



SEP 1 1 2013

Ms. Celia V. Agustin, Administrator  
Kendal-Crosslands Communities, Inc.  
Kendal at Longwood  
P.O. Box 100, Cumberland House  
Kennett Square, Pennsylvania 19348

Dear Ms. Agustin:

As a result of the Department of Public Welfare's licensing inspection on July 22, 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 2600 must be maintained.

Your regular license for the period October 1, 2013 to October 1, 2014 was issued on June 21, 2013. Your regular license remains in good standing.

Sincerely,

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

Ronald Melusky  
Director

Enclosure  
License Inspection Summary



Violation Report: 18573 - 07/22/2013 - Rouse, McKinley  
 PCH Name: KENDAL AT LONGWOOD

1. REGULATION 68 Pa.Code §2800  
 2800.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

2a. DESCRIPTION OF VIOLATION  
 On 7/22/2013, a cat was present at the home that did not have a current rabies vaccination.

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.

Resident's cat went for Rabies Vaccination with social services assistance on 7/22/13 (see attachment #1). Please note that this Resident had been reminded her cat needed to go to the Vet and was not cooperating with our pet policy which clearly requests yearly pet exam and vaccinations. Currently all pet records are monitored by the Unit Secretary as designee for the Administrator In Personal Care. Her duty is to notify social services, the activities director, and the personal care administrator for assistance whenever a resident has not followed through on taking their pet to the vet and providing the updated Pet Record documentation. In order to prevent this scenario from happening again we have added an addendum to our pet policy which states the following:

Effective immediately 8/20/2013; In the event that our Pet Policy in Personal Care is not being upheld and Vaccinations have expired it will be necessary for the Activities Director to remove the pet (on the day of Vaccination expiration) from this personal care home and place it into appropriate custodial boarding until the pet is seen by a Veterinarian and proper documentation accompanies the pet for return to its resident owner in Personal Care. The Administrator for Personal Care, Director for Social Services, and the Activities Director will be actively involved in prompt resolution of the situation.

Please note that existing residents with pets will be informed of this addendum to their existing pet policy agreement and asked to sign that they have been informed and understand the updated policy. Additionally, all staff involved have signed off on understanding their role in upholding this Pet Policy Agreement, effective immediately, 8/20/13, and ongoing. Currently all 4 pets residing in Personal Care are in compliance and we will make every effort to uphold our policy to promote ongoing compliance.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Barbara Bryer RN*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Barbara Bryer, RN, PCA Nurse Manager*      Date *8/26/13*

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

The above plan of correction is approved as of 9-4-13  
 (Date)

Plan of correction implementation status as of 9-4-13  
 (Date)

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

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

Violation Report: 18573 - 07/22/2013 - Rouse, McKinley PCH Name: KENDAL AT LONGWOOD	
1. REGULATION 66 Pa.Code §2606 2606.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home	
2a. DESCRIPTION OF VIOLATION The home had a blister pack of Ibuprofen, 200 mg tablets with a fill date of 08/04/2012, that read, "Give 1 tablet orally 3 times a day as needed with food - take this medication with a snack or small meal if stomach upset occurs" for Resident #1. The Ibuprofen was not listed on the resident's medication administration record, and the home did not have a physician's order for the medication.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>In this case the prescribed medication had been discontinued by the physician and the medication card was not removed from the medication cart. It is the existing practice that the Nurse who receives the discontinuation order is to make sure that the medication card is pulled from the medication cart and returned to pharmacy. Our existing policy requests this practice and all nursing has been reeducated and asked to review this Policy on Medications. Additionally; a formal Medication Cart Audit will be conducted immediately using the Personal Care Medication Quarterly Quality Monitoring Checklist (due to be completed by 9/2/13) and then quarterly by the Night Supervisor/designee to assure that there are no further incidents. A report of this audit will be given to the Personal Care Administrator so it can be included in the Quality Management Plan for Personal Care which is reviewed quarterly and annually. Please see attachment #2 which is the audit tool developed to promote ongoing monitoring and compliance.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Barbara Byjer RN</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Barbara Byjer, RN, PCA, Nurse Manager</i>	Date <i>8/26/13</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>9-4-13</u> (Date)	Plan of correction implementation status as of <u>9-4-13</u> (Date)
The above plan of correction was approved by <u>BB</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: 18573 - 07/22/2013 - Rouse, McKinley  
 PCH Name: KENDAL AT LONGWOOD

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 following medications were prescribed for Resident #2, but did not have diagnoses documented in the medication administration record:

- \*MiraLex Powder for Solution 17g Powder for Reconstitution [Polyethylene Glycol] mix with 8 ounces of water take by mouth daily.
- \*Lasix tablet 20 mg [Furosemide] take 1 tab by mouth daily.
- \*Nitro-Dur Transdermal Patch 0.2 mg/hr Film [Nitroglycerin] apply to chest wall daily ON in the AM and OFF in the PM.

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.

Kendal policy does address the need to meet all the requirements of 2600.187(a), in this case an individual nurse failed to comply with obtaining the diagnosis when transcribing the physician's orders. This nurse has been counseled and reeducated on this policy. In addition a policy update has been reviewed with all nursing and our practice is to make sure they contact the physician for a diagnosis if none is indicated. There will be 2<sup>nd</sup> nurse reviewer on all transcribed orders the day the order is written. A Personal Care Medication Audit is being conducted by the Night Nurse Supervisor (to be completed on 9/2/13) to check for any incomplete orders. This will become an ongoing quarterly audit to be conducted by the Night Nurse Supervisor/designee. Results of this audit will be communicated to the Personal Care Administrator who will monitor for ongoing compliance. Please see attachment #3 for immediate evidence of staff education on reviewing policies and practices to promote compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Barbara Bryer, RN*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Barbara Bryer, RN, PCA, Nurse Manager* Date *8/26/13*

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