



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

SEP 21 2013

Ms. Karen Trapp, Administrator
The Arbors at St. Barnabas, Inc.
85 Charity Way
Valencia, Pennsylvania 16059

RE: The Arbors at St. Barnabas – Gibsonia
5827 Meridian Road
Gibsonia, Pennsylvania 15044

Dear Ms. Trapp:

As a result of the Department of Public Welfare's licensing inspection on August 15, 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.

Your regular license for the period October 29, 2013 to October 29, 2014 was issued on July 24, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", with a long horizontal flourish extending to the right.

Ronald Melusky
Director

Enclosure
License Inspection Summary

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SEP 6 2013

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2606

WEST REGION FIELD OFFICE
Human Services Licensing

PCH Name: THE ARBORS AT ST BARNABAS GIBSONIA		License Number: 44159
Address: 5827 MERIDIAN ROAD, GIBSONIA, PA 15044		County: Allegheny
Administrator: Karen Trapp		Region: WEST
Legal Entity Name: THE ARBORS AT ST BARNABAS INC		
Legal Entity Address: 85 CHARITY WAY, VALENCIA, PA 16059		
Certificate(s) of Occupancy		
1-2 09/11/2009 Richland Township	1-2 05/19/2010 Richland Township	
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 32	Waking Staff: 24
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/15/2013: Mazza, Larry; Finner-Alman, Lisa		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 56	Number of Residents who:	
Number of Residents Served: 27	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 27	
Area:	Have Mental Illness: 1	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 5	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 1		

SEP 6 2013

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44159 - 08/15/2013 - Mazza, Larry
PCH Name: THE ARBORS AT ST BARNABAS GIBSONIA

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

Prior to lunch, the following items were found unlocked and unattended on top of the buffet in the Penthouse dining room:

- * Medication administration records (MAR) for resident #5
- * Medical transfer sheets for resident #6 to include the resident's insurance information and social security number

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 55 Pa. Code 2600.17

The description of the violation indicated that a copy of MAR for resident #5 along with a medical transfer sheet for resident #6 which included insurance information and Social Security Number were unlocked and unattended on top of the buffet in penthouse dining room. The items were immediately removed and returned to the locked room once the inspector noticed the error. All unlocked and accessible areas were checked for materials that may contain personal and health care information. All records containing resident health information are to be kept in locked areas. Staff is being educated on PA. Code 2600.17. This will be completed by September 25, 2013 by Arbors administrator or designee. A monthly audit will be completed by the Arbors administrator or designee. Additional education will be provided as needed. Audits will be reviewed quarterly by the Quality Assurance Committee.

Additional actions will be mandated if indicated.

By 10/10/13 - A designated staff person on each shift will monitor the home daily to ensure all resident records are confidential, kept safe and locked. MS 9/10/13

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/05/2012
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Signature of Legal Entity Representative
(Required on EVERY Page) *Karen Trapp*

Printed Name and Title of Legal Entity Representative: Karen Trapp, Administrator
(Required on EVERY Page) Date: September 5, 2013

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

The above plan of correction is approved as of 9/10/13
(Date)

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

Plan of correction implementation status as of 9/10/13
(Date)

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

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Violation Report: 44159 - 08/15/2013 - Mazza, Larry
PCH Name: THE ARBORS AT ST BARNABAS GIBSONIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2500
2600.85(a) - Sanitary conditions shall be maintained

2a. DESCRIPTION OF VIOLATION

The entire interior of the microwave, located in the Penthouse kitchenette, was splattered with dried food particles.
At 12:15 pm, there were no paper towels, mechanical air dryer, cloth towels or other sanitary means of drying hands at the sink in the Courtyard gathering room.

