



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 23 2013

Mr. Richard M. Barger, Executive Vice-President, CFO
Diakon Lutheran Social Ministries
960 Century Drive
Mechanicsburg, Pennsylvania 17055

RE: Buffalo Valley Personal Care
945 Fairground Road
Lewisburg, Pennsylvania 17837

Dear Mr. Barger:

As a result of the Department of Public Welfare's licensing inspection on June 25, 2013, of the above personal care home the violations with 55 Pa.Code Ch. 2600 specified on the enclosed Licensing Inspection Summary were found.

All violations specified on the enclosed Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code 2600 must be maintained.

Your regular license for the period August 15, 2013 to August 15, 2014 was issued on June 13, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosure
Licensing Inspection Summary

Violation Report: 20212 - 06/25/2013 - Patton, Leslie
 PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION

On the day of the inspection, Department Representatives were unable to gain access to inspect the S.S.I. financial transactions belonging to Residents #1 and #2. The financial transactions include date of deposits, amounts of withdrawals, current balance and quarterly statements.

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 2600.5(a)(1)

The administrator or designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the department.

Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely by provision of federal and state law.

The signed receipts of the residents for funds disbursed will be copied and given to the administrator for filing going forward.

Staff will be re-educated on the funds disbursed procedure.

Administrator/Designee will audit monthly to ensure all signed receipts have been received. Any identified issues will be corrected as appropriate.

Audit findings will be reported at QAPI monthly for review and recommendation.

Target Date: 8/23/13

Responsible Person: Administrator/Designee

** The administrator shall provide, upon request, immediate access to the home and residents records. Administrator responsible for*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cherlene E Fisher, PCHA* *M*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cherlene E Fisher* Date *7/17/13* *7/29/13*

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

The above plan of correction is approved as of 7/29/13 (Date)

Plan of correction implementation status as of 7/29/13 (Date)

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

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

Violation Report: 20212 - 06/25/2013 - Patton, Leslie
 PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.16(b) - The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

The home's policy regarding reportable incidents incorrectly indicates that the home is to notify the State Health Department Long Term Care field office of all reportable incidents and conditions and does not indicate the home is to notify the Department of Public Welfare regional office. The policy also incorrectly states various reportable incidents and conditions to include a "report of a strike" or "Hemolytic transfusion reaction." The policy does not include reportable incidents and conditions such as a physical act of a resident to commit suicide, violation of resident rights, misuse of resident funds by the home's staff or legal entity, food poisoning, fire or structural damage to the home, medication errors, unscheduled closing of the home, or bankruptcy filed by the legal entity, and a criminal conviction against the legal entity, administrator, or staff that are subsequent to the reporting on the criminal history checks under 2600.51.

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 2600.16(b)

The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

The accident/incident policy number SL-C-R.C. NUR - 602 failed to list procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions in a Personal Care setting.

Policy NUR-602A Accident and Incident Investigation (Resident) includes the prevention, reporting, notification, investigation and management of reportable incidents and conditions. Staff will be re-educated on the policy. Please see attached.

Administrator/designee/ will conduct a weekly audit of the incident/accident reports and investigations to ensure compliance. Any issues identified will be corrected as appropriate.

Audit findings will be reported to QAPI monthly for review and recommendation.

Target Date: 8/23/13

Responsible Person: Administrator/Designee

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative (Required on EVERY Page) *Charlene E Fisher PCHA 8/5/13*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charlene E Fisher PCHA* Date *8/5/13*

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The above plan of correction is approved as of 8/7/13 (Date)

Plan of correction implementation status as of 8/7/13 (Date)

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

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

Violation Report: 20212 - 06/25/2013 - Patton, Leslie
 PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

A criminal background check was completed for staff person A (hired 9/23/12) through a third-party agency named "Fist Advantage." The home did not obtain a Pennsylvania state criminal background check through the Pennsylvania state police resulting in the staff person being retained beyond the 30-day provisional hiring period pending receipt of the required criminal background check.

