



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JAN 03 2014

Mr. Robert B. Hayward Jr., President/ CEO  
Quarryville Presbyterian Retirement Community  
625 Robert Fulton Highway  
Long and Thompson Buildings  
Quarryville, Pennsylvania 17566

RE: Quarryville Presbyterian Retirement Community  
License #: 321800

Dear Mr. Hayward:

As a result of the Department of Public Welfare's licensing inspection on October 1, 2013 and October 2, 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 October 7, 2013 to October 7, 2014 was issued on June 21, 2013. Your regular license remains in good standing.

Sincerely,

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

Matthew L. Jones  
Acting Director

Enclosure  
License Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: QUARRYVILLE PRESBYTERIAN RETIREMENT COMMUNITY		License Number: 321800
Address: LONG AND THOMPSON BUILDINGS, QUARRYVILLE, PA 17566		County: Lancaster
Administrator: Lorie Lavin, LPN		Region: CENTRAL
Legal Entity Name: QUARRYVILLE PRESBYTERIAN RETIREMENT COMMUNITY		
Legal Entity Address: 625 ROBERT FULTON HIGHWAY, QUARRYVILLE, PA 17566		
<b>Certificate(s) of Occupancy</b>		
C-2 LP 07/16/2002 L&I	C-2 LP 05/02/2001 L&I	
<b>Staffing Hours</b>		
Resident Support: NM	Total Daily Staff: 101	Waking Staff: 76
Type of Inspection: Full	BHA Docket Number: NA	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal, Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 10/01/2013: Riel, Becky; McCloskey, Jason 10/02/2013: Riel, Becky; McCloskey, Jason		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers: NA		Random Indicators: NA
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 100	<b>RECEIVED</b> OCT 29 2013	<b>Number of Residents who:</b>
Number of Residents Served: 70		Receive Supplemental Security Income: 0
Secured Dementia Care Unit in Home: Yes		Are 60 Years of Age or Older: 70
Area: NA		Have Mental Illness: 0
Secured Dementia Unit Capacity, if Applicable: 24		Have an Intellectual Disability: 0
Number of Residents Served in Secured Dementia Care Unit, if applicable: 24		Have a Mobility Need: 31
Number of Current Hospice Residents: 0		Have a Physical Disability: 2
Number of Hospice Residents in past year: 2		

Violation Report: 32180 - 10/01/2013 - Riel, Becky  
 PCH Name: QUARRYVILLE PRESBYTERIAN RETIREMENT COMMUNITY

**1. REGULATION 55 Pa.Code §2600**

2600.29a(b)(5)(ii) - If the provisions of § 2600.29a(b)(4) are initiated, the informed staff person is to immediately practice a fire drill evacuation in accordance with the following: Reasonably simulate the level of effort required to move the resident and proceed to practice evacuation to the nearest unblocked exit or fire safe area. The simulation will include the number of staff persons that is required during an evacuation to safely move the resident.

**2a. DESCRIPTION OF VIOLATION**

During the fire drills on 2/28/2013 and 3/28/2013, staff did not simulate the level of effort required to move Resident #1 in the case of an actual evacuation.

**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.*

During a fire drill, staff will simulate evacuating a resident who currently is receiving Hospice care and deemed unable to evacuate during a fire drill. 2 staff members will use a wheelchair padded with blankets, enters resident's room, simulate transferring resident to wheelchair and remove resident in wheelchair to indicated fire safe area in the allotted time designated by the fire safety expert to evacuate.

A Fire Safety Expert has scheduled Fire Safety Training for all direct care staff members on November 14, 2013. The Fire safety expert will also conduct training on Hospice Care and Services Statement of Policy 29a-b5i. The Fire Safety Expert will instruct staff on proper procedure when simulating an evacuation of a Hospice resident.

When a resident who is receiving Hospice care and actively dying and has been deemed unable to participate in fire drills, the Personal Care Administrator will immediately remind staff of the required regulation when a fire drill occurs and oversee any fire drills that occur to ensure staff simulated the evacuation of the resident correctly.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Lorie Lavin, LPN, PCNA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lorie Lavin LPN, PCHA</i>	Date <i>10/25/2013</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>11-14-13</u> (Date)	Plan of correction implementation status as of <u>11-14-13</u> (Date)
The above plan of correction was approved by <u>lal</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: 32180 - 10/01/2013 - Riel, Becky  
 PCH Name: QUARRYVILLE PRESBYTERIAN RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600  
 2600.29a(b)(10) - The resident's assessment and support plan are to be kept current and specify the requirements of this section as it relates to the specific resident.

