



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

APR 28 2014

Ms. Maureen K. Heckler, Vice President/Director
Maris Grove, Inc.
500 Maris Grove Way, 1st and 3rd Floors
Glen Mills, Pennsylvania 19342

RE: Maris Grove
License #: 134660

Ms. Heckler:

As a result of the Department of Public Welfare's licensing inspection on December 12, 2013 and December 23, 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 March 11, 2014 to March 11, 2015 was issued on December 12, 2013. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2800

PGH Name: MARIS GROVE		License Number: 13466
Address: 500 MARIS GROVE WAY, GLEN MILLS, PA 19342		County: Delaware
Administrator: Christina Kennedy		Region: SOUTHEAST
Legal Entity Name: MARIS GROVE INC		
Legal Entity Address: 500 MARIS GROVE WAY, GLEN MILLS, PA 19342		
Certificate(s) of Occupancy 1-2 08/08/2009 Concord Township		
Staffing Hours Resident Support: 0 Total Daily Staff: 108 Working Staff: 81		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 12/12/2013: Kazimer, Lauren; McHale, Christine 12/28/2013: Kazimer, Lauren; McHale, Christine		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 66 Number of Residents Served: 63 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 12		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 63 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 46 Have a Physical Disability: 0

Violation Report: 13466 - 12/12/2013 - Kazlmar, Lauren
 PCH Name: MARIS GROVE

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 # 1, admitted on 4/24/2013, was not signed by the resident.

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.

12/12/13: The contract was reviewed with the resident and signature was obtained.
 (See attached document #1)

12/13/13: The Health Care Counselor (HCC) completed a resident contract audit.

12/13/13 and ongoing: The PC Administrator conducts quarterly resident contract audits.

12/13/13 and ongoing: The PC Administrator reviews contracts with resident and/or designee on day of move in when possible. In the absence of the Administrator, the HCC will review the contract with the new resident and designee. The HCC and PC Administrator will utilize check list to ensure continued regulatory compliance.
 (See attached document #1)

1/15/14 and ongoing: Monthly reviews of all new admissions will be performed weekly to ensure continued compliance

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

Printed Name and Title of Legal Entity Representative *Christina Kennedy* Date *1/10/14*
 (Required on EVERY Page) *Assist. Admin. Extended Care*

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

The above plan of correction is approved as of <u>1/13/14</u> (Date) The above plan of correction was approved by <u>DRM</u> (Initials)	Plan of correction implementation status as of <u>1/13/14</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
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Violation Report: 19466 - 12/12/2013 - Kazimer, Lauren	
PCH Name: MARIS GROVE	
<p>1. REGULATION 65 Pa.Code §2600 2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.</p>	
<p>2a. DESCRIPTION OF VIOLATION Resident # 1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.</p>	
<p>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.</p> <p>12/12/13: The contract was reviewed with the resident and a signature was obtained. (See attached document #1)</p> <p>12/13/13: The Health Care Counselor performed a complete resident contract audit to ensure compliance.</p> <p>1/6/14: The PC Administrator and Health Care Counselor created a move in process checklist which includes reviewing resident acknowledgment of receipt of resident rights and complaint procedures. (See attached document #3)</p> <p>1/6/14 and ongoing: The PC Administrator reviews resident record to ensure all required documents are present on day of move in. In the absence of the Administrator, the HCC will utilize the move in checklist to review the resident record to ensure completeness and accuracy.</p> <p>1/15/14 and ongoing: Monthly reviews of all new admissions will be performed weekly to ensure continued compliance</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Christina Kennedy</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christina Kennedy, Assist. Admin. of Extended Care</i> Date <i>1/10/14</i>	
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The above plan of correction is approved as of <u>1/13/14</u> (Date)	Plan of correction implementation status as of <u>1/13/14</u> (Date)
The above plan of correction was approved by <u><i>DEM</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: 13486 - 12/12/2013 - Kazimer, Lauren	
PGH Name: MARIS GROVE	
1. REGULATION 56 Pa.Code §2600 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	
2a. DESCRIPTION OF VIOLATION - Direct care staff person A received only 6 hours of annual training in training year 2012. - Direct care staff person B received only 5 hours of annual training in training year 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.	
12/16/13: The PC Administrator and Staff Development Coordinator developed a new annual staff training plan to ensure direct care staff receive at minimum 12 hours of required annual training (See attached document # 4). 1/15/14 and ongoing: Staff training progress is reviewed monthly until sustained compliance is achieved. By 12/2013 Direct care staff A & B completed twelve hours of mandatory training related to their job duties in training year 2013(See attached documentation)	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Christina Kennedy</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christina Kennedy, Assist Admin of Extended Care</i>	
Date <i>2/10/14</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>2/20/14</i> (Date)	Plan of correction implementation status as of <i>2/20/14</i> (Date)
The above plan of correction was approved by <i>AKM</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: 13486 - 12/12/2013 - Kazimer, Lauren
 FCH Name: MARIS GROVE

