



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JAN 0 3 2014

Mr. Eddy J. Inzana, President/CEO
Guardian Elder Care at Tyrone I, LLC
8796 Route 219, P.O. Box 240
Brockway, Pennsylvania 15824

RE: Epworth Manor
925 South Lincoln Avenue
Tyrone, Pennsylvania 16686
License #: 328420

Dear Mr. Inzana:

As a result of the Department of Public Welfare's licensing inspection on June 19, 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.

Your regular license for the period August 1, 2013 to August 1, 2014 was issued on June 13, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long, sweeping horizontal line extending to the right.

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

Violation Report: 32842 - 06/19/2013 - Minnich, Ron
 PCH Name: EPWORTH MANOR

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
 On 6/19/13, at 9:45am, the medication administration records (MARs) for resident's residing in rooms 201-215 were found on top of the medication cart located in the 2nd floor dining area. The MARs were unlocked and accessible.

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. This regulation is important because it protects the residents privacy and ensures that homes comply with other applicable laws.
2. The regulation was violated because the MAR's were found on top of the medication cart unlocked and accessible.
3. This was fixed by placing the MAR's in the locked Med cart.
4. MAR's have been separated into 2 separate binders and will be kept locked in the Med cart at times when the Med Tech is not at the cart. The PC Administrator or designee will monitor all shifts to ensure that this is being done.
5. Staff will be inserviceed on maintaining the MARs in locked drawers and the need to keep resident information confidential. The inservice will be held by December 15, 2013. *PL*

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Patti Stockley* Date *9/16/13*

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

The above plan of correction is approved as of <u>11/13/13</u> (Date)	Plan of correction implementation status as of <u>11/18/13</u> (Date)
The above plan of correction was approved by <u><i>PL</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: 32842 - 06/19/2013 - Minnich, Ron
 PCH Name: EPWORTH 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 contract for Resident #1 was not signed by the payer.

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. This regulation is important because signing the contract constitutes a pledge by both parties to abide by the specified terms.
2. The regulation was violated because the payer did not sign the adult residential licensing contract.
3. The payer for Resident #1 is her son who lives in Florida. The spouse to Resident #1 signed the contract as designated person. Payer was not present at time of admission.
4. Resident contract was faxed to payer and signed.
5. Present Administrator will assure all contracts are signed in its entirety.
6. The Administrator will be responsible for preventing future violations.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Patti Stockley

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

Patti Stockley

Date

9/16/13

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 (Date)

The above plan of correction was approved by

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

Violation Report: 32842 - 06/19/2013 - Minnich, Ron
 PCH Name: EPWORTH MANOR

1. **REGULATION 55 Pa.Code §2600**
 2600.25(d) SOPb2 - If the home collects a resident's rent rebate under § 2600.25(a), the resident-home contract is to include the home's intended use of the revenue collected from the rent rebate.

2a. **DESCRIPTION OF VIOLATION**
 The home collects a portion of the rent rebate benefit for eligible residents. The resident-home contract for Residents #2, #3, #6 and #7 does not include the home's intended use for rent rebate revenues collected.

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. This regulation is important because it ensures that residents will receive at least 50% of benefits obtained under the Senior Citizens Rebate and Assistance Act.
2. The regulation was violated because Residents #2, #3, #6, and #7's home contracts do not include the homes intended use for rent rebate revenues collected.
3. The homes intended use of the revenue collected from the residents rent rebate is as follows: "Enhance residents activities" was added to the contracts of residents #2, #3, #6 and #7.
4. To prevent future violations, "Enhancing residents activities" was added to the rent rebate portion as the contract as a template for use for all future admissions.
5. The Administrator will be responsible for preventing future violations
6. The Administrator will review contracts for all current residents to ensure the intended use for the rent rebate revenues is included. This review will be completed by 12/31/2013. *AL*

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

Signature of Legal Entity Representative *Patti Stockley*
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Printed Name and Title of Legal Entity Representative *Patti Stockley* Date *9/16/13*
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 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32842 - 08/19/2013 - Minnich, Ron
 PCH Name: EPWORTH MANOR

1. REGULATION 55 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 The telephone in room #210, #212, and #219 does not have emergency service numbers posted nearby.

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. This regulation is important because it facilitates a quick response from the appropriate agency in the event of an emergency, and allows staff and residents to contact the Department to report complaints in privacy.
2. The regulation was violated because rooms 210, 212, and 219, did not have the emergency service numbers posted near the phones.
3. Emergency service number sheets were posted near phones immediately to rooms 210, 212, and 219.
4. To prevent future violations a complete audit of all resident rooms will be done to ensure compliance of regulation 2600.91. This will be completed by 9/16/13.
5. The Administrator and or designated person (activities coordinator) will be responsible for preventing future violations.

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

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 (Initials)

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 (Date)

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- Not Implemented

Violation Report: 32842 - 06/19/2013 - Minnich, Ron
 PCH Name: EPWORTH MANOR

1. REGULATION 55 Pa.Code §2600
 2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION
 The most recent medical evaluation dated 11/23/12 indicates that Resident #1 requires a secured dementia unit. The most recent RASP dated 11/26/12 indicates the resident resides in the secured dementia unit and requires 24 hour direct care; however the resident currently resides in the personal care portion of the home and is taken to the secure dementia unit to eat.

