



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUL 19 2013

Ms. Kendall Keech-Hunsicker, Vice President of Healthcare Services  
Willow Valley Retirement Communities  
Meadow Ridge at Willow Valley  
925 Willow Valley Lakes Drive  
Willow Street, Pennsylvania 17584

Dear Ms. Keech-Hunsicker:

As a result of the Department of Public Welfare's licensing inspection on May 28, 2013 and May 29, 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 31, 2013 to July 31, 2014 was issued on April 29, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky", with a stylized flourish at the end.

Ronald Melusky  
Director

Enclosure  
Violation Report

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

PCH Name: MEADOW RIDGE AT WILLOW VALLEY		License Number: 322050
Address: 925 WILLOW VALLEY LAKES DRIVE, WILLOW STREET, PA 17584		County: Lancaster
Administrator: Lenore Hutchinson		Region: CENTRAL
Legal Entity Name: WILLOW VALLEY RETIREMENT COMMUNITIES		
Legal Entity Address: 925 WILLOW VALLEY LAKES DRIVE, WILLOW STREET, PA 17584		
Certificate(s) of Occupancy I-1 06/19/2006 West Lampeter Township		
Staffing Hours Resident Support: 0                      Total Daily Staff: 120                      Waking Staff: 90		
Type of Inspection: Full                      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/28/2013: Gensil, Lori; Palermo, Michael 05/29/2013: Gensil, Lori; Palermo, Michael		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p><b>RECEIVED</b></p> <p>JUN 20 2013</p> <p><b>CENTRAL REGION FIELD OFFICE</b> Human Services Licensing</p>		
Other Details Partial or Full Triggers:                      Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 156 Number of Residents Served: 120 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: 1 Number of Hospice Residents in past year: 8	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 120 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 32205 - 05/28/2013 - Gensil, Lori  
 PCH Name: MEADOW RIDGE AT WILLOW VALLEY

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

Dietary staff person [redacted] did not receive training in fire safety and emergency preparedness 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.*

The Administrator will reeducation the ancillary staff team leaders (maintenance, housekeeping, dining, and floor care) on the requirements of Regulation 2600.65(g) by July 30, 2013.

The proper use of the audit sheet for required education for newly hired team members and annual training of all ancillary team members will be reviewed.

Willow Valley and the Fire Safety Expert have developed a DVD on specific fire safety training for Meadow Ridge Personal Care. The Administrator will distribute the DVD to all ancillary team leaders by July 30, 2013. This DVD will allow the team leaders to provide needed education to all team members regardless of the team member's schedule.

All Personal Care team member's annual education records will be audited in November of each year. This audit will verify each team member has received the required training. Should the audit identify a team member did not received required training the training will be completed prior to December 31 of that year.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lenore Hutchinson, PCHA</i>	Date <i>6-20-2013</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6-25-13  
 (Date)

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

Plan of correction implementation status as of 6-25-13  
 (Date)

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

Violation Report: 32205 - 05/28/2013 - Gensil, Lori  
 PCH Name: MEADOW RIDGE AT WILLOW VALLEY

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident [redacted] has a physician's order to hold Lantus 100 units if blood sugars are below 100. On 5/12/13, the resident's blood sugar measured 51, but staff administered the Lantus 100u. Additionally, Resident [redacted] has an order to hold Novolog 100u if blood sugars are below 100. On 5/4/13, the resident's blood sugar measured 69, but staff administered the Novolog 100u.

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.

An audit of all resident's electronic medication records over the past six months was completed. The audit's focus was on residents who had insulin orders with parameters. The audit revealed insulin was given outside the parameters 0.9% of the time. Each episode was examined and noted the following blood sugar was elevated indicating the insulin was not given incorrectly. The problem appears to be one of documentation on the electronic medication record.

Team members who documented giving the residents insulin outside the parameters were interviewed and they concurred the insulin was not given. The team members had documented incorrectly on the electronic medication record.

General education on proper documentation has been given to all staff who administers medication. Individual education on proper documentation will be given to all team members who administer medication by July 30, 2013.

All current insulin orders with parameters and the template for entering insulin orders in the electronic medication record will be changed to require a nursing note in the medication record identifying if the insulin was or was not given based on the parameters given in the resident's insulin order. The team member will not have the ability to go to the next medication, the next resident or sign off the computer until this documentation has been completed.

The provider of the electronic medication record was contacted for guidance. No additional suggestion was given.

The nursing coordinator will complete a monthly audit on all residents who have insulin orders with parameters over the next six months. This audit will help to determine the education given and changes made to the template are successful.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lorene Hutchinson, RN</i>	Date <i>6/20/2013</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>6-25-13</u> (Date)	Plan of correction implementation status as of <u>6-25-13</u> (Date)
The above plan of correction was approved by <u>LR</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