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 55 Pa. Code 2600.85(a)

The description of the violation indicated that the interior of the microwave, located in the Penthouse kitchenette, was splattered with dried food particles and that there were no paper towels, mechanical air dryer, cloth towels or other sanitary means to dry hands at the sink in the Courtyard gathering room. The microwave was cleaned in the Penthouse and replacement paper towels were set out near the sink in Courtyard gathering room. All microwaves were checked and found to be free of splatters. All sinks were checked and found to have a supply of paper towels. The Arbors administrator or designee will be educating staff on Regulation 2600.85a by September 25, 2013. The Arbors administrator or designee will do a monthly audit to assure all microwaves are clean and towels or other sanitary means to dry hands are available next to all sink areas. The audit will be reviewed quarterly by the Quality Assurance Committee. Additional actions will be mandated if indicated.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Karen Trapp*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Karen Trapp, Administrator Date September 5, 2013

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SEP 6 2013 e 4 of 11

Violation Report: 44159 - 08/15/2013 - Mazza, Larry
PCH Name: THE ARBORS AT ST BARNABAS GIBSONIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
Resident #1 does not have a source of lighting that can be turned on/off from bedside.

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 55 Pa. Code 2600.101(j)(7)

The description of the violation indicated that Resident #1 does not have a source of lighting that can be turned on/off from bedside. After reviewing preliminary inspection results, resident was interviewed by Arbors administrator. She stated she did not wish to have a table lamp or floor lamp in the area next to her bed, but did agree to have a tap light. All resident rooms were checked for an operable lamp or other source of light that can be turned on at bedside. Staff will be educated by Arbors administrator or designee on PA Code 2600.101(j)(7) by September 25, 2013. A monthly audit for operable lamps or other sources of light that can be turned on at bedside will be completed by the Arbors administrator or designee on a monthly basis. Continuing education will be provided as needed. Results of audits will be reviewed quarterly by the Quality Assurance Committee. Additional actions will be initiated if indicated

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(Required on EVERY Page) *Karen Trapp*

Printed Name and Title of Legal Entity Representative: Karen Trapp, Administrator Date: September 5, 2013
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Page 5 of 11

Violation Report: 44159 - 08/15/2013 - Mazza, Larry
PCH Name: THE ARBORS AT ST BARNABAS GIBSONIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
At 11:11 am, the temperature of the Penthouse kitchenette refrigerator was 52 degrees Fahrenheit

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 55 Pa. Code 2600.103(f)

The description of the violation indicated at 11:11 am, the temperature of the Penthouse kitchenette refrigerator was 52 degrees Fahrenheit. Staff was in the process of preparing for lunch. Staff member did state the door had been open for several minutes while she was moving food into and out of the refrigerator. Staff immediately set the temperature to a lower degree and temperature did return to 40 degrees Fahrenheit. After receiving preliminary results of survey, all refrigerators and freezers were checked for temperature with no problems noted. Staff will be educated on Pa Code 2600.103(f). Education will be completed by Arbors administrator or designee by September 25, 2013. A monthly audit will be completed by Arbors administrator or designee monthly. Results of audits will be reviewed by the Quality Assurance Committee quarterly. Additional approaches will be added if indicated.

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

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(Required on EVERY Page) *Karen Trapp*

Printed Name and Title of Legal Entity Representative: Karen Trapp, Administrator Date: September 5, 2013
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SEP 6 2013

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Violation Report: 44159 - 08/16/2013 - Mazza, Larry
PCH Name: THE ARBORS AT ST BARNABAS GIBSONIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(f) - Alternate exit routes shall be used during fire drills

2a. DESCRIPTION OF VIOLATION

The Courtyard gathering room and Penthouse dining room were used during each of the monthly fire drills from 10/9/12-7/16/13. Residents indicated the same exit route is used to evacuate to these 2 areas during every monthly fire drill.

3. PLAN OF CORRECTION (POC) (Attach page(s) 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 55 Pa. Code 2600.132(f)

The description of the violation indicated that the Courtyard gathering room and Penthouse dining room were used during each of the monthly fire drills from 10/9/12 to 7/16/13. Residents indicated that the same exit route was used to evacuate to these two areas during every monthly fire drill. A fire drill was conducted on August 16, 2013 using an alternate fire safe location. Staff will be educated on Pa Code 2600.132(f). Education will be completed by Maintenance Director or designee by September 25, 2013. The Arbors administrator or designee will provide residents with education on alternate exit routes that can be used during fire drills. A monthly audit will be completed by Arbors administrator or designee monthly. Results of audits will be reviewed by the Quality Assurance Committee quarterly. Additional approaches will be added if indicated.

