11-7 PCA and the administrator will check the MAR daily x 90days to audit for complete input into the computer MAR system.
- Re-education for all PCA's - medication observation with the administrator for correct medication administration per DPW /PSL guidelines of administration of medication using the 5 rights of medication administration.
- Employee education for all nursing staff to re-educate on the 5 rights of medication administration / documentation of sliding scale insulin as ordered by the physician.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) _____ Date 5/6/13

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The above plan of correction is approved as of 5/14/13
 (Date)

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

Plan of correction implementation status as of 5/14/13
 (Date)

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