



Sent via email to: [REDACTED]  
MAILING DATE: August 23, 2013

Mr. Eddy J. Inzana, President/CFO  
Guardian Elder Care at Mountain Top I, LLC  
8796 Route 219, VSI Building  
Brockway, Pennsylvania 15824

RE: Mountain Top Senior Care and Rehabilitation Center  
185 South Mountain Boulevard  
Mountain Top, Pennsylvania 18707

Dear Mr. Inzana:

As a result of the Department of Public Welfare's (Department) licensing inspection on July 25, 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 (relating to Personal Care Homes) 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



Violation Report: 22167 - 07/25/2013 - Novak, Ryan  
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

**2a. DESCRIPTION OF VIOLATION**

A 18 inch wide open grab assist bar was connected to Resident #1's bed. The bar was not covered.

A 30 inch long 1/2 bed rail with 2 6 inch wide openings was connected to Resident #2's bed. The 1/2 bed rail was not covered.

This poses a possible limb entrapment risk.

**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): |  |  |
|----------------------|-----------------------------------|--|--|

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Patrice Shutt, BA PCHA*

|  |                        |
|--|------------------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <i>PATRICE SHUTT BA PCHA</i> | Date<br><i>8-15-13</i> |
|--|------------------------|

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

The above plan of correction is approved as of *8/22/13*  
 (Date)

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

Plan of correction implementation status as of *8/22/13*  
 (Date)

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

Regulation Number:

2600.81(b)

pg 2

What is the reason for the regulation?

Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards

What is the root cause of the violation?

A 18 inch wide open grab assist bar was connected to Resident #1's bed. The bar was not covered.  
A 30 inch long 1/2 bed rail with 2 6 inch wide openings was connected to Resident #2's bed. The 1/2 bed rail was not covered.  
This poses a possible limb entrapment risk.

How can we fix the immediate problem?

An audit of all resident beds will be done to ensure that all side rails and grab assist bars are appropriately covered.

Once corrected, how can we make sure the problem does not happen again?

PCHA will monitor resident beds for any appliance change to ensure that any new appliance is free of hazards.

PCHA will complete weekly audits to ensure resident appliances are clean and free from hazards

Who is responsible to fix the problem?

PCHA

By what dates can each step in the plan be completed?

August 26, 2013

How will we monitor to be sure the plan is being followed?

PCHA will review audit tool each month to ensure compliance and sign and date the reverse side of the audit tool. The audit tool will be reviewed for noncompliance. Audits will be reviewed at QA meeting. Audit tool will be provided to DPW upon their request.

Patrice Shutt, BA PCHA

Patrice Shutt, BA PCHA 8-15-13

8/22/13

Violation Report: 22167 - 07/25/2013 - Novak, Ryan  
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION  
 Resident #3's room had an overwhelming smell of urine upon entering the bedroom.

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.

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Signature of Legal Entity Representative  
 (Required on EVERY Page) Patrice Shutt, BA PCNA

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Plan of correction implementation status as of 8/22/13  
 (Date)

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

Regulation Number:

2600.85(a)

pg 3

What is the reason for the regulation?

Sanitary conditions shall be maintained

What is the root cause of the violation?

Resident #3's room had an overwhelming smell of urine upon entering the bedroom.

How can we fix the immediate problem?

Res room was cleaned by staff. Bed linens were changed. Resident's physician will be notified of resident's increase in urinary frequency and urinary incontinence.

Once corrected, how can we make sure the problem does not happen again?

Staff will be provided with education that upon any resident noted to be having an increase in urinary frequency and urinary incontinence physician will need to be notified. RASP and support plan will also be altered as necessary to help resident maintain their highest functioning level. PCHA will monitor rooms on a weekly basis to ensure sanitary conditions are being maintained.

Who is responsible to fix the problem?

PCHA

By what dates can each step in the plan be completed?

August 26, 2013

How will we monitor to be sure the plan is being followed?

PCHA will review audit tool each month to ensure compliance and sign and date the reverse side of the audit tool. The audit tool will be reviewed for noncompliance. Audits will be reviewed at QA meeting. Audit tool will be provided to DPW upon their request.

Patrice Shutt, BA PCHA  
Patrice Shutt, BA PCHA  
8-15-13

MM  
8/22/13

Violation Report: 22167 - 07/25/2013 - Novak, Ryan  
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**2a. DESCRIPTION OF VIOLATION**

The menu's posted were labeled week #2 & #3. The menus were not dated. Administrator A reported that the home is currently on Week #1's menu, which was not posted.

