



JAN 03 2014

Mr. Karl Brummer, SPHR, Vice President
The Brethren Home Community, Inc.
2990 Carlisle Pike
New Oxford, Pennsylvania 17350

RE: Cross Keys Village –The Brethren Home Community
License #: 342870

Dear Mr. Brummer:

As a result of the Department of Public Welfare's licensing inspection on August 28, 2013 and August 29, 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 must be maintained.

Your regular license for the period November 10, 2013 to November 10, 2014 was issued on August 9, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long, sweeping horizontal line extending to the right.

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

Violation Report: 34287 - 08/28/2013 - Riel, Becky
 PCH Name: CROSS KEYS VILLAGE THE BROTHERS HOME COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract for Resident #1, admitted to the Secure Dementia Care Unit on 5/6/2013, was not signed by the administrator or administrator designee.

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

We locked an existing memory support neighborhood on 6/1/13.
 The contract in question was an addendum to the resident's original admission agreement issued as part of the admission process to the secure neighborhood. The addendum was mailed to the designated person, who in turn, signed and returned the document, and it was mistakenly filed before it was co-signed by the administrator/designee.

A process for handling admission paperwork is already in place. We feel this was an isolated incident during the conversion of an existing memory support living area into a secure dementia neighborhood when paperwork for 14 residents was being processed at the same time.

Action:
 The contract was co-signed by the administrator/designee on 8/29/13 and filed.
 The contracts for all current residents were checked on 9/3/13 and all were found to be in compliance.

The administrator reviewed the process with the clerical staff who file documents, and the regulatory requirement requiring the signature.

Going Forward:
 Since no other contract was found unsigned, we will continue using the current process for handling admission paperwork.

The administrator will monitor compliance as part of her 2014 quality management plan.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Julie Hull*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Julie Hull PC Administrator Date 11/19/13

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

The above plan of correction is approved as of <u>12.3.2013</u> (Date)	Plan of correction implementation status as of <u>12.3.2013</u> (Date)
The above plan of correction was approved by <u>JAL</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: 34287 - 08/28/2013 - Rial, Becky
 POH Name: CROSS KEYS VILLAGE THE BROTHERS HOME COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Person A, hired on 6/24/13, does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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.

When questioned during inspection, we were unable to verify that the copy of the high school diploma submitted by Direct Care Staff Person A employed from 6/24/13 to 8/26/13 was valid.

Action:

Since the staff person is no longer employed, no further action is required.

Going Forward:

Our Human Resources Dept has contracted with an outside resource to validate the authenticity of questionable high school diplomas for PC applicants.

Compliance will be monitored by the HR Director, with a summary of findings included in the 2014 Quality Management Plan.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Julie Hull
P.C. Administrator* Date *11/19/13*

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The above plan of correction was approved by <u>JA</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: 34297 - 08/26/2013 - Riel, Becky
 PCH Name: CROSS KEYS VILLAGE THE BRETHERN HOME COMMUNITY

1. REGULATION 56 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
 The home's maintenance staff do not receive orientation in resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, or reporting of reportable incidents and conditions.

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.

As part of a CCRC, our maintenance men provide service to all areas of our campus. All Cross Keys Village team members receive general orientation and annual review for resident rights, emergency response and abuse/neglect under the Older Adult Protective Services act. Currently, only team members hired to work in PC receive the additional required PC specific training.

Action:
 On 11/14/13 the PC Administrator provided the required PC specific training for the current maintenance staff regarding PC resident rights, emergency medical plan, and mandatory reporting.

By 12/31/13, the PC Administrator and the campus educator will create a training program which will become part of the new hire orientation.

The PC Administrator will monitor compliance in collaboration with HR, with a summary included in the 2014 quality management plan.

Repeat Violation: No	Date(s) of Previous Violation(s):	08/30/2012
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Julie Hull*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Julie Hull PC Administrator	Date 11/19/13
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Violation Report: 34287 - 08/28/2013 - Riel, Becky
 PCH Name: CROSS KEYS VILLAGE THE BROTHERN HOME COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:
 (1) The name, position and duties of each direct care staff person.
 (2) The required training courses for each staff person.
 (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2a. DESCRIPTION OF VIOLATION
 The home's staff training plan does not include the amount of time each training takes to complete or training for direct care staff to include medication self-administration training; instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan; care for residents with dementia and cognitive impairments; personal care service needs of the resident; or care for residents with mental illness or mental retardation, or both if the population is served in the home.

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.

