

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LEHIGH POINTE SENIOR LIVING TRS LLC  
LEGAL ENTITY

To operate WOODLAND TERRACE AT THE OAKS  
NAME OF FACILITY OR AGENCY

Located at 1263 S CEDAR CREST BOULEVARD, ALLENTOWN, PA 18103  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 110  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 34

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 13, 2013 until November 13, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 223010

Robert E. Robinson  
ISSUING OFFICER

  
ACTING DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

NOV 13 2013

Ms. Sharon C. Kaiser, CFO  
Lehigh Pointe Senior Living TRS LLC  
Attn: Ann Q. Bargeron  
189 South Orange Avenue, Suite 1700  
Orlando, Florida 32801

RE: Woodland Terrace at the Oaks  
1263 South Cedar Crest Boulevard  
Allentown, Pennsylvania 18103  
License #: 223010

Dear Ms. Kaiser:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 5, 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. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

Matthew J. Jones  
Acting Director

1/54

Enclosures  
License  
License Inspection Summary



Violation Report: 22301 - 09/05/2013 - Yellenic, Cindy  
 PCH Name: WOODLAND TERRACE AT THE OAKS

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

Resident #1 did not receive Ultram 50mg at 8:00pm on 9/1/13- 9/3/13 as prescribed due to the medication not being available. The home did not submit a Reportable Incident form notifying the Department of the medication error.

**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.*

All reportable incidents will be submitted in the allotted 24 hour time frame. Medication technicians and nurses reminded of reporting procedures during the training held on 9/11/13. Any future medication errors will be reported to the Department within a timely manner. On weekends and holidays, a Manager on Duty is assigned to cover the building and can submit reportable incidents, or can reach the on-call supervisor so that reporting can be done in a timely manner. Additional staff training on reporting procedures was reviewed during the training held on 9/16/13.

See attachment A1 and B1 for training documentation

Repeat Violation: No Y Date(s) of Previous Violation(s): 8-15-13

Signature of Legal Entity Representative (Required on EVERY Page) A. Allen

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Arielle Allen Date 10/17/13

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

The above plan of correction is approved as of 11-5-13  
 (Date)

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

Plan of correction implementation status as of 11-5-13  
 (Date)

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

Violation Report: 22301 - 09/05/2013 - Yellenic, Cindy  
 PCH Name: WOODLAND TERRACE AT THE OAKS

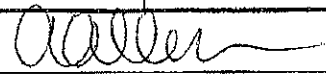
1. REGULATION 55 Pa.Code §2600  
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION  
 The contract for Resident #2 was not signed by the resident, administrator, or the 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.

All contracts will be signed fully on day of admission to the facility. All parties including the resident(s), family and administrator (or administrator designee) will sign the contract at time of admission. Upon audit following inspection, this was the only contract found without an administrator or administrator designee signature, in order to confirm it was an isolated incident. Contracts will be re-checked by the Business Office Manager and Executive Director to ensure ongoing compliance.

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) Arlette Allen - E.D.	Date 9/19/13
--	--------------

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

The above plan of correction is approved as of 11-5-13  
 (Date)

Plan of correction implementation status as of 11-5-13  
 (Date)

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

The above plan of correction was approved by   
 (Initials)

Violation Report: 22301 - 09/05/2013 - Yellenic, Cindy  
 PCH Name: WOODLAND TERRACE AT THE OAKS

**1. REGULATION 55 Pa.Code §2600**

2800.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

**2a. DESCRIPTION OF VIOLATION**

A large 4-section steam table was located in a small alcove in the Secured Dementia Care Unit dining room. The 1/2 door leading into the entrance of the alcove had a lock which did not function properly and therefore allowed residents access to the steam table. At the time of inspection, the steam table was on and the lids on the steam table measured 148 degrees Fahrenheit. The surrounding edge of the table measured 170 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.*

Maintenance Director has installed new locking device on the 1/2 door leading to the alcove entrance to ensure residents cannot access the area where the steam tables are located. Staff attended a mandatory training on 9/16/13 to remind them that this door needs to remain closed and locked at all times. Memory Care Coordinator or designee will regularly check that this door remains locked and closed for resident safety.