**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.*

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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Patrice Shutt, BA PCHA Date 8/15/13

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Regulation Number:

2600.162(c)

What is the reason for the regulation?

Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

What is the root cause of the violation?

The menu's posted were labeled week #2 & #3. The menus were not dated. Administrator A reported that the home is currently on Week #1's menu, which was not posted.

How can we fix the immediate problem?

Correct menus will be posted a conspicuous, public place.

Once corrected, how can we make sure the problem does not happen again?

Dietary Manager to receive in servicing regarding regulation and importance of having correct menus posted.

Who is responsible to fix the problem?

- Dietary Manager

By what dates can each step in the plan be completed?

August 26<sup>th</sup>, 2013

How will we monitor to be sure the plan is being followed?

- PCHA will audit menu posting on a weekly basis. Audit tool will be monitored for non compliance. Audits will be reviewed at QA meeting. Audit tool will be made available to DPW upon their request.

Patrice Shutt, BA  
Patrice Shutt, BA  
8-15-13

MS 8/22/13

Violation Report: 22167 - 07/25/2013 - Novak, Ryan  
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

**1. REGULATION 55 Pa.Code §2600**  
 2600.162(e) - A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

**2a. DESCRIPTION OF VIOLATION**  
 On 7/25/13, pork stir fry, steamed rice, mixed veggies, wheat bread and peaches with whipped topping were listed on the menu for lunch. Spaghetti and meatballs, hot dogs with saurkraut, peas, greenbeans, fruit cocktail and mandarin oranges was served instead. No notice of the menu change was provided to the residents in advance of the meal.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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Regulation Number:

2600.162(e)

895

What is the reason for the regulation?

A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with 2600.161.

What is the root cause of the violation?

On 7/25/13, pork stir fry, steamed rice, mixed veggies, wheat bread and peaches with whipped topping were listed on the menu for lunch. Spaghetti and meatballs, hot dogs with saurkraut, peas, greenbeans, fruit cocktail and mandarin oranges was served instead. No notice of the menu change was provided to the residents in advance of the meal.

How can we fix the immediate problem?

Correct menus will be posted a conspicuous, public place.

Once corrected, how can we make sure the problem does not happen again?

Dietary Manager to receive in servicing regarding regulation and importance of having correct menus posted. Any menu changes from the posted menu will be communicated to the residents and posted in a conspicuous public place.

Who is responsible to fix the problem?

Dietary Manager

By what dates can each step in the plan be completed?

August 26<sup>th</sup>, 2013

How will we monitor to be sure the plan is being followed?

PCHA will audit menu posting on a weekly basis. Audit tool will be monitored for non compliance. Audits will be reviewed at QA meeting. Audit tool will be made available to DPW upon their request.

Patrice Shutt, BA PCHA  
Patrice Shutt, BA PCHA  
8-15-13

Mg 8/22/13

Violation Report: 22167 - 07/25/2013 - Novak, Ryan  
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

**2a. DESCRIPTION OF VIOLATION**

A resident interview indicated if the resident is not in the room at the time of the medication pass, the staff members will leave the medications in the room to be taken when the resident goes back to the room. The home is not placing the medication in the resident's hand, mouth or other route as ordered by the prescriber or completing the documentation in accordance with 2600.187.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

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Regulation Number:

2600.182(c)

Bg 6

What is the reason for the regulation?

Medication Administration

What is the root cause of the violation?

A resident interview indicated if the resident is not in the room at the time of the medication pass, the staff members will leave the medications in the room to be taken when the resident goes back to the room. The home is not placing the medication in the resident's hand, mouth or other route as ordered by the prescriber or completing the documentation in accordance with 2600.187.

How can we fix the immediate problem?

Staff to receive education re: proper medication administration to ensure regulation is followed correctly.

Once corrected, how can we make sure the problem does not happen again?

Staff to receive quarterly in servicing re: proper medication administration. Random room audits will be done with resident permission to ensure that no medications are being left by the bedside. Additionally 3 resident interviews a week for 4 weeks will be completed to determine if medications are being left at bedside.

Who is responsible to fix the problem?

PCHA

By what dates can each step in the plan be completed?