There is no regulatory requirement that states the training plan must include the amount of time each training will take to complete. The individual training plans include annual regulatory requirements, job specific competencies and self-selected continuing education topics. The length of time for job-specific competencies, i.e. medication training, varies.

Currently we track completion of annual mandatory topics electronically on SilverChair. Since there is specific documentation required for medication self-administration (which was determined to be in compliance) it is maintained separately.

The pre-admission screening form, assessment tool, medical evaluation and support plan are addressed during training on our electronic medical record. Care for residents with dementia and cognitive impairments is addressed in specific annual training.

Plan:

The new hire training form will be modified to clearly list all the topics to be covered, and the design of the annual staff training plan will be updated to include location of documentation for all required topics; both will be submitted for Dept approval by 12/31/13.

The administrator monitors team training compliance as part of the quality management plan.

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Julie Hull PC Administrator Date 11/19/13

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 34267 - 08/28/2013 - Riel, Becky
 PCH Name: CROSS KEYS VILLAGE THE BROTHERN HOME COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 There were no emergency service numbers posted near the phones in resident rooms 2916 and 3958.

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.

Each resident with a telephone is given a list of the required phone numbers, as well as, phone numbers for the care attendants in their neighborhood and the nurse (who carry wireless phones), and program leaders printed on brightly colored paper. Residents are instructed to keep the list near their phone, but are not required to post the list (some now have cell phones). In addition, residents have emergency call cords in their room & bathroom. Residents are instructed to call staff for help as the first responders. Compliance is monitored by the housekeeping team during weekly cleaning. Many residents choose to keep the list with their phone book or in a drawer. A new copy of the list is provided as needed. Reminders are provided periodically during neighborhood meetings.

Follow-up:
 Following inspection, the residents in 2916 and 3958 were asked about where the copy of the brightly colored emergency phone list was located - both were able to show their copy.

Plan:
 Housekeeping will continue to ensure that residents have the emergency phone listing during weekly cleaning. Administrator will continue to discuss the expectation for having the list easily accessible during neighborhood meetings. Summary of findings will be added to the 2014 Quality Management plan.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Julie Hull PC Administrator	Date 11/19/13
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Violation Report: 34287 - 08/28/2013 - Riel, Becky
 PCH Name: CROSS KEYS VILLAGE THE BROTHERN HOME COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.107(b) - The home shall have written emergency procedures that include the following:

- (1) Contact information for each resident's designated person.
- (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
- (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- (4) Means of transportation in the event that relocation is required.
- (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
- (6) Alternate means of meeting resident needs in the event of a utility outage.

2a. DESCRIPTION OF VIOLATION

The home's written emergency procedures do not include the duties and responsibilities of staff persons during evacuation or the alternate means of meeting resident needs in the event of a utility outage.

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.

PC is part of a CCRC. There are written emergency procedures in place to address a wide variety of issues, including a "defend in place" strategy using various locations on campus as evacuation sites when appropriate. The PC building has a generator which engages automatically in a power outage providing emergency lighting, elevator power, and power to red receptacles located throughout the building including one in each resident room.

Plan:

The administrator will work with the campus safety committee to enhance the current emergency procedures to more clearly show the PC duties and responsibilities of staff during evacuation and alternate means of meeting resident needs in the event of a utility outage by 12/31/13.

Responsibilities will be reviewed with the team during our December team meetings.

The campus safety committee is responsible for monitoring compliance and updating emergency procedures.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Julie Hull PC Administrator* Date *11/19/13*

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Plan of correction implementation status as of 12.3.2013 (Date)

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

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

Violation Report: 34287 - 08/28/2013 - Riel, Becky
 PCH Name: CROSS KEYS VILLAGE THE BRETHERN HOME COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The home's written emergency procedures have not been reviewed since 10/1/2011.

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 written emergency procedures for our CCRC are established and updated by our community's safety committee. PC is represented on the committee by both the PC Administrator and a nurse. At the time of inspection, the campus emergency procedures were under review and being copied into an electronic version for ease of access through our campus computer network. It was identified that during the change in Safety Officer assignment, the procedures had been reviewed, but hadn't been submitted to the local emergency management agency since 10/1/2011.

Action:
 The campus Safety Committee is revising the current plan to include the required information and submission to the emergency management authority with a completion goal of 12/15/13.

The campus Safety Committee is responsible for the ongoing maintenance of the plan.