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 2600.51

Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA)(35 P.S. 10225.101-10225-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults.

A PA State background check was obtained on the day of inspection, 6/25/13 on the ancillary staff person that was cited.

Future ancillary staff will receive a PA State criminal background check prior to the first day of work.

Department manager will be educated on DPW regulation 2600.51.

- Administrator/designee/Ancillary manager will audit ancillary files prior to first day of work. Any identified issues will be corrected as appropriate.

Audit findings will be reported at QAPI for review and recommendation.

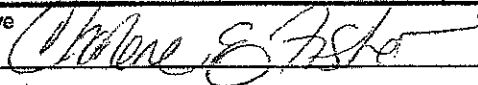
Target Date: 8/23/13

Responsible Person: Administrator/designee/Ancillary Staff Manager

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

Charlene E. Fisher

Date 7/17/13

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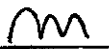
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Violation Report: 20212 - 06/25/2013 - Patton, Leslie
 PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person A (hired 9/23/12) did not receive education regarding the required training subjects which is to be completed during the first day of work.

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 2600.65(a)

Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

Ancillary staff will have an orientation prior to first day of work in the Personal Care Home to include above.

* *The Administrator shall be responsible for monitoring + Compliance.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Charles E. Fisher

Am
 7/29/13

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

Charles E. Fisher

Date 7/17/13

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Am
 (Initials)

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- Not Implemented

2600.65(a) (cont.)

Ancillary department will be re-educated to DPW requirements.

Audits to be conducted of new hires by Administrator/designee/Ancillary manager. Any identified issues will be corrected as appropriate.

Audit findings will be reported at QAPI for review and recommendation.

Target Date: 8/23/13

Responsible Person: Administrator/designee/Ancillary manager

Charlene E Fisher
Charlene E Fisher

7/17/13

W
7/29/13

Violation Report: 20212 - 06/25/2013 - Patton, Leslie
 PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff person A (hired 9/23/12) did not receive training regarding the home's emergency medical plan, mandatory reporting of abuse under the Older Adult Protective Services Act and the reporting of reportable incidents and conditions. The staff person received training regarding resident rights but it could not be determined when the training was completed.

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 2600.65(b)—Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.
- (4) Reporting of reportable incidents and conditions.

Ancillary staff member signed the abuse policy, but did not date the policy.

Ancillary staff and ancillary staff supervisor have been re-educated.

Future ancillary staff will be educated to regarding the above, will read, sign and date abuse policy prior to first day of work.

* Administrator/designee/Ancillary manager will audit all new ancillary hires. Any identified issues will be corrected appropriately.

Audit findings will be reported at QAPI for review and recommendation.

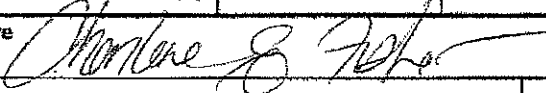
Target Date: 8/23/13

Responsible Person: Administrator/designee/ancillary manager.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

Charlene E Fisher

Date 7/17/13

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7/29/13
 (Date)

Plan of correction implementation status as of

7/29/13
 (Date)

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

The above plan of correction was approved by


 (Initials)

Violation Report: 20212 - 06/25/2013 - Patton, Leslie
 PCH Name: BUFFALO VALLEY PERSONAL CARE

- 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
 Staff persons B (hired 7/8/95), C (hired 7/31/95), D (hired 12/17/96) and staff person F (hired 5/20/08) did not receive annual fire-safety training by a fire-safety expert during the 2012 training year. Each of the above listed staff persons completed a computerized training module regarding fire-safety and did not receive the training from a fire-safety expert.

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 2600.65(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. 10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that was not previously served, if applicable.