August 26<sup>th</sup>, 2013

How will we monitor to be sure the plan is being followed?

Random audits will be completed by the PCHA. Any issues of non compliance will be dealt with upon their finding. Results of the audits will be made available to DPW upon their request.

Patrice Shutt, BA PCHA  
Patrice Shutt, BA PCHA  
8-15-13

M 8/22/13

Violation Report: 22167 - 07/25/2013 - Novak, Ryan  
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**2a. DESCRIPTION OF VIOLATION**

Resident #2's Lantus Solostar open insulin pen was stored in the refrigerator. The label on the medication reads do not refrigerate this product after opening - store at room temperature.

**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.*

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Signature of Legal Entity Representative  
 (Required on EVERY Page) Patrice Shutt, BA, RCHA

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|--|---|

Regulation Number:

2600.183(e)

Py 7

What is the reason for the regulation?

Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light in accordance with manufacture's instructions.

What is the root cause of the violation?

Resident #2's Lantus Solostar open insulin pen was stored in the refrigerator. The label on the medication reads do not refrigerate this product after opening - store at room temperature.

How can we fix the immediate problem?

Resident's lantus pen was immediately moved to proper storage in the medication cart. Staff will be re-educated on proper storage of medications based on manufacturer guidelines

Once corrected, how can we make sure the problem does not happen again?

Medications will be audited by med techs to ensure proper storage of all medications.

Who is responsible to fix the problem?

PCHA

By what dates can each step in the plan be completed?

August 26<sup>th</sup>, 2013

How will we monitor to be sure the plan is being followed?

PCHA will review findings of med tech's audit. Any issues of non compliance will be fixed immediately. Audits will be maintained and made available to DPW upon their request.

Patrice Shutt, BA PCHA  
Patrice Shutt, BA PCHA  
8-15-13

M  
8/22/13

Violation Report: 22167 - 07/25/2013 - Novak, Ryan  
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

**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**

Resident #2's Metolazone and Saline Mist does not have a diagnosis or purpose listed on the medication administration record.

**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

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Regulation Number:

2600.187(a)

pg 8

What is the reason for the regulation?

A medication record shall be kept to include the following for each resident for whom medications are administered.

What is the root cause of the violation?

Resident #2's Metolazone and Saline Mist does not have a diagnosis or purpose listed on the medication administration record.

How can we fix the immediate problem?

Med-Tech's to review MAR to ensure that all medications have an appropriate diagnosis. If medications are to be found without a diagnosis, res' physician will be contacted to receive appropriate diagnosis.

Once corrected, how can we make sure the problem does not happen again?

During monthly change over, med-tech will monitor MAR's to ensure all meds have an appropriate diagnosis. PCHA will review MAR prior to new monthly MAR being put into place. Staff will be re-educated on insuring all medications have an appropriate supporting diagnosis for medication use, and if not to contact the physician for additional review.

Who is responsible to fix the problem?

PCHA

By what dates can each step in the plan be completed?

August 26<sup>th</sup>, 2013

How will we monitor to be sure the plan is being followed?

PCHA will audit MAR prior to each month starting and will maintain audits. Any issues of non compliance will be fixed immediately. Audits will be made available to DPW upon their request.

Patrice Shutt, BA PCHA  
Patrice Shutt, BA PCHA  
8-15-13

M  
8/22/13

Violation Report: 22167 - 07/25/2013 - Novak, Ryan  
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

**2a. DESCRIPTION OF VIOLATION**

At 9:00am licensing representative observed direct care staff person B initialing multiple medication administration records. Direct care staff person B reported that all the residents medication administration records were being initialed for the morning medication pass. The home is not initialing the medication administration record at the time the medication is administered.

**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.*


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P99

Regulation Number:

2600.187(b)

What is the reason for the regulation?

The information in 2600.187(a) and 2600.187(a)(14)

What is the root cause of the violation?

At 9:00am licensing representative observed direct care staff person B initialing multiple medication administration records. Direct care staff person B reported that all the residents medication administration records were being initialed for the morning medication pass. The home is not initialing the medication administration record at the time the medication is administered.

How can we fix the immediate problem?

Staff person B will be disciplined and educated re: proper medication administration.

Once corrected, how can we make sure the problem does not happen again?

PCHA will educate all med tech related proper medication administration and documentation. The PCHA will complete unannounced random medication observation audits one time per week for 4 weeks then one monthly ongoing. With a focus on standards of practice for signing medications when administered.