- 1. REGULATION 55 Pa.Code §2800**
 2800.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
 - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 - (3) Care for residents with dementia and cognitive impairments.
 - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 - (5) Personal care service needs of the resident.
 - (6) Safe management techniques.
 - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 Direct care staff persons A and B did not receive the following training topics for training year 2012: Medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, and safe management techniques.

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.

12/16/13: The PC Administrator developed a new annual staff training plan to ensure direct care staff receive at minimum 12 hours of required annual training.
 (See attached document # 4).

1/15/14 and ongoing: Staff training progress is reviewed monthly until sustained compliance is achieved.

2/10/14 Direct care staff A & B received all required training topics (Please see attached)

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

Printed Name and Title of Legal Entity Representative *Christina Kennedy Assist Admin of Extended Care* Date *2/10/14*
 (Required on EVERY Page)

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The above plan of correction was approved by <u><i>[Signature]</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: 13466 - 12/12/2013 - Kazimer, Lauren
 PCH Name: MARUS GROVE

1. REGULATION 55 Pa. Code §2600
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
 (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 (3) Resident rights.
 (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.8102).
 (5) Falls and accident prevention.
 (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
 Ancillary staff person C did not receive training on fire safety, emergency preparedness, resident rights, OAPSA, and falls and accident prevention during training year 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.

12/16/13: The PC Administrator and Staff Development Coordinator developed a new annual staff training plan to ensure direct care staff receive at minimum 12 hours of required annual training. (See attached document # 4)
 1/15/14 and ongoing: Staff training progress is reviewed monthly until sustained compliance is achieved
 2/10/14: Ancillary staff person C received training in fire safety, emergency preparedness, resident rights, OAPSA, and falls and accident prevention (See attached)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christina Kennedy, Assist. Admin. of Extended Care* Date *2/10/14*

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

The above plan of correction is approved as of *2/10/14* (Date)

Plan of correction implementation status as of *2/10/14* (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: 13468 - 12/12/2013 - Kazimer, Lauren
 PCH Name: MARIS GROVE

1. REGULATION 65 Pa.Code §2800
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 On 12/23/13, two trash cans in the home's main kitchen were uncovered at 1:30pm.

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.

12/23/13: The trash can lids were immediately covered.
 12/27/13 and ongoing: The PC administrator incorporated procedures for proper containment of trash into the 2014 annual training program. (See attached document #4)
 1/6/14: The Assistant Director of Dining purchased new trash cans with lids and placed in main kitchen and pantries on the 1st and 3rd floor. (See attached document # 5)
 1/12/14 and ongoing: The PC Administrator will conduct a weekly audit of the of the 1st and 3rd floor pantry and kitchen to monitor the proper containment of trash.
 1-9-14 - Dining services performed an inservice on covering trash cans (See attached)

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/19/2012

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Christina Kennedy* *Assist Admin of Extended Care* Date *2/10/14*

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The above plan of correction was approved by <i>ORM</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: 13468 - 12/12/2013 - Kazimer, Lauren
 PCH Name: MARIS GROVE

1. REGULATION 56 Pa.Code §2000
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 - There were no emergency service number posted near the phone in resident room # 304.
 - The phone in the staff pantry area on the first floor did not have emergency service numbers posted nearby.

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.

12/23/13: An emergency sign was immediately placed on the wall in the pantry adjacent to the telephone and also on the wall in resident room #304 adjacent to the telephone.

(See attached document #6)

12/26/13: The PC Administrator conducted a complete audit of all resident rooms and pantries to ensure no other resident was missing the emergency number posting.