Staff persons B (hired 7/8/95), C (hired 7/31/95), D (hired 12/17/96), and staff person F (hired 5/20/08) did not receive annual fire safety training by a fire safety expert during the 2012 training year. Each of the above listed staff persons completed a computerized training module regarding fire-safety and did not receive the training from a fire safety expert.

Staff shall be trained annually on the areas included in regulation 2600.65. Education to include fire safety training to be completed by a fire safety expert or someone trained by a fire safety expert.

Cmt 4

** The Administrator shall be responsible for ongoing compliance. In 8/7/13*

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
<i>Charlene E Fisher, PCHA</i>		<i>8/5/13</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		
<i>Charlene E Fisher, PCHA</i>		<i>Date 8/5/13</i>

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

The above plan of correction is approved as of <u>8/7/13</u> (Date)	Plan of correction implementation status as of <u>8/7/13</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"/> * Partly Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

65g (cont)

Staff will be educated on fire safety by a fire safety expert, facilities management staff received fire safety training on August 2, 2013. Educational sessions will be completed for other departmental staff.

* Administrator/designee will conduct monthly random audits to ensure the education was completed on an annual basis. Any identified issues will be corrected as appropriate.

* Audit findings will be reported at QAPI for review and recommendation.

Target Date: 8/23/13

Responsible Person: Administrator/designee

Charlene E Fisher RCHA 8/5/13

Charlene E Fisher RCHA 8/5/13

mm
8/7/13

Violation Report: 20212 - 06/25/2013 - Patton, Leslie
 PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home's current letter written by a fire-safety expert (dated 9/1/12) states the following:

"The existing 20 minute door-rating and 1-hour smoke barrier walls are acceptable to create a rated barrier, as detailed in the International Building Code. The smoke barrier walls extend above the suspended ceiling and have a layer of fire rated dry wall on each side. Referencing the Department of Public Welfare Pa. code 55, chapter 2600 132d, such a barrier constitutes a 1-hour separation and is thereby creating an independent fire-safe area."

The letter indicates an internal fire-safe area exists and how it was determined that the home has an internal fire-safe area, but does not specify where. Currently the home evacuates all residents beyond the double-doors located at the end of each corridor of the simulated unaffected areas during monthly fire drills.

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 2600.132(d)

Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

Fire letter dated September 1, 2012, for an inspection conducted on August 2, 2012 by a fire safety expert, did not include the exact location of the designated fire safe areas.

Annual fire inspection was conducted by a fire safe expert, completed 7/22/13. The fire safety expert will include the designated fire safe areas in writing.

Administrator/designee will review the letter by the fire safety expert to ensure that the designated fire safe areas are in writing. Letter will be submitted to DPW for review and recommendation.

Audit findings will be reported at QAPI for review and recommendation.

Target Date: 8/23/13

Responsible Person: Administrator/designee

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Cherlene E Fisher, RCHA 8/5/13*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cherlene E Fisher, RCHA* Date *8/5/13*

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

The above plan of correction is approved as of 8/7/13 (Date) . Plan of correction implementation status as of 8/7/13 (Date)

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

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

Violation Report: 20212 - 08/25/2013 - Patton, Leslie
 PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

12 packages of UN- extra strength Aspirin expired on 1/20/13. The medication was stored in a first aid kit of the home's 2005 Ford bus used to transport residents.

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 2600.183(d)

Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Expired medication was found in the first aid kit in the transportation bus.

Medication on the 2005 Ford transportation bus has been discarded.

Employees will be re-educated that only CAM, OTC and current prescriptions, may be kept in the home to include the contents of the first aid kit.

The first aid kit will be audited monthly by Facility Manager/designee. Any identified issues will be corrected as appropriate.

- Audit findings will be reported at QAPI for review and recommendation.