The written emergency procedures will be reviewed annually. If revisions are needed, an updated copy of the procedures will be submitted to the local management Agency. Documentation of the Review and submission, if applicable, will be maintained. ja

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

Signature of Legal Entity Representative (Required on EVERY Page) *Julie Hull*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Julie Hull PC Administrator* Date *11/19/13*

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Violation Report: 3-1287 - 08/28/2013 - Riel, Becky
 POH Name: CROSS KEYS VILLAGE THE BROTHERN HOME COMMUNITY

1. REGULATION 55 Pa. Code §2600
 2600.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

2a. DESCRIPTION OF VIOLATION

- There is not a direct visual line of exit through hallway A leading from bedrooms 3957-3964 and 3950-3953 on the 3rd floor. There are no signs marking the line of travel to this exit.
- There is not a direct visual line of exit through hallway A leading from bedrooms 4955-4964 and 4948-4953. There are no signs marking the line of travel to this exit.

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.

Additional exit signs have been ordered to be installed before 12/31/13.

Going Forward:

The PC building is now included in the list of areas to be inspected annually by a Maintenance Dept representative on the Safety Committee to ensure our building remains in compliance with safety regulations.

Summary of inspection findings will be included with the 2014 Quality Management Plan.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Julie Hull*
PC Administrator Date *11/19/13*

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The above plan of correction was approved by <u>JH</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: 34257 - 09/28/2013 - Riel, Becky
 PCH Name: CROSS KEYS VILLAGE THE BROTHERN HOME COMMUNITY

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
 There was no prescription label for Resident #2's Novolog FlexPen.

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.

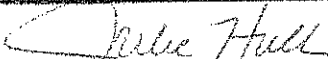
The pharmacy labeled the box and not the Novolog FlexPen with the required information. The box was discarded when the pen was started leaving it unlabeled.

Action:
 The pharmacy was contacted on 8/29/13 and alerted of the issue. They sent a properly labeled pen with the next delivery on 8/29/13.
 All insulin pens were checked and found to be properly labeled.
 The nurses were alerted to ensure that new insulin pens are properly labeled. If not, return it to the pharmacy.
 The procedure for handling insulin pens will be added to our pharmacy manual by 12/31/13.

Going forward:
 The pharmacy will label both the box and the Novolog FlexPen with the required information.

The team educator will monitor compliance through random checks, with a summary of findings added to our quality management plan for 2014.

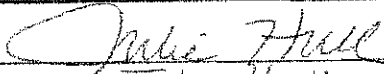
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Julie Hull PC Administrator Date 11/19/13

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The above plan of correction was approved by <u>JK</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: 34237 - 08/28/2013 - Riel, Becky	
PCH Name: CROSS KEYS VILLAGE THE BRETHERN HOME COMMUNITY	
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	
<ul style="list-style-type: none"> Resident #2 is on a sliding scale of insulin with blood sugars being checked once/daily before evening meals. The Resident was receiving this medication via a Novolog FlexPen that was stored in the Nurse's Station. It is uncertain when this medication expires, because there was no date recorded as to when the medication was opened. Resident #3 is on a sliding scale of insulin with blood sugars being checked before meals and at bedtime. The Resident was receiving this medication via a Novolog FlexPen that was stored in the Nurse's Station. It is uncertain when this medication expires, because there was no date recorded as to when the medication was opened. 	
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>	
Immediately after issue was identified on 8/29/13, the nurse researched when the pen had been received and looked at the manufacturer expiration date, and verified that the medication was not expired.	
On 8/29/13, we implemented a new protocol to place a label on the pen including the date and initials of the nurse who opened it and the nurses were alerted by the team educator in writing.	
Going Forward: The team educator will monitor compliance via random checks with the summary of findings included as part of our 2014 quality management plan	
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)	Date
Julie Hull PC Administrator	11/19/13
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The above plan of correction was approved by <u>WJ</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: 34287 - 08/28/2013 - Riel, Becky
 PCH Name: CROSS KEYS VILLAGE THE BROTHERN HOME COMMUNITY

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 medication administration record for Resident #2 does not include the number of units of Humalog Insulin that was administered per the sliding scale.

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.

Our electronic medication administration software didn't contain a means to document units of sliding scale insulin administered, so the units given were documented in the resident's electronic medical record notes. It was determined during inspection that this method was not acceptable because the documentation was not part of the MAR; split between two electronic documents.

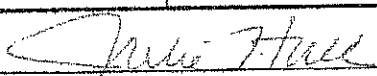
Action:

On 8/29/13 the consulting pharmacy was contacted, who in turn, contacted the software vendor. The team educator compared the MAR with the supporting documentation of # units given in the electronic medical record and found all documentation present.

The electronic medication administration software was updated on 11/8/13 to include a place to record units administered.

No further action required.

