



MAY 0 1 2014

Mr. James G. Schneider, Vice President
Asbury Atlantic, Inc.
2323 Edinboro Road
Erie, Pennsylvania 16509

RE: Springhill Senior Living Community
License #: 425550

Dear Mr. Schneider:

As a result of the Department of Public Welfare's licensing inspection on November 20, 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 28, 2014 to February 28, 2015 was issued on November 13, 2013. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 42555 - 11/20/2013 - Whitney, Diane
PCH Name: SPRINGHILL SENIOR LIVING COMMUNITY

MAR 7 2014

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, paper records shall be accessible only to the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 11-20-2013, at 9:15 A.M., the medication cart and electronic medication administration record were unlocked, unattended, and accessible outside of room #203.

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.

Springhill nursing policy "Medication Management" (#1) has been updated to address paper and electronic MARs being kept confidential. Springhill nursing policy "Resident Records" (#1) has been updated to more clearly reflect Regulation 2600.17 related to confidentiality of the Resident Record. All nurses have been in-serviced on both electronic and paper MARs and how to maintain confidential records. Nurses have signed off on this in-service. Spot checks will be completed monthly on all shifts by the Director of Health Services, Clinical Services Coordinator, or designee to ensure this regulation is being maintained.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jane E Gibscu RN MSW*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jane E Gibscu RN MSW* Director of Health Services, Administration Date *3/6/14*

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

The above plan of correction is approved as of *3/21/14* (Date)

Plan of correction implementation status as of *3/21/14* (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

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MAR 7 2014

Violation Report: 42555 - 11/20/2013 - Whitney, Diane
PCH Name: SPRINGHILL SENIOR LIVING COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted on 7-9-2012; however, the resident's initial medical evaluation was completed on 4-3-2012.

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.

Springhill nursing policy "Admission Documentation" (#3) has been reviewed with the nursing staff with particular emphasis on time frames to get the initial medical evaluation completed.

During the initial admission process, Springhill Nursing currently completes an in-house admission assessment form (attached) along with the forms designated by the Department of Public Welfare. This form will now include a place for the nurse to document the potential Resident's most recent physician appointment or scheduled future appointment. The potential Resident will then be informed of needing an updated physician appointment within the timeframe designed by the Department if needed. Upon actual admission, the nurse completing the assessment records will follow up to determine if an appointment was made so that the proper paperwork will be completed timely as designated by DPW. The Director of Health Services, Clinical Services Coordinator, or designee will complete monthly checks to ensure this regulation is being maintained.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jane E Gibson RN, MSN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jane E Gibson, RN, MSN* Director of Health Services, Administrator. Date *3/6/14* 3/6/14

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

The above plan of correction is approved as of 3/21/14 (Date)

Plan of correction implementation status as of 3/21/14 (Date)

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

- Fully Implemented *2*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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MAR 7 2014

Violation Report: 42555 - 11/20/2013 - Whitney, Diane
PCH Name: SPRINGHILL SENIOR LIVING COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 11-20-2013, at 9:15 A.M., the medication cart was unlocked and accessible outside of room #203

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.

Springhill nursing policy "Medication Management" (#2) has been reviewed with all nurses with particular focus on medication always being secured whether in medication cart or in medication room. The Director of Health Services, Clinical Services Coordinator, or designee will complete at least monthly checks to ensure that nurses are keeping medication cart locked when not actively being used.

weekly
3/2/14

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Jane E Gibson RN MSW*

Printed Name and Title of Legal Entity Representative *Jane E Gibson RN MSW* Director of Health Services, Administrator
(Required on EVERY Page) Date *3/6/14*

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

The above plan of correction is approved as of 3/2/14
(Date)

Plan of correction implementation status as of 3/2/14
(Date)

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

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

Violation Report: 42555 - 11/20/2013 - Whitney, Diane
 PCH Name: SPRINGHILL SENIOR LIVING 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.

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WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident # 3 is prescribed 6 units of Novolg insulin 1/2 hour after breakfast and lunch, and 5 units of Novolg insulin 30 minutes after dinner, according to the November medication administration record. However, the prescription label indicates administer 6 units of Novolg insulin at 9:00 A.M., 1:00 P.M., and 6:00 P.M.

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.

Springhill nursing policy "Medication Management" (#7) has been reviewed with all nurses with particular focus on noting that any updated order must also show the updated prescribed dose and time of administration on the medication label. The Director of Health Services, Clinical Services Coordinator, or designee will complete at least monthly checks to ensure that the current orders have the correct names, dates, doses, and administration times, along with the name and title of the prescriber.

The violation noted above was corrected at the time the violation was discovered.

By 4/15/14 - The administrator will develop a system to ensure that medication order changes are updated immediately on the medication label and the medication administration record.

By 4/30/14 - All staff who administer medications will be educated on this system.

Dr 3/6/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *John E. Gibson RUMSW*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John E. Gibson RUMSW* Director of Health Services, administrator Date *3/6/14*

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

The above plan of correction is approved as of 3/21/14 (Date)

Plan of correction implementation status as of 3/21/14 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *7*
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

Violation Report: 42555 - 11/20/2013 - Whitney, Diane
PCH Name: SPRINGHILL SENIOR LIVING COMMUNITY

MAR 7 2014

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

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Occuvite containing Lutein. The home is administering Preservision without Lutein.

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.

Springhill's "Medication Management" policy has been reviewed with all nurses with particular attention focused on (#9) noting that any medication substituted by the pharmacy must contain the same active ingredients to be considered an acceptable substitute. Nursing will be responsible to check in the medications to confirm they are the correct medications ordered by the physician. The Director of Health Services, the Clinical Coordinator, or designee will do monthly medication audits to ensure this process is followed.

The violation noted above was corrected. The pharmacy was contacted and provided Occuvite with Lutein. Preservision was returned to the pharmacy for their review and destruction. Physician and Resident were notified of this occurrence.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jane E Gibson* RWMSN

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jane E Gibson, RWMSN* Director of Health Services, Administrator Date *3/6/14*

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

The above plan of correction is approved as of 3/24/14 (Date)

Plan of correction implementation status as of 3/24/14 (Date)

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

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