



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

DEC 16 2013

Ms. Paula Sagan-Hahn, Executive Director
Lakewood Senior Living – Drums LLC
159 South Old Turnpike Road
Drums, Pennsylvania 18222

RE: Fritzingertown Senior Living Community
License #: 201660

Dear Ms. Sagan-Hahn:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 8, 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.

Your regular license for the period December 19, 2013 to December 19, 2014 was issued on August 15, 2013. Your regular license remains in good standing.

Sincerely,

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

Matthew U. Jones
Acting Director

Enclosure
License Inspection Summary

Violation Report: 20166 - 11/08/2013 - O'Haire, Anne
 PCH Name: FRITZINGERTOWN SENIOR LIVING 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 Medication Administration Record for Resident #1 was not initialed at the time of administration for the following medications:
 Supplement KEL 20 mg. tab B.I.D. on 10/27/13 and 10/31/13 at 8:00 p.m.
 Macrobid 100 mg. B.I.D. x 10 days on 10/31/13 at 5:00 p.m.
 The Medication Administration Record for Resident #2 was not initialed at the time of administration for the following medication:
 Metformin HCL, 850 mg tab. to be taken 1 tab. by mouth every other day on 11-04-13 at 8:00 am.

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.

Medication administration personnel were re-inserviced on 11/11/13. In-service included proper medication administration and documentation as well as requirements of this regulation.

Ongoing documentation and medication reviews will be conducted monthly by Director of Resident Care Services to assure compliance to this regulation.

Administrator will monitor medication administration quarterly to assure compliance to this regulation.

Repeat Violation: No.	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Paula Sagan Haber*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Paula Sagan Haber* Date *11/26/13*

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

The above plan of correction is approved as of 12/2/13
 (Date)

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

Plan of correction implementation status as of 12/2/13
 (Date)

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