1/5/14 and ongoing: The PC Administrator incorporated placement of an emergency phone for each new resident into the new move in checklist.
 move in check list. (See attached document #3)

1/12/14 and ongoing: A weekly audit of random resident rooms and 1st and 3rd floor pantries will be conducted to ensure emergency service telephone numbers are consistently present in resident rooms and common areas as per regulatory guidelines.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Christina Kennedy* Date *1/10/14*
Asst. Admin. of Extended Care

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 (Date)

Plan of correction implementation status as of 1/13/14
 (Date)

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

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

Violation Report: 19466 - 12/12/2013 - Kazimer, Lauren	
PCH Name: MARIS GROVE	
<p>1. REGULATION 55 Pa.Cod. §2800 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.</p>	
<p>2a. DESCRIPTION OF VIOLATION In the first floor pantry and in the third floor pantry, there was a jar of opened Melba Sauce sitting on the counter with a label stating "refrigerate after opening".</p>	
<p>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.</p> <p>12/23/13: The two jars of Melba sauce were immediately thrown away.</p> <p>12/23/13: A complete audit of 1st and 3rd floor pantries was conducted to ensure compliance with safe food handling and storage.</p> <p>12/23/13 and ongoing: A weekly audit of 1st and 3rd floor pantries will be conducted to monitor compliance with safe food handling</p> <p>12/27/13: The PC Administrator incorporated safe food storage into the annual training requirements for ancillary and direct care staff. (See attached document # 4)</p> <p>1/15/14: The PC administrator included review of proper food handling procedures to the January staff department meeting agenda. (See attached document # 7)</p>	
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) <i>Christina Kennedy</i> <i>Asst. Admin. of Extended Care</i>	
Date <i>1/10/14</i>	
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The above plan of correction was approved by <i>DRM</i> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13466 - 12/12/2013 - Kazmer, Lauren PGH Name: MARIS GROVE	
1. REGULATION 66 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 12/23/13, resident # 2's PRN Baza Clear ointment was unlocked and accessible in the resident's bathroom. - On 12/23/13, resident # 3's PRN Baza Clear ointment was unlocked and accessible on the resident's dresser.	
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.	
12/23/13: The prescription ointment for resident #2 and #3 were immediately secured.	
12/23/13: A complete audit of all resident rooms was completed to ensure all medicines were secured in each resident's medicine cabinet.	
12/26/13: The team member who failed to secure the ointment after providing resident care was counseled.	
1/15/14: The Personal Care Administrator will review safe chemical storage procedures in January staff department meeting and incorporated the topic in the annual training plan. (See attached document # 7 and #4)	
1/15/14 and ongoing: Direct Care staff will perform daily chemical rounds in resident rooms and common areas.	
1/27/14 and ongoing: A weekly audit of all resident rooms will be conducted to monitor compliance of medication safe storage.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Christina Kennedy</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christina Kennedy</i> Date <i>1/10/14</i> <i>Asst. Admin of Extended Care</i>	
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The above plan of correction was approved by <i>DPM</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: 13466 - 12/12/2013 - Kazimer, Lauren
 PCH Name: MARIS GROVE

1. REGULATION 55 Pa.Code §2600
 2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION
 On 12/23/13, resident # 4's Lantus insulin (100u/ml) that expired 12/22/13 was located in the medication refrigerator.

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.

12/23/13 and immediately: The expired Lantus was discarded.

12/27/13: The PC Administrator incorporated proper storage and disposal of medications into the direct care staff annual training plan (See attached document # 4)

1/15/14 and ongoing: Direct Care Staff are required to perform daily audits of medicine cabinets to ensure medications are unexpired.

1/13/14 and ongoing: A complete weekly audit of resident rooms will be conducted by nurses to monitor continued compliance.

1/26/14 and ongoing: The Personal Care Administrator conducts monthly medication cabinet to MAR audits of random residents to monitor compliance.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Christina Kennedy* Date *1/10/14*
Asst. Admin. of Extended Care

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The above plan of correction is approved as of 1/13/14
 (Date)

Plan of correction implementation status as of 1/13/14
 (Date)

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

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

Violation Report: 13466 - 12/12/2013 - Kazmer, Lauren
 PCH Name: MARIS GROVE

1. REGULATION 56 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
 Resident # 1's PRN Polyethylene Glycol was not available in the home on 12/23/13.

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.

12/23/13- The resident's PRN Polyethylene Glycol was ordered and placed in resident's medicine cabinet. (See attached document #8)

1/15/14 and ongoing: Direct Care Staff are required to perform daily audits of medicine cabinets to ensure medications are unexpired.

1/16/14 and ongoing: Nurses are required to perform a complete medication cabinet to MAR audit of all resident rooms x1/week to monitor compliance of availability of current medications.