2a. DESCRIPTION OF VIOLATION  
 Resident #1's assessment and support plan did not address the resident's exclusion from evacuation during fire drills due to status in an active dying process.

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.

Any resident who is receiving Hospice care and deemed unable to participate in fire drills due to actively dying will have their support plan and assessment addressed by the Personal Care Home Administrator and/or the designated person who is responsible to update the resident's support plan and assessment.  
 The support plan and assessment will specify the requirements of the staff's responsibility during each fire drill conducted.  
 A nurse's staff in-service which included training on updating residents support plans and assessments was held October 9, 2013. See attached power point training.

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Violation Report: 32180 - 10/01/2013 - Riel, Becky  
 PCH Name: QUARRYVILLE PRESBYTERIAN RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

- Long Building: During the fire drill on 1/24/2013 at 11:04pm, 9 staff people participated and during the fire drill on 7/23/2013 at 6:01am, 7 staff people participated. According to staff records, the least number of staff people on duty at any given time of day is 3. The home is holding fire drills when there are additional staff people on duty.
- Thompson Building: During the fire drills on 12/21/2012 at 5:58am, and 6/26/2013 at 11:07pm, 5 staff people participated. According to staff records, the least number of staff people on duty at any given time of day is 3 with the option of an additional staff person coming from the Long Building to assist. The home is holding fire drills when there are additional staff people on duty.

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.

Fire drills will be conducted without any additional staff members in attendance.  
 An additional staff member was hired and placed on night shift beginning October 20, 2103.  
 There will be at least 4 staff members to assist residents to evacuate during night time drills within the evacuation time designated by the fire safety expert. Security is also required to respond and assist with evacuations during the nighttime drill.

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Signature of Legal Entity Representative (Required on EVERY Page) <i>Lorie Lavin, LPN, PCNA</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lorie Lavin, LPN, PCNA</i>			Date: <i>10/25/2013</i>

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Violation Report: 32180 - 10/01/2013 - Riel, Becky  
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**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 medication administration record for Resident #2 does not include the purpose/diagnosis for Coumadin (3.5mg at 5:00pm).
- Resident #2's medication administration record has that the resident is to take Coumadin/3.5mg at 5:00pm; however, the home is administering 1 tablet of 1.0mg and 1 tablet of 2.5mg of Coumadin.
- The medication administration record for Resident #3 does not include the number of units of Humalog Insulin administered on 9/21/2013 at 12pm.
- The home's staff sign and initial each individual medication administration record (MAR) for all residents; however, there is not a master key with the staff's full printed name so the individual staff person can be linked to a specific MAR entry.

**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 medication record will have a diagnosis written for each medication.  
 The staff member will transcribe correctly on the medication record the correct dosage of each tablet of medication being given.  
 The staff member will document the number of units of Insulin administered to a resident in the medication record immediately after administering the medication.  
 A staff training in-service was held October 9, 2013 to address and correct the 3 items listed above and train staff members to correctly list diagnosis and transcribe dosage tablets on each medication and the number of units of Insulin being administered.  
 See attached power point training with instructions.  
 Each staff member who administers medication will sign and print their full name and initial on a master key monthly. The master key will be located in the front of each medication administration record. See attached master key which staff will begin to use November 1, 2013.

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 (Required on EVERY Page) *Lorie Lavin, LPN, PCNA*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Lorie Lavin, LPN, PCNA* Date *10/25/2013*

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 (Initials)

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Violation Report: 32180 - 10/01/2013 - Riel, Becky  
 PCH Name: QUARRYVILLE PRESBYTERIAN RETIREMENT COMMUNITY

**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**  
 According to the home's progress notes, on 8/21/2013, Resident #4 was kicking a staff person and being verbally abusive when receiving care. The progress notes also note on 8/22/2013 that the resident commented "I'm going to get a gun and shoot" when 2 staff persons were showering him/her.  
  
 On 9/13/2013, Resident #4 wandered into another resident's bedroom. The other resident placed a hand on Resident #4's back to guide the resident out of the room. Resident #4 slapped the other resident, breaking that residents hearing aid. The home has not updated the Resident's assessment noting a change in his/her cognitive needs (i.e. agitation, irritability, aggression).

**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.*

A resident's assessment and support plan will be updated when significant changes and/or cognitive changes are noted from the current assessment.

A staff training in-service was held on October 9, 2013 with instructions on updating the assessment and support plans. The nightshift nurse will review all assessments weekly and update as warranted. The Clinical Coordinator and/or Personal Care Administrator will review the resident's assessment routinely also.

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