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. This regulation is important because the knowledge of a resident's overall health status allows homes to meet residents' needs, determine whether the resident's needs have advanced or declined such that the home can no longer meet such needs, and ensure that residents receive the best and most appropriate medical care.
2. The regulation was violated because most recent medical evaluation dated 11/23/12 indicated that Resident #1 requires a secured dementia unit. The most recent RASP dated 11/26/12 indicates the resident resides in the secured dementia unit and requires 24 hour direct care; however the resident currently resides in the personal care personal care portion of the home and is taken to the secure dementia unit to eat.
3. A new RASP and DME were done for resident #1 with secured dementia unit removed from both.
4. PC Administrator or designee will monitor all DME and RASP's to be sure that they are completed correctly and in a timely manner. DME and RASP's audit tool will also be used to monitor these forms. This will reflect in our quality management review.
5. The Administrator will monitor the resident to ensure the needs of the resident are being met in the personal care unit.
6. Since the resident does not require services in a secure neighborhood, the Administrator will ensure that the resident is not taken to the SDU for meals - unless it is the resident's choice and the resident is able to freely exit without assistance from staff or others. *3/12/13*

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Patti Stockley* Date *9/17/13*

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Violation Report: 32842 - 06/19/2013 - Minnich, Ron
 PCH Name: EPWORTH MANOR

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Resident #4 has a physician order for Forteo subcutaneous injection to be administered daily. Daily, the daughter of Resident #4, who is not a medical professional and has not completed the Department's medication administration training, administers the Resident's injection.

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. This regulation is important because it ensures that medications will be administered safely and in accordance with best practices by trained professionals.
- 2. This regulation was violated because Resident #4 has a physician order for Forteo subcutaneous injection to be administered daily. Daily, the daughter of Resident #4, who is not a medical professional and has not completed the Department's medication administration training, administers the Resident's injection.
- 3. Forteo is being discontinued and resident will be starting on Fosamax 70mg that will be administered by PC staff members who have completed DPW Med Administration training.
- 4. Only DPW trained medication technicians will be administering medications.
- 5. PC Administrator will monitor.

- Staff persons who have completed the Department's medication training course may not administer IVs or injections other than insulin and epinephrine.
SRP 12-18-13

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) *Patti Stockley* Date *9/17/13*

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 (Date)

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

Plan of correction implementation status as of 11/18/13
 (Date)

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

Violation Report: 32842 - 06/19/2013 - Minnich, Ron
 PCH Name: EPWORTH MANOR

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
 The label for Resident #5's Tears Naturale Solution does not match the physicians orders . The current orders states to instill one drop to both eyes 4x daily, however the current label on the medication states to install two drops into each eye 4x daily or as needed.

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. This regulation is important because it reduces the possibility that medication will be administered to the wrong resident or improperly administered.
2. The regulation was violated because the label for Resident # 5's Tears Naturale Solution does not match the physicians orders. The current orders state to instill one drop to both eyes 4x daily, however the current label on the medication states to install two drops into each eye 4x daily or as needed.
3. A change of order sticker was placed on the Tears Naturale Solution box.
4. All medication technicians were re-educated on checking all medication orders upon delivery to ensure that MAR's and orders match.
5. All Medication technicians will monitor medication carts on a monthly basis and with new orders to ensure that the MAR's and orders match.

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative Patti Stockley Date 9/17/13
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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

Violation Report: 32842 - 06/19/2013 - Minnich, Ron
 PCH Name: EPWORTH MANOR

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #6, admitted to the SDCU on 2/17/13, had a medical evaluation completed on 2/20/13.

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.

1. This regulation is important because accurate medical information helps homes decide whether a resident's needs can be met at the home, helps the home develop accurate assessments and support plans, and ensures that residents' medical needs will be met.
2. The regulation was violated because Resident #6, admitted to the SDCU on 2/17/13, had a medical evaluation completed on 2/20/13.
3. From this time forward all DME's for the Secured Dementia Unit will be completed prior to the admission date.
4. PC Administrator will monitor all in coming admissions to ensure that DME's for the Secured Dementia Unit are completed prior to the admission date utilizing the admission audit tool.

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

Printed Name and Title of Legal Entity Representative <i>Patti Stockley</i> (Required on EVERY Page)	Date <i>9/16/13</i>
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 (Date)

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

Plan of correction implementation status as of 11-18-13
 (Date)

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

Violation Report: 32842 - 06/19/2013 - Minnich, Ron
 PCH Name: EPWORTH MANOR

1. REGULATION 55 Pa.Code §2600
 2600.231(h) - The resident-home contract in § 2600.25 (relating to resident-home contract) must also include a disclosure of services, admission and discharge criteria, change in condition policies, special programming and costs and fees.

2a. DESCRIPTION OF VIOLATION
 The resident-home contract for Resident #3, #6 and #8 does not include the disclosure of services, admissions and discharge criteria, change in condition policies and special programming for the secured care dementia unit.

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. This regulation is important because having the resident-home contract contract the above required information helps to ensure that residents are aware of the cost of all specific services, have knowledge of the payment information, as well as the services to be provided for payments. It also helps to ensure that residents are aware of the procedures that will be taken if the home can no longer meet the resident's level of care needs.
2. The regulation was violated because the resident-home contract for Resident #3, #6, and #8 do not include the disclosure of services, admissions and discharge criteria, change in conditions policies and special programming for the secured dementia unit.
3. Disclosure of services, admission and discharge criteria, change in condition policies, costs and fees are attached, Page 10A through 10D. *JA*
4. Administrator will implement this disclosure upon all new admissions to the secured dementia unit and will also add this disclosure to all current resident files in SDU.
5. Addendum will be incorporated and signed by both parties.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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The above plan of correction is approved as of <u>12.3.13</u> (Date)	Plan of correction implementation status as of <u>12.3.13</u> (Date)
The above plan of correction was approved by <u>JA</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