



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

FEB 19 2014

Mr. Jeff Jablon, Administrator
Hollidaysburg Veterans Home
P.O. Box 319
Hollidaysburg, Pennsylvania 16648

RE: Hollidaysburg Veterans' Home
License #: 343600

Mr. Jablon:

As a result of the Department of Public Welfare's licensing inspection on November 5, 2013 and November 6, 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 February 22, 2014 to February 22, 2015 was issued on November 8, 2013. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

Violation Report: 34360 - 11/05/2013 - Hoover, Douglas	
PCH Name: HOLLIDAYSBURG VETERANS HOME	
1. REGULATION 55 Pa.Code §2600 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	
2a. DESCRIPTION OF VIOLATION The facility did not have any documentation that dryer ducts were cleaned according to manufacturer's instructions. On 11/6/13, a handful of lint was pulled out of the 2nd floor laundry room dryer wall duct.	
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>	
<p>The dryer duct work has been cleaned and inspected by the maintenance department upon notification of this violation. Going forward, Hollidaysburg Veterans' Home maintenance department will clean internal and external duct work for each dryer in the home. The frequency of the cleaning will follow the manufacturer instructions. Documentation shall be kept by maintenance to ensure appropriate tracking and accountability. Implementation of this process is immediate. Attached is the Dryer Duct Cleaning Tracking Form.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Jeff Jablon</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jeff Jablon PCU Administrator</i>	Date <i>12-27-13</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u><i>1/28/14</i></u> (Date)	Plan of correction implementation status as of <u><i>1/28/14</i></u> (Date)
The above plan of correction was approved by <u><i>JJ</i></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: 34360 - 11/05/2013 - Hoover, Douglas
 PCH Name: HOLLIDAYSBURG VETERANS HOME

1. REGULATION 55 Pa.Code §2600
 2600.144(c)(?) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
 The 2nd level smoking room had a cigarette receptacle that contained a folded-up paper towel. Mixed in with the towel were numerous cigarette butts which presented a potential fire hazard.

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.

Effective immediately, the housekeeping department will inspect all smoking rooms twice per day to ensure no foreign flammable materials are present in ashtrays. Housekeeping supervisor will monitor to ensure follow through. Other safeguards required by this regulation continue to remain in working order. These include fire resistant furniture, heat activated sprinkler systems and heat activated alarms. In addition, the smoking policy has been reiterated to the residents and a reminder has been given to the residents to avoid placing flammable materials in ashtrays. During the next resident council meeting another reminder will be given.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jeff Jablon PCV Administrator* Date *12-27-13*

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

The above plan of correction is approved as of *1/28/14*
 (Date)

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

Plan of correction implementation status as of *1/28/14*
 (Date)

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

Violation Report: 34360 - 11/05/2013 - Hoover, Douglas
 PCH Name: HOLLIDAYSBURG VETERANS HOME

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
 The medication cart, "A", had one unidentified pink round pill behind the cart on the floor. Also, the bottom drawer of the cart had multi-colored pill powder that was approximately 1/4 inch thick in the back and in the corners.
 The medication cart, "B", had one loose white pill in the bottom of the top drawer. The pill was later identified as *Buspar, 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.

Med carts were immediately cleaned by housekeeping upon notification of violation. Going forward, once per month during the (q 14 day) med-exchange, the pharmacy technician, housekeeping staff, and 1 Unit Nursing staff will work together to empty the drawers and wipe clean all the surfaces of the med-cart bins and drawers. During these times, housekeeping will visually inspect the surrounding areas for loose pills. A Cleaning Log will be maintained in the medication rooms for the medication cart cleaning. The Pharmacy tech completing the cart exchange during the cleaning, the Housekeeper completing the cleaning of the cart, and the licensed nurse present during the cleaning will all sign the log after the cleaning. The licensed nurse enters the date of the cleaning on the Log. This process will then be followed up by a med-cart inspection by administrator or designee. Medication Cart Cleaning Documentation is attached.

It was found that the loose pill was dropped during med pass. The nurse used the next pill to fulfill that pass. A search for the dropped pill did not occur. The nurse supervisor and administrator explained that each pill needs to be accounted for in order to have accurate counts for refills. The process for such an incident was reiterated to all nurses who pass medications.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jeff Jablon PCU Administrator</i>	Date <i>12-27-13</i>
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The above plan of correction is approved as of <u>1/28/14</u> (Date)	Plan of correction implementation status as of <u>1/28/14</u> (Date)
The above plan of correction was approved by <i>JG</i> (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: 34360 - 11/05/2013 - Hoover Douglas
 PCH Name: HOLLIDAYSBURG VETERANS HOME

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 November 2013 medication administration record for resident #1 did not have the diagnosis or purpose for *Prednisone, 5 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 diagnosis for Prednisone 5mg has been added to the medication administration record of resident #1. Director of nursing has initiated the re-education for all licensed staff regarding the need for a diagnosis on all medications. Going forward, nurses will review physician orders when received to ensure diagnosis is indicated. In addition, HVH pharmacy will review the order. In any instance that a diagnosis is not indicated, pharmacy will notify nursing and obtain the diagnosis to document the MAR.

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)			Date
Jelt Jablon PCU Administrator			12-27-13
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[Signature] (Initials)			