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
 (Required on EVERY Page) Julie Hull
 PC Administrator

Date 11/19/13

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Violation Report: 34287 - 08/29/2013 - Riel, Becky
 PCH Name: CROSS KEYS VILLAGE THE BROTHERN HOME COMMUNITY

1. REGULATION 85 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 #4 has a physician order for Hydrocodone (1 tablet every 4 hours if pain is not relieved, 2 tablets every 4 hours). The narcotic log indicates one Hydrocodone tablet was removed at 1:01pm on 8/14/2013. The Medication Administration Record indicates 2 tablets were administered at this time and date. The physical count of the narcotics compared to the narcotic log is accurate.
- On 8/25/2013, the Medication Administration Record indicated that Resident #4 received one Hydrocodone tablet at 12:12am. The narcotic log indicates a tablet was removed on 8/25/2013 at 8:30am. The physical count of the narcotics compared to the narcotic log is accurate.

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 #4: med counts were found in compliance; however, there was a typo on the record.
 On 8/25/13, the medication was documented as given, however, the attendant failed to update the narcotic log until change of shift med count when she caught the omission and updated the log.

Action:

During team skills review, the educator reviewed the process and emphasized that the narcotic log should represent the time the med was given, not the time the log was checked at shift change.

The team educator will monitor compliance through random checks and findings will be summarized as part of the 2014 quality management plan.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Julie Hull DC Administrator</i>	Date <i>11/19/13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12-3-13
 (Date)

Plan of correction implementation status as of 12-3-2013
 (Date)

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

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

Violation Report: 34287 - 08/28/2013 - Riel, Becky
 PCH Name: CROSS KEYS VILLAGE THE BRETHERN HOME COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2500.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 The initial assessment for Resident #5, admitted 12/10/2012, was completed on 12/31/2012.

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.

Our initial assessments, RASP and support plans are now in an electronic format approved by the Department. We only print documents upon request. The team uses their wireless devices to access information. In this situation we identified a programming discrepancy - the information was correct on the screen, but when printed, pulled a date from another location. During inspection we were asked to print all the documents the inspectors wanted to review. When the discrepancy was questioned, the screen view was shown. A screen shot was produced to show that the initial assessment for resident #5 was completed on 12/17/13.

The Resident Service Manager is responsible to ensure that these electronic documents are completed accurately and timely. The software produces a report alerting staff of the assessment due dates.

Action:
 The computer support department was alerted of the discrepancy on 8/29/13.
 The issue was corrected on 11/5/13.
 Random testing occurred to ensure that dates were printing appropriately.
 The software report of assessment due dates was run to ensure that all assessments were in compliance.

Since it was a software issue and not a breakdown in the process, no further action is required.

The administrator will monitor compliance by reviewing the assessment due dates report quarterly and summarizing findings in the quality management plan for 2014.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Julie Hull PC Administrator</i>	Date <i>11/18/13</i>
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The above plan of correction is approved as of 12-3-13
 (Date)

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

Plan of correction implementation status as of 12-3-2013
 (Date)

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

Violation Report: 34267 - 08/28/2013 - Riel, Becky
 PCH Name: CROSS KEYS VILLAGE THE BROTHERN HOME COMMUNITY

1. REGULATION 55 Pa.Code §2609
 2609.228(e) - The date and reason for the discharge or transfer, and the destination of the resident, if known, shall be recorded in the resident record.

2a. DESCRIPTION OF VIOLATION
 Resident #6 was discharged on 2/26/2013. The resident's record does not include the date of discharge or the destination of the resident.

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 #6 was admitted to our campus Healthcare center for rehab services following hospitalization. The team noted the hospital admission, but failed to document that the resident was admitted to Healthcare for treatment upon discharge from the hospital. The electronic medical record clearly shows the admission note by the Healthcare center to their care. A follow up note indicating the resident was to remain in LTC and the PC room vacated was also omitted.

Action:
 The resident's census record was reviewed to ensure that there were no inappropriate bed hold charges. It was confirmed that bed hold rate and discharge was processed appropriately.

The task of ensuring that a note is written in the resident's electronic medical record has been assigned to the Personal Care Liaison.

Ongoing compliance will be monitored by the PC Administrator with a summary statement added to our 2014 Quality Management Plan

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

Signature of Legal Entity Representative (Required on EVERY Page) *Julie Hull*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Julie Hull* Date *11/19/13*
PC Administrator

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The above plan of correction is approved as of <u>12.3.13</u> (Date)	Plan of correction implementation status as of <u>12.3.2013</u> (Date)
The above plan of correction was approved by <u>KAL</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