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 Karen Trapp, Administrator Date September 5, 2013
(Required on EVERY Page)

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(Date)

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(Date)

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(Initials)

SEP 6 2013

WEST REGION FIELD OFFICE
Human Services Licensing Page 7 of 11

Violation Report: 44159 - 08/15/2013 - Mazza, Larry
PCH Name: THE ARBORS AT ST BARNABAS GIBSONIA

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation, dated 1/3/13, for resident #1 does not include medications. However, this resident receives medications to include Clonazepam, 2mg and Hydrocodone/APAP-5/325 mg

The medical evaluation, dated 5/8/13, for resident #2 does not include medications. However, this resident receives medications to include Oxycodone, 10mg and Fentanyl, 100 mcg. *withdrawn MS 9/10/13*

The medical evaluation, dated 4/1/13, for resident #3 does not include medications. However, this resident receives medications to include Oxycodone, 10 mg

The medical evaluation, dated 2/3/13, for resident #4 does not include medications. However, this resident receives medications to include Celexa, 10 mg

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.

The medical evaluations for all residents cited include medications. MS 9/10/13

Regulation 55 Pa. Code 141(a)(2)

The description of the violation indicated that four medical evaluations did not include all resident medications. After reviewing preliminary inspection results, staff nurse was instructed on DPW- ARL- Documentation of Medical Evaluation (06/12). All information not included on medical evaluation was added and reviewed by MD. All resident medical evaluations will be reviewed to include all medications. This will be completed by September 25, 2013. Education will be completed by Arbors administrator or designee by September 25, 2013 to all Arbors staff. A monthly audit will be completed by Arbors administrator or designee monthly. Results of audits will be reviewed by the Quality Assurance Committee quarterly. Additional approaches will be added if indicated.

RESIDENT #2 DID NOT HAVE ORDERS FOR OXYCODONE, 10MG AND FENTANYL, 100 MC. SEE ATTACHED MAR

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

Signature of Legal Entity Representative (Required on EVERY Page) *Karen Trapp*

Printed Name and Title of Legal Entity Representative: Karen Trapp, Administrator Date: September 5, 2013

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 Partially Implemented - Inadequate Progress
 Not Implemented

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

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SEP 6 2013

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Violation Report: 44159 - 08/15/2013 - Mazza Larry
PCH Name: THE ARBORS AT ST BARNABAS GIBSONIA

WEST REGION FIELD OFFICE
Human Services Licensing

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

Resident #4 is prescribed "Polyethylene Glycol-Mix 1 cap with 8 oz. of water and drink daily as needed." However, the pharmacy label for this medication indicates the medication should be taken daily

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 55 Pa. Code 2600.184(a)

The description of the violation that a resident was prescribed "Polyethylene Glycol-Mix 1 cap with 8 oz. of water and drink daily as needed." However, the pharmacy label for this medication indicates the medication should be taken daily. The label was immediately marked with a "Directions changed refer to chart" sticker, until pharmacy could provide a corrected label. All medication labels have been reviewed with no additional problems. Staff is being educated on PA. Code 2600.184(a). This will be completed by September 25, 2012 by Arbors administrator or designee. A monthly audit will be completed by the Arbors administrator or designee. Additional education will be provided as needed. Audits will be reviewed quarterly by the Quality Assurance Committee. Additional actions will be mandated if indicated.

Repeat Violation: No	Date(s) of Previous Violation(s)		
Signature of Legal Entity Representative <i>Karen Trapp</i>			
Printed Name and Title of Legal Entity Representative Karen Trapp, Administrator			Date September 5, 2013

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SEP 6 2013

Page 9 of 11

Violation Report: 44159 - 08/15/2013 - Mazza, Larry
PCH Name: THE ARBORS AT ST BARNABAS GIBSONIA

WEST REGION FIELD OFFICE
Human Services Licensing

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

The following prescribed medications for resident #1 were not available in the home:

- * Lactulose, 10 gm/15 ml - Take 15 ml daily as needed
- * Tums with Calcium-500 mg - Chew 1 tablet every 4 hours 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.

