



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 02 2013

Mr. Douglas A. Tweddale, CEO
Foulkeways at Gwynedd
1120 Meeting House Road
Gwynedd, Pennsylvania 19436

Dear Mr. Tweddale:

As a result of the Department of Public Welfare's licensing inspection on June 24, 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 August 27, 2013 to August 27, 2014 was issued on June 13, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Ronald Melusky" followed by a stylized flourish.

Ronald Melusky
Director

Enclosure
Violation Report

Violation Report: 12774 - 06/24/2013 - Kurtz, Andrea
 PCH Name: FOULKEWAYS AT GWYNEDD

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 A does not include the diagnosis for Blink eye drops, Vitamin D, Tramadol 50 mg, Acetaminophen XS 500 mg, and Colace 100 mg.
- The medication administration record for Resident B does not include the diagnosis for Docusate/Senna 50 mg/86 mg and Lotrimin Ultra CR 1%.
- The medication administration record for Resident C does not include the diagnosis for Acetaminophen XS 500 mg, Lisinopril 2.5 mg, Metolazone 2.5 mg, and Glycerin Supp 3 gm.

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.

see attached

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *FALCH ALUCAS, PC administrator* Date *7-11-13*

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

The above plan of correction is approved as of <u>7/11/13</u> (Date)	Plan of correction implementation status as of <u>7/11/13</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</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

1. Diagnosis or purpose for medications were added to medication record for residents A, B and C.
2. An audit was performed of all current medication records. Appropriate corrections were made.
3. 11:00PM – 7:00AM shift was educated to the requirement regarding diagnosis or purpose of medication and will include monitoring in routine chart reviews.
4. Pharmacy was notified of current violation and requirement. Pharmacy will review physician order for diagnosis or purpose of medication prior to dispensing medication.

Faith Lucas
Faith Lucas, LPN
Personal Care Administrator

7-11-13
Date