



pennsylvania

DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: December 16, 2013

Ms. Judy Bailey, Administrator/Owner
Heartland Retirement Personal Care Home, Inc.
46 Elementary Lane, Box 210
Woolrich, Pennsylvania 17779

RE: Heartland Retirement Personal Care Home
License #316150

Dear Ms. Bailey:

As a result of the Department of Public Welfare's (Department) licensing inspection on June 12, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary 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.

Sincerely,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 31615 - 06/12/2013 - Yellenic, Cindy
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

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
 The home was made aware of the missing narcotics on 5-22-13, but did not report the drug theft to the Department until 6-7-13.

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.

- It's important due to Department personal care home regional office to know of the missing narcotics
- Narcotics were missing and taken by employee and not reporting in timely manner.
- Employee was fired and to contact Department personal care home regional office of this matter
- Contact Department personal care home regional office in timely manner.
- Administrator

• The administrator shall be responsible for monitoring and ongoing compliance -

M
 12/5/13

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|-----------------------|-----------------------------------|------------|--|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 09/07/2012 | |
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Christina Faughman* Administrator

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Christina Faughman Admin* Date *11-25-13*

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

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| The above plan of correction is approved as of <u>12/5/13</u> (Date) | Plan of correction implementation status as of <u>12/5/13</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: 31615 - 06/12/2013 - Yellenic, Cindy
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
 The resident records were in an unlocked filing cabinet, located in the receptionist area near the front entrance.

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.

- This is important due to if someone were to walk in and open the filing cabinet and steal confidential records.
- Staff and or administration did not lock the filing cabinet.
- Administration or staff got into the filing cabinet and didn't lock.
- All files were moved to medication room. The door is locked at all times.
- This can be prevented by not keeping resident records in the filing cabinet in receptionist area.
- Staff and administrator are responsible.

• The administrator or designee shall monitor on a daily basis. The administrator shall be responsible for ongoing compliance. *M* 12/5/13

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| Repeat Violation: No | Date(s) of Previous Violation(s): | | | |
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Christine Faughnan* Administrator

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|---|-------------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christine Faughnan Admin</i> | Date <i>11-25-13</i> |
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Violation Report: 31615 - 06/12/2013 - Yellenic, Cindy
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted into the hospital on 5-17-13. The blood work that was done on the resident revealed, upon admittance to the hospital, there were no narcotics in the resident's system. The Department called the pharmacist, who stated the prescription the resident was on, the resident would have been deprived of that medication for 48 to 72 hrs. prior to being admitted to the hospital. There is no way of knowing how long the resident has not had the pain medication. Resident #1 was deprived of the pain medication, due to Direct Care Staff Person A stealing the resident's drugs. This staff person admitted the problem to the Administrator.

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.

- It's important due to resident being neglected.
- Medications were taken
- Staff person A took the medications
- Staff person A was dismissed right away.
- Administrator will do a weekly count of all narcotics.
- Medications staff and administrator.

The administrator shall be responsible for monitoring and ongoing compliance in 12/13/13

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Christine Faughnan* Administrator

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Violation Report: 31615 - 06/12/2013 - Yellenic, Cindy
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.54(a) - Direct care staff persons shall have the following qualifications:
 (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
 (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
 (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION
 Direct Care Staff Person B, date of hire 5-13-13, does not have a high school diploma, GED, or CNA on file.

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.

- It's important due to its required by state law.
- There was no GED in staff person B file.
- Staff person B didn't bring in GED
- Staff person B was dismissed didn't bring in GED.
- * Administrator will make sure all staff has GED, High school diploma in file when they are hired.
- Administrator will get copies from all new staff persons prior to start date.

* The administrator shall monitor for ongoing compliance -

M
 12/5/13

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Christina Faughnan* Administrator

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Violation Report: 31615 - 06/12/2013 - Yellenic, Cindy
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

The direct care staff reported they dispose of expired and discontinued medications by flushing them down the toilet, which is not an acceptable disposal method.

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.

- This is important due to the environment.
- Medication was disposed by flushing in toilet.
- Medication staff was disposing medication by flushing in toilet.
- Medication staff will be trained on how to dispose of medications the proper way.
- Administrator will put a can of coffee grounds in medication room.
- Administrator and medication staff.

• The administrator shall assure ongoing compliance

M
12/13/13

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| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Christie Jayne* Administrator

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Christina Fairman* Admin Date *11-25-13*

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Violation Report: 31615 - 06/12/2013 - Yellenic, Cindy
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 The policy and procedure for the proper documentation and distribution of narcotics does not include informing the police if there are missing narcotics, and consequently reporting to the Department.
 The home did not follow their policy for the documentation of narcotic sheets. The policy states the narcotic sheets are to be slid under the administrator's door, not to be thrown away. The Direct Care Staff person, who admitted to stealing the drugs, also admitted to trying to forge the narcotic sheets to hide the theft. The sheets were thrown into the dumpster, behind the facility.

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.

- Important due to letting DPW know of missing narcotics
- The employee didn't follow the policy for documentation of narcotic sheets.
- Employee Threw narcotic sheets in the dumpster and not under Administrators door.
- Staff was dismissed and a policy still remains in effect due to it works except for the theft of medication in this incident.
- Continue to discuss procedures with staff and go over existing policy on monthly basis
- Administrator/All Staff

The administrator shall monitor for ongoing compliance.