(See attached document # 7)

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Christina Kennedy</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Christina Kennedy</i> <i>Post. Admin. of Extended Care</i>
Date	<i>1/10/14</i>

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The above plan of correction was approved by <u>CJM</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: 13486 - 12/12/2013 - Kazimer, Lauren PCH Name: MARIS GROVE	
1. REGULATION 56 Pa.Code §2600 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.	
2a. DESCRIPTION OF VIOLATION - On 12/20/13, at 8pm, resident # 4's Lantus Insulin 100u/ml was administered, but the medication administration record was not initiated by staff. - On 12/23/13, at 8am, resident # 4's Lantus Insulin 100u/ml was administered, but the medication administration record was not initiated by staff.	
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.	
12/23/13: The appropriate staff members were counseled on proper medication administration documentation procedures.	
1/2/14: A complete audit of all resident medicine administration records (MARs) was completed to ensure all administration of medications were properly documented.	
1/16/14 and ongoing: Direct care staff perform daily checks of MARs at end of shift to ensure appropriate documentation of medicine administration and sign off on daily task completion list.	
1/27/14 and ongoing: A 100% audit of MARs will be conducted 4x weekly until continued compliance is sustained. Once full compliance is achieved, a 100% audit will be conducted 2x weekly on a continuing basis.	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 12/19/2012
Signature of Legal Entity Representative (Required on EVERY Page) <i>Christina Kennedy</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christina Kennedy</i> Date <i>1/10/14</i> <i>Asst. Admin. of Extended Care</i>	
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The above plan of correction was approved by <u><i>CPM</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: 13466 - 12/12/2013 - Kazimer, Lauren	
PCH Name: MARIS GROVE	
<p>1. REGULATION 65 Pa.Code §2600 2600.101 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.</p>	
<p>2a. DESCRIPTION OF VIOLATION The home does not have documentation that resident #1 has been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.</p>	
<p>2. 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.</p> <p>12/23/13: Resident rights, including the right to refuse medications is included in the resident contract. 12/23/13: The resident contract was reviewed with the resident and the resident's signature was obtained. 1/6/14 and ongoing: The PC Administrator designed and implemented a move in check list and incorporated the review of resident's rights and obtainment of the resident signature as part of ongoing process. (See attached document #3) 12/13/13 and ongoing: The PC Administrator reviews the resident contract with resident and designee when possible. In the absence of the Administrator, the Health Care Counselor (HCC) will review the contract with the new resident and the resident's designee. The HCC and Administrator will utilize the move in check list for each new move in to monitor continued regulatory compliance. 12/13/13 and ongoing: 100% of all new admissions will be audited 3x monthly to continuously monitor compliance.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Christina Kennedy</i>	
Printed Name and Title of Legal Entity Representative <i>Christina Kennedy</i> (Required on EVERY Page) <i>Asst. Direct. of Extended Care</i> Date <i>1/10/14</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>1/13/14</u> (Date)	Plan of correction implementation status as of <u>1/13/14</u> (Date)
The above plan of correction was approved by <u><i>OPM</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: 19406 - 12/12/2013 - Kazimer, Lauren PCH Name: MARIS GROVE	
1. REGULATION 56 Pa. Code §2600 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	
2a. DESCRIPTION OF VIOLATION - There was no pre-admission screening form completed for resident # 1, admitted on 4/24/13. - There was no pre-admission screening form completed for resident # 5, admitted on 10/16/13. - There was no pre-admission screening form completed for resident # 6, admitted on 10/20/13.	
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>	
11/16/13: The PC Administrator conducted a complete audit of each resident's medical record and trained PC nurses on the use of the Pre-Admission screening form during resident assessments in order to determine if the needs of the resident can be met by the home.	
11/16/13 and ongoing: The PC Administrator and/or nurses utilize the Pre-Admission screening form in conjunction with the home's resident assessment form in order to determine if the resident's needs are able to be met by the home. (See attached document #9)	
1/6/14 and ongoing: The PC Administrator incorporated the completion of the Pre-Admission Screen to the Move In checklist. (See attached document # 3)	
1/6/14 and ongoing: The PC Administrator reviews the new resident's record to ensure all required documents are present on day of move in. In the absence of the Administrator, the HCC will utilize the move in checklist to review the resident record to ensure completeness and accuracy.	
1/2/14: A 100% audit of all new admission records will be completed by the PC Administrator 3x/month to monitor continued compliance.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Christina Kennedy</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christina Kennedy, Asst. Admin. of Extended Care</i> Date <i>1/10/14</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>1/13/14</i> (Date)	Plan of correction implementation status as of <i>1/13/14</i> (Date)
The above plan of correction was approved by <i>CKM</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