Who is responsible to fix the problem?

PCHA

By what dates can each step in the plan be completed?

August 26<sup>th</sup>, 2013

How will we monitor to be sure the plan is being followed?

Med techs will be educated on a quarterly basis related proper medication administration. Education will be made available to DPW upon their request.

Patrice Shutt, BA PCHA  
Patrice Shutt, BA PCHA  
8-15-13  
M 8/22/13

Violation Report: 22167 - 07/25/2013 - Novak, Ryan  
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

**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 #3 refused all the morning medication on 7/16/13. The home did not notify the prescriber of the medication refusals.

**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): |  |  |
|----------------------|-----------------------------------|--|--|

Signature of Legal Entity Representative  
 (Required on EVERY Page) Patrice Shutt, BA PCHA

|   |                     |
|---|---------------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <u>Patrice Shutt, BA PCHA</u> | Date <u>8-15-13</u> |
|---|---------------------|

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

The above plan of correction is approved as of 8/22/13  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 8/22/13  
 (Date)

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

Regulation Number:

2600.187(c)

pg 10

What is the reason for the regulation?

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.

What is the root cause of the violation?

Resident #3 refused all the morning medication on 7/16/13. The home did not notify the prescriber of the medication refusals.

How can we fix the immediate problem?

Resident #3's physician was notified of refusal of medication.

Once corrected, how can we make sure the problem does not happen again?

Staff to be educated related to informing physicians of resident refusals. PCHA will monitor to ensure compliance.

Who is responsible to fix the problem?

☉ PCHA and the home's Med-Techs

By what dates can each step in the plan be completed?

August 26<sup>th</sup>, 2013

How will we monitor to be sure the plan is being followed? -

☉ PCHA will monitor staff report sheets to ensure that all physicians are notified of resident refusals. Any issues of non compliance will be fixed immediately. Results will be reviewed at QA meeting. RASP and Support Plans will be updated as necessary to reflect resident refusals.

Patrice Shutt, BA PCHA  
Patrice Shutt, BA PCHA  
8-15-13

M  
8/22/13

Violation Report: 22167 - 07/25/2013 - Novak, Ryan  
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

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

2a. DESCRIPTION OF VIOLATION  
 Resident #2's blood sugar was 151 on 7/3/13 at 7am. According to the sliding scale Resident #2 should have been administered 2 units of insulin. The home did not administer any insulin. The home is not following the prescribers orders.

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): |  |  |
|----------------------|-----------------------------------|--|--|

Signature of Legal Entity Representative  
 (Required on EVERY Page) Patrice Shutt, BA, RCHA

|  |                     |
|--|---------------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <u>Patrice Shutt, BA, RCHA</u> | Date <u>8-15-13</u> |
|--|---------------------|

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

|   |   |
|---|---|
| The above plan of correction is approved as of <u>8/22/13</u><br>(Date) | Plan of correction implementation status as of <u>8/22/13</u><br>(Date)   |
| The above plan of correction was approved by <u>m</u><br>(Initials)     | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Pg 11

Regulation Number:

2600.187(d)

What is the reason for the regulation?

The home shall follow the directions of the prescriber

What is the root cause of the violation?

Resident #2's blood sugar was 151 on 7/3/13 at 7am. According to the sliding scale Resident #2 should have been administered 2 units of insulin. The home did not administer any insulin. The home is not following the prescribers orders.

How can we fix the immediate problem?

Physician was notified of medication error. DPW reportable incident was also filed. Resident was made aware of error.  
  
Med-tech to be re-educated related to same.

Once corrected, how can we make sure the problem does not happen again?

Med-techs will receive education related to proper medication administration. PCHA will monitor MAR's weekly x's 4 weeks and then monthly to ensure compliance of insulin administration.

Who is responsible to fix the problem?

PCHA

By what dates can each step in the plan be completed?

August 26<sup>th</sup>, 2013

How will we monitor to be sure the plan is being followed?

Audits will be completed. Audit tool will be monitored for any issue of noncompliance. Any issues of non compliance will be reported to physician, resident/responsible party, and DPW within regulated time frame. Audit tool will be made available to DPW upon their request.

Patrice Shutt, BA 8-15-13  
Patrice Shutt, BA 8-15-13 . M 8/22/13