*Mrs
12/13/13*

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Christine Faughnan* Administrator

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| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christine Faughnan</i> Admin | Date <i>11-25-13</i> |
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Violation Report: 31615 - 06/12/2013 - Yellenic, Cindy
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

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 master key for the Direct Care Staff does not include Direct Care Staff Person C and the initials.
 Resident #2's Medication Administration Record is not initialed to reflect the fact the resident received Furosemide at 8:00am on 6/11/13, Preservision Areds Softage at 5:00pm on 6/6/13.
 Resident #3's Medication Administration Record is not initialed to reflect the fact the resident received Pro Air HFA at 8:00am on 6/7/13.
 Resident #4's Medication Administration Record is not initialed to reflect the fact the resident received Novolog at 5:00am on 6/6/13.

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.

- This is important due to may not know if medications were given or not
- Medications were not signed for
- Staff person C didn't sign for medications
- Staff person C was retrained on medications
- Administrator will check MAR book weekly
- Administrator

The Administrator shall monitor for ongoing compliance.

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| Repeat Violation: No | Date(s) of Previous Violation(s): | 12/13/13 |
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Christine Faughnan* Administrator

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| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christine Faughnan</i> Admin | Date 11-25-13 |
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Violation Report: 31615 - 06/12/2013 - Yellenic, Cindy
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

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

Resident #4 refused the Brimonidine.2% eye drops 12 different times in the first two weeks of June 2013. The home failed to notify the prescriber of the refusals.
 Resident #5 refused the prescribed Percocet for 5 days (6/7 to 6/10/2013) prior to the home notifying the prescriber.

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.

- It's important because the resident may get sick or may have to have it with another medication for it to work.
- Administrator didn't contact the prescriber
- Resident reused medications.
- * Administrator will contact prescriber about resident refusing medication.
- * Administrator will be notified by staff right away of any medications refused by any residents.
- * Medication staff person & Administrator.

* The administrator shall monitor and be responsible for ongoing compliance.

12/5/13

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| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
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Signature of Legal Entity Representative
 (Required on EVERY Page) Christina Gough Administrator

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) CHRISTINA GOUGH Administrator

Date 11-25-13

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Violation Report: 31615 - 06/12/2013 - Yellenic, Cindy
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

Resident #2 did not receive the Clotrimazole from 6/7/13 to 6/12/13, it was not available in the facility.
 Resident #4 did not have the blood glucose checked in the evening on 6/6/13 and 6/10/13, according to the medication administration record (glucose flow sheets).
 Resident #5 refused the Percocet prescription, but requested Tylenol. The staff gave the resident the Tylenol, which the resident did not have a prescription for and the medication did not have the resident's name on it. This occurred at 8:00am, 12:00pm and 8:00pm on 6/7, 6/8, 6/9, and 6/10/13.
 Resident #1 did not receive the Nystatin prescribed, to be given 4xday from 3/20-31/13, it was not available in the facility.
 Resident #1 was given 2 Tylenol on 4/11/13 instead of the pain medication, Percocet, there was none available in the facility. Also, the order for the Tylenol was for 1 tablet. He was given 2 Tylenol rather than the prescribed 1 tablet on the following days: 4/3, 4/4, 4/11, 4/18, 4/25, and 4/30.

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.

- Important that residents get medication that is prescribed on time due to certain importance of each one.
- Missed medications due to not being in building, not given, given medications that was not prescribed or meds not in building.
- Medication caregivers
- Recertify medication staff and go over medication books
- Have monthly meetings and go over MAR and go through medication room to make sure all matches up.
- Administrator.

The administrator shall monitor and assure ongoing compliance. M 12/13/13

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

Signature of Legal Entity Representative (Required on EVERY Page) *Christina Faughnan* Administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christina Faughnan* Admin Date *11-25-13*

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The above plan of correction is approved as of 12/13/13 (Date)

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

Plan of correction implementation status as of 12/13/13 (Date)

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

Violation Report: 31615 - 06/12/2013 - Yellenic, Cindy
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 had the following medication errors that were not reported immediately to the physician:
 did not receive the Nystatin, to be given 4xday from 3/20-31/13, it was not available in the facility.
 was given 2 Tylenol on 4/11/13 instead of the pain medication, Percocet, as there was none available in the facility.
 The order for the Tylenol was for 1 tablet. The Resident was given 2 Tylenol rather than the prescribed 1 tablet on the following days: 4/3, 4/4, 4/11, 4/18, 4/25, and 4/30.
 did not receive the scheduled 9:00pm Morphine Sol., there was none available in the facility.
 did not receive the 12:00am and 4:00am Percocet on 5-9-13, there was none available in the facility.

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.

- Important so everyone is aware of what has happened.
- Medication errors/Didn't contact residents POA or prescriber
- Med staff caregivers/Administrator not contacting residents POA or prescriber
- Med certified all medication and have new employees/Contact family
- Go over MAR on weekly basis and have monthly meeting with medication caregivers
- Administrator.

The administrator shall monitor for ongoing compliance - 12/13/13

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Christina Faughnan* Administrator

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Christina Faughnan* Admin

Date *11-25-13*

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