Target Date: 8/23/13

- Responsible Person: Facility manager/designee

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Charlene E Fisher, PCH# 8/5/13*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charlene E Fisher* Date *8/5/13*

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The above plan of correction is approved as of 8/7/13
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of 8/7/13
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
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Violation Report: 20212 - 06/25/2013 - Patton, Leslie
 PCH Name: BUFFALO VALLEY PERSONAL CARE

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

It is the home's policy that all insulin shall be dated when opened for use.
 Novolin insulin prescribed to resident #3 and Lantus insulin prescribed to resident #1 were not dated when opened.

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 2600.185(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.

Novolin insulin prescribed to resident #3 and Lantus insulin prescribed to resident #1 were not dated when opened.

Resident #3 and #1 received replacement insulin vials that were dated when open for use.

- Staff will be re-educated on the regulation 2600.185(a) including the need to date insulin vials when open for use.
- Administrator/designee will audit insulin vials weekly to ensure the vials have been dated upon being opened. . Any identified issues will be corrected as appropriate.

Audit findings will be reported at QAPI for review and recommendation.

Target Date: 8/23/13

Responsible Person: Administrator/designee

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Charlene E Fisher, RCHA 8/5/13

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Charlene E Fisher, RCHA Date 8/5/13

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Violation Report: 20212 - 06/25/2013 - Patton, Leslie
 PCH Name: BUFFALO VALLEY PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

2a. DESCRIPTION OF VIOLATION
 An LPN hired by the home took verbal orders only and did not receive written orders from the physician for resident #4 on 6/19/13, 6/20/13 and 6/21/13. The orders were as follows:
 6/19/13; "Give 8 units of Humalog insulin now for patient's blood sugar results of 342."
 6/20/13; "Clarification of future lab orders: Draw CBC and TSH yearly, A1C and CMP every 3 months (schedule for 7/23/13). Also draw chem 7 on 7/23/13. Draw lipids every 6 months, due October 23, 2013."
 6/21/13; "Per wound clinic: D/C previous left foot treatment. use Urea cream to left foot twice a day. Do not wear shoe on that foot until seen by Dr. Albright 7/9/13."

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.

Regulation 2600.186(c)
 Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication records shall be updated as soon as the home receives written notice of the change.

Facility failed to ensure physician orders were signed and dated within 48 hours. Resident #4 clinical record is unable to be corrected retroactively.

Staff will be re-educated on completion of physician orders and DPW regulation 2600.186(c). Education will include the expectation of obtaining written physician orders within 48 hours by faxing verbal medication orders to physician's office for follow up.

Administrator/designee will conduct audits weekly to ensure orders are signed/dated within 48 hours. Any identified issues will be corrected as appropriate.

Audit findings will be reported at QAPI for review and recommendation.

Target Date: 8/23/13
 Responsible Person: Administrator/designee/

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Cherlene E Fisher, RCHA 8/5/13*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cherlene E Fisher, RCHA 8/5/13*

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

The above plan of correction is approved as of <u>8/7/13</u> (Date)	Plan of correction implementation status as of <u>8/7/13</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

Violation Report: 20212 - 05/25/2013 - Patton, Leslie
 PCH Name: BUFFALO VALLEY PERSONAL CARE

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

2a. DESCRIPTION OF VIOLATION
 Tylanol 325mg and "Nose Better" gel prescribed to resident #5 were not on-hand at the time of the inspection.

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 2600.187(d)
 The home shall follow the directions of the prescriber.

Facility failed to provide 2 medications to one resident.

Medications were obtained for resident #5 and are available for usage.

Staff will be re-educated on the regulation 2600.187(d) regarding that the expectation of all prescribed medications must be on site and available for resident's use.

- Administrator/designee will conduct a random audit monthly of physician ordered medications to ensure medications are on site and available for usage. Any identified issues will be corrected as appropriate.
- Audit findings will be reported at QAPI for review and recommendation.

Target Date: 8/23/13
 Responsible Person: Administrator/designee

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Charlene E. Fisher, PCMA* 8/15/13

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Charlene E. Fisher, PCMA* Date 8/15/13

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 (Date)

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