See attachment C1 for photograph of new locking device installed

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) Arielle Allen - E.D.	Date 9/19/13
--	--------------

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

The above plan of correction is approved as of 11-5-13  
 (Date)

Plan of correction implementation status as of 11-5-13  
 (Date)

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

The above plan of correction was approved by   
 (Initials)

Violation Report: 22301 - 09/05/2013 - Yellenic, Cindy  
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600  
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 On 9/5/13, in the kitchenette area of the Secured Care Dementia Unit, the bottom of the freezer is dirty and in need of a cleaning. The bottom of the freezer had a substance froze to it; that was sticky and colorful.

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.

Night shift staff will clean refrigerator and freezer daily to ensure cleanliness and sanitation. At 2:00pm, after breakfast and lunch are served, staff are cleaning the refrigerator and freezer again. Staff will initial and date the daily cleaning log. Memory Care Coordinator or designee will check the refrigerator/freezer and daily cleaning log to ensure compliance and sanitation.

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Anielle Allen-E.D.*      Date *9/19/13*

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

The above plan of correction is approved as of 11-5-13  
 (Date)

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

Plan of correction implementation status as of 11-5-13  
 (Date)

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

Violation Report: 22301 - 09/05/2013 - Yellenic, Cindy  
 PCH Name: WOODLAND TERRACE AT THE OAKS

**1. REGULATION 55 Pa.Code §2600**  
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.


**2a. DESCRIPTION OF VIOLATION**  
 On 9/5/13, at approx. 3:00pm, the water temperature in room 219 at the bathroom sink measured 129 degrees Fahrenheit; in room 232b at the bathroom sink measured 129.3 degrees Fahrenheit; and, at the sink in the 2nd floor kitchenette measured 128.8 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.*

Maintenance Director has been taking water temperatures daily to ensure temperatures are within safe limits. Water temperatures have been taken daily on each floor to ensure resident and staff safety. Following inspection, daily water temperatures on all three floors have been logged at appropriate levels without any adjustments being made.

After 30 days, if temperatures continue to remain consistent and in the safe range as determined by the Department, the Maintenance Director will resume schedule of checking water temperatures weekly and logging in the TELs system.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) 

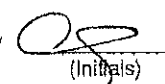
Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Arielle Allen-E.D.      Date 9/19/13

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

The above plan of correction is approved as of 11-5-13  
 (Date)

Plan of correction implementation status as of 11-5-13  
 (Date)

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

The above plan of correction was approved by   
 (Initials)

Violation Report: 22301 - 09/05/2013 - Yellenic, Cindy  
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600  
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

On 9/5/13, at 9:30am, there were 11 - 1/2 loaves of bread, 3 - hot dog buns, and 4 - hamburger buns in the vegetable crisper of the refrigerator located in the kitchenette of the Secure Care Dementia Unit. All of the bread products did not have any expiration dates on the wrappers from the manufacturer or from the facility when they were opened.

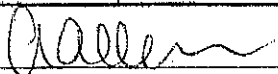
There was a box of Vans Gluten Free Waffles, opened, in the same refrigerator/freezer, which did not have an expiration date or a date when opened.

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

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Dining staff will be responsible for stocking and dating all items in the Secure Care Dementia Unit refrigerator and freezer moving forward. All items will be dated prior to leaving the kitchen area by dining staff members. Once stocked, dining staff are responsible for checking dates and signing daily log to ensure we are meeting compliance in this area. Memory Care Coordinator to check refrigerator and freezer daily to ensure compliance as well.

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) <u>Anelle Allen - E.D.</u>	Date <u>9/19/13</u>
--	---------------------

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

The above plan of correction is approved as of 11-5-13  
 (Date)

Plan of correction implementation status as of 11-5-13  
 (Date)

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

The above plan of correction was approved by   
 (Initials)

Violation Report: 22301 - 09/05/2013 - Yellenic, Cindy  
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #3's last medical evaluation was completed on 8/12/13 and the previous medical evaluation was on 7/19/12.

Resident #4's last medical evaluation was completed on 6/19/13 and the previous medical evaluation was on 5/7/12.