Regulation 55 Pa. Code 185(a)

The description of the violation indicated that two PRN medications were not available in the home for resident #1. The medications were immediately ordered from the pharmacy and received in the evening medication delivery. All resident PRN medications were reviewed to assure they were available in the home. Education will be completed by Arbors administrator or designee by September 25, 2013 to all Arbors staff. A monthly audit will be completed by Arbors administrator or designee monthly. Results of audits will be reviewed by the Quality Assurance Committee quarterly. Additional approaches will be added if indicated.

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

Printed Name and Title of Legal Entity Representative: Karen Trapp, Administrator
(Required on EVERY Page) Date: September 5, 2013

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SEP 6 2013

Page 10 of 11

Violation Report: 44159 - 08/15/2013 - Mazza, Larry
PCH Name: THE ARBORS AT ST BARNABAS GIBSONIA

WEST REGION FIELD OFFICE
Human Services Licensing

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 August 2013 MAR for resident #2 does not include a diagnosis or purpose for the following medications

- * Lactulose, 10 gm/15 ml
- * Fentanyl, 100/mcg patch *and new n*
- * Fentanyl, 75/mcg patch *ms 9/10/13*
- * Prednisone, 5 mg

The August 2013 MAR for resident #4 does not include a diagnosis or purpose for Celexa, 10 mg.

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 # 2 DID NOT HAVE ORDERS FOR

CYCODONE 10MG AND FENTANYL 100MG SEE ATTACHED MAR.

Regulation 55 Pa. Code 187 (a)

The description of the violation indicated that a total of five medical did not include a diagnosis or purpose for the medication. Resident #2 and Resident #4 both had diagnosis or purposes added to the drug orders after information was presented to staff during survey process. All ordered medications will be reviewed by staff to assure a diagnosis or purpose is included. This will be completed by September 25, 2013. Education will be completed by Arbors administrator or designee by September 25, 2013 to all Arbors staff. A monthly audit will be completed by Arbors administrator or designee monthly. Results of audits will be reviewed by the Quality Assurance Committee quarterly. Additional approaches will be added if indicated.

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

Printed Name and Title of Legal Entity Representative: Karen Trapp, Administrator
(Required on EVERY Page) Date: September 5, 2013

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SEP 6 2013 Page 11 of 11

Violation Report: 44159 - 08/15/2013 - Mazza, Larry
PCH Name: THE ARBORS AT ST BARNABA'S GIBSONIA

WEST REGION FIELD OFFICE
Human Services Licensing

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

Resident #1 is prescribed "Hydrocodone/APAP-5/325 mg-Take 1 tablet orally every 6 hours as needed for pain." Staff member A indicated this medication was administered to the resident on 8/15/13 at 2:00 pm. However, at 3:00 pm, resident #1's MAR did not include initials of staff administering this medication at 2:00 pm on 8/15/13.

Resident #3 is prescribed "Oxycodone-10 mg-Take 1 tablet orally every 6 hours for pain." Staff member A indicated this medication was administered to the resident on 8/15/13 at 12:00 pm. However, at 3:00 pm, resident #3's MAR did not include initials of staff administering this medication at 12:00 pm on 8/15/13.

Resident #3 is prescribed "Fentanyl-100 mcg-Apply 1 patch topically, along with 75 mcg to equal 175 mcg, every 72 hours." Staff member A indicated that both patches were applied to the resident on 8/15/13 at 9:00 am. However, at 3:00 pm, resident #2's MAR did not include initials of staff administering these medications at 9:00 am on 8/15/13.

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 55 Pa. Code 187 (b)

The description of the violation indicated three medications on MAR did not include initials of the staff administering the medication. Staff member was immediately made aware of the error and after confirmation that the medication was given corrected her mistake. All MARs will be reviewed to assure all medication orders include initials of staff administering the medications. This will be completed by September 25, 2013. Education will be completed by Arbors administrator or designee by September 25, 2013 to all Arbors staff. A monthly audit will be completed by Arbors administrator or designee monthly. Results of audits will be reviewed by the Quality Assurance Committee quarterly. Additional approaches will be added if indicated.

RESIDENT #3 DID NOT HAVE ORDERS FOR OXYCODONE, 10MG AND FENTANYL, 100MG SEE ATTACHED MAR.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Karen Trapp*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Karen Trapp, Administrator

Date September 5, 2013

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