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 new Director of Wellness has created a document in order to track annual medical evaluations for all residents moving forward. All medical evaluations will be done annually. Executive Director and Business Office Manager will audit files regularly to ensure compliance in this area.

*at least annually  
 11-7-13*

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Anette Allen - E.D.</i>	Date <i>9/19/13</i>
--	---------------------

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

The above plan of correction is approved as of 11-7-13  
 (Date)

Plan of correction implementation status as of 11-7-13  
 (Date)

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

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

Violation Report: 22301 - 09/05/2013 - Yellenic, Cindy  
 PCH Name: WOODLAND TERRACE AT THE OAKS

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


2a. DESCRIPTION OF VIOLATION  
 Therapeutic -M tablets prescribed to Resident #5 expired 8/14/13 and 3 packages of Calcium Carb 600 with Vitamin D prescribed to Resident #5 expired 6/12/13.  
 6 packages of Aspirin 81mg prescribed to Resident #6 expired 11/19/12.

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 expired medications that were found on day of inspection had been pulled from the medication carts and held in the Wellness Office. Moving forward, all expired medications will be removed from the medication carts and immediately sent to the pharmacy for destruction. We will not hold or store any expired medications in the Wellness Office. Medication Technicians and nurses were trained on this during the meeting on 9/11/13 and will be retrained at a follow up pharmacy meeting scheduled for 9/25/13. Director of Wellness will check office area daily to ensure compliance.

See attachment B1 for training documentation

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

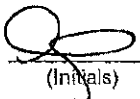
Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Anielle Allen - E.D.	Date 9/19/13
--	--------------

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

The above plan of correction is approved as of 11-7-13  
 (Date)

Plan of correction implementation status as of 11-7-13  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

Violation Report: 22301 - 09/05/2013 - Yellenic, Cindy  
 PCH Name: WOODLAND TERRACE AT THE OAKS

**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**

There were two bottles of Humalog insulin, one opened and one unopened, and two bottles of Lantus Insulin, one opened and one unopened, prescribed to Resident #5, stored in the home's second floor medication cart. Manufacturer directions for both companies indicate unopened bottles are to be stored between 36-46 degrees Fahrenheit or if unopened at room temperature the medication is good for 28 days. The unopened bottles were not dated, so there would be no way of determining when the 28 day expiration would be up. The home did not follow the manufacturer's directions regarding proper storage of the medication.

**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.*

Staff was trained on 9/11/13 as to the proper storage of medications and following manufacturer's directions regarding storage and dating of medications once opened. Director of Wellness will audit medication carts and MARs bi-weekly to ensure proper storage and dating. Director of Wellness will monitor for trending/tracking and bring findings to quarterly QA meetings in order to identify any needs for re-education of staff and/or re-engineering of processes or systems currently in place. Pharmacy is scheduled for a follow up training on 9/25/13 to remind coworkers of proper storage and dating for all medications, including insulin.

See attachment B1 for training documentation

*DOW will monitor for compliance (or designed) Monthly. eg. 11-7-13*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/29/2013		
-----------------------	-----------------------------------	------------	--	--

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Anette Allen - E.D.* Date *9/19/13*

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

The above plan of correction is approved as of 11-7-13  
 (Date)

Plan of correction implementation status as of 11-7-13  
 (Date)

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

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

Violation Report: 22301 - 09/05/2013 - Yellenic, Cindy  
 PCH Name: WOODLAND TERRACE AT THE OAKS

**1. REGULATION 55 Pa.Code §2600**  
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2a. DESCRIPTION OF VIOLATION**  
 It is the home's policy that all controlled substance are to be double-locked and counted by two staff persons at the beginning and end of each shift.  
 Resident #7 is prescribed hydrocodone with Acetaminophen to be administered three times daily. A review of the medication cart and "Narcotic Count" documents indicate the medication was not being double-locked or counted by staff as specified in the home's policy.

**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.*

All controlled substances are double-locked and counted by two staff persons at the change of each shift. Staff was reminded of this policy at the training on 9/11/13. This will be revisited at the pharmacy follow up meeting scheduled for 9/25/13. Director of Wellness will do bi-weekly medication cart and MAR audits to ensure all controlled substances are double-locked and being counted at each shift change.

See attachment B1 for training documentation


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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *A Allen*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Arielle Allen - E.D.</i>	Date <i>9/19/13</i>
---	---------------------

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

The above plan of correction is approved as of 11-7-13  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 11-7-13  
 (Date)

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

Violation Report: 22301 - 09/05/2013 - Yellenic, Cindy  
 PCH Name: WOODLAND TERRACE AT THE OAKS

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

2a. DESCRIPTION OF VIOLATION  
 On 9/1/13- 9/3/13 resident #1 did not receive Ultram 50mg at 8:00pm as prescribed due to the medication not being available. Resident #8 is prescribed Zofran OPT 40mg to be administered every 6 hours as needed. The medication was not on-hand at the time of the inspection.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Executive Director and Director of Wellness met with the pharmacy on 9/6/13 to discuss the need for medication availability for timely administration. Staff was trained on 9/11/13 about reordering medications a week prior to needing them. If a medication is not on site, pharmacy will be notified immediately and delivered from the back up pharmacy to ensure timely administration of the medication.

*Adm or designee will monitor for compliance at least monthly. JP*  
*11-7-13*

See attachment B1 for training documentation

Repeat Violation: ~~No~~ **Y** Date(s) of Previous Violation(s): **8-15-13**

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) **Annie Allen - E.D.** Date **9/19/13**

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

The above plan of correction is approved as of 11-2-13  
 (Date)

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

Plan of correction implementation status as of 11-7-13  
 (Date)

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

Violation Report: 22301 - 09/05/2013 - Yellenic, Cindy  
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600  
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION  
 On 9/1/13- 9/3/13 Resident #1 did not receive Ultram 50mg at 8:00pm as prescribed due to the medication not being available. The prescribing physician was not notified of the medication error.

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.

Staff was trained on 9/11/13 about the procedure for medication errors to both the Department and to the resident's physician.

If a medication error occurs, Medication Technicians and nurses were retrained on the procedure for immediate reporting to the resident's physician and to the Department within the 24 hour time allotment. This was again reviewed with staff during the training held on 9/16/13 regarding all reportable incidents. On weekends and holidays, a Manager on Duty is assigned to the building and is responsible for ensuring that medication errors and reportable incidents are reported to the physician and Department timely.

See attachments A1 and B1 for training documentation

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *A Allen*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Anielle Allen</i>	Date <i>10/7/13</i>
--	---------------------

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

The above plan of correction is approved as of 11-5-13  
 (Date)

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

Plan of correction implementation status as of 11-5-13  
 (Date)

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

Violation Report: 22301 - 09/05/2013 - Yellenic, Cindy  
 PCH Name: WOODLAND TERRACE AT THE OAKS

**1. REGULATION 55 Pa.Code §2600**

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**

The most recent assessment for Resident #3 was completed on 8/12/13, the previous assessment was completed on 7/19/12, which is beyond the annual time frame.

The most recent assessment for Resident #4 was completed on 7/11/13, the previous assessment was completed on 5/21/12, which is beyond the annual time frame.

The most recent assessment for Resident #9 was completed on 7/30/12, and the most recent assessment for Resident #10 was completed on 8/22/12. The annual assessment for Resident #9 and Resident #10 was not completed as required.

**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.*

New Director of Wellness has created a system for tracking annual medical evaluations in addition to assessments and support plans to be completed annually. Director of Wellness will keep this document updated and ongoing as new admissions occur. The annual assessments for residents #9 and #10 were completed after inspection. Executive Director and Business Office Manager will review files and charts weekly to ensure compliance.

*Adm or designee will audit all assessments for current residents to insure current compliance. AQ 11-7-13*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *A Allen*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Anielle Allen - E.D.</i>	Date <i>9/19/13</i>
---	---------------------

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

The above plan of correction is approved as of <u>11-7-13</u> (Date)  The above plan of correction was approved by <u>AQ</u> (Initials)	Plan of correction implementation status as of <u>11-7-13</u> (Date)  <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
---	--