



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

FEB 19 2014

Ms. Traci J. Schultz, Executive Director/Administrator
Wolf Run Village LLC
3750 Route 220 Highway
Hughesville, Pennsylvania 17737

RE: Wolf Run Village
License #: 221490

Dear Ms. Schultz:

As a result of the Department of Public Welfare's licensing inspection on December 19, 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 21, 2014 to March 21, 2015 was issued on December 4, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long, sweeping underline.

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

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

PCH Name: WOLF RUN VILLAGE		License Number: 22149
Address: 3750 ROUTE 220 HIGHWAY, HUGHESVILLE, PA 17737		County: Lycoming
Administrator: Traci Schultz		Region: NORTHEAST
Legal Entity Name: WOLF RUN VILLAGE LLC		
Legal Entity Address: 3750 ROUTE 220 HIGHWAY, HUGHESVILLE, PA 17737		
Certificate(s) of Occupancy I-2 11/12/2009 Department of L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 63 Waking Staff: 47		
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 12/19/2013: Hummel, Jesse; OHaire, Anne		
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: 75 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: 1 Number of Hospice Residents in past year: 4	Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 63 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 22149 - 12/19/2013 - Hummel, Jesse
 PCH Name: WOLF RUN VILLAGE

1. REGULATION 55 Pa.Code §2600
 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.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed the freezer located in the pantry. The external built in thermometer was not functioning properly. There was not a thermometer located inside the freezer and therefore it could not be determined that food is being stored at the proper temperature.

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 external built in thermometer was in the defrost mode and did not show the current internal temp. After the defrost cycle ended, the display went back to show the correct temp. The internal thermometer had been pushed to the back of the second shelf and found after the inspector left the kitchen. At the time of the inspection the staff did place another thermometer into the freezer.

All internal thermometers in all refrigerators and freezers are now secured to the top shelf on the right hand side. The brackets have been bent around the shelves to prevent them from falling out or being pushed to the back. (please note the picture below.)

The dietary staff will note on the temperature logs that the thermometers are in place.

The administrative staff will also keep a monthly log in the building checks book.



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

Signature of Legal Entity Representative (Required on EVERY Page) *Traci J. Schultz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Traci J. Schultz, Administrator Date 1/10/14

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

The above plan of correction is approved as of 1-30-14
 (Date)

Plan of correction implementation status as of 1-30-14
 (Date)

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

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

Violation Report: 22149 - 12/19/2013 - Hummel, Jesse
 PCH Name: WOLF RUN VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

Department Representatives determined through review of fire drill records, as well as staff interviews, that from February 2013 through November 2013, the facility utilized all of their exits; A, B, C, and D, and is therefore not alternating exit routes utilized during evacuations.

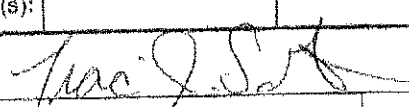
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The design and layout of the building is such that there are multiple exits and the fire safe rooms can be entered from the outside by using one of the other exit doors in each wing. As per the plan of correction from our 2012 inspection, we note the location of the simulated fire to show that we are changing the directional flow of the traffic during the fire drill and completely block one of the four fire safe rooms twice per year.

Please see the attachment of the 2012 approved plan of correction.

- The administrator shall be responsible for alternating exit routes during monthly fire drills.
- The administrator shall assure ongoing compliance.

M
1/30/14

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Traci J. Schultz, Administrator	Date 1/10/14

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Violation Report: 22149 - 12/19/2013 - Hummel, Jesse
 PCH Name: WOLF RUN VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 Resident #1 is prescribed Ventolin HFA inhaler, 2 puffs every 4-6 hours as needed. The package was opened on 9/10/13. The manufacturer's instructions state discard any unused medication 30 days after opening package. The facility failed to discard the medication after it had expired.
 Resident #2 is prescribed Ventolin HFA inhaler, 2 puffs every 4-6 hours as needed. The package was not dated when it was opened. The manufacturer's instructions state discard any unused medication 30 days after opening package. The facility failed to label the medication when it was opened and therefore it can not be determined if the medication has expired.

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.

Both Residents did have unopened inhalers in the facility at the time of inspection. Both opened inhalers were disposed of and the unopened ones were placed into the med cart.

The medication administration staff has been retrained.

The Administrative staff will conduct random and monthly audits to ensure the medication administration staff is following their training.

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Violation Report: 22149 - 12/19/2013 - Hummel, Jesse
 PCH Name: WOLF RUN VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.186(a) - Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed a bottle of Novolin R insulin in the refrigerator located in the medication room. It was determined through an interview with staff person A that the medication is administered to resident #3 on an as needed basis. This medication is not prescribed by a physician.

Department Representatives observed a bottle of Aspirin 81mg Chewable tablets located within the facility's First Aid Kit. It was determined through staff interviews that the medication is not prescribed to any specific resident and is utilized on an as needed basis for residents. All medications are required to be prescribed by a physician.

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 Novolin R insulin is needed for resident #3 who is at times found with high sugar readings. When this occurs her doctor faxes an order to give Novolin R immediately. We have since obtained an order to keep Novolin R on hand with a standing PRN order.

As it is not required to be on hand in the first aid kit, the bottle of Asprin was removed from the first aid kit at the time of inspection.

The administrator shall monitor and assure ongoing compliance.

*M
 1/30/14*

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Violation Report: 22149 - 12/19/2013 - Hummel, Jesse
 PCH Name: WOLF RUN VILLAGE

1. REGULATION 55 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.

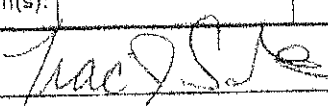
2a. DESCRIPTION OF VIOLATION
 Resident #4 was admitted to the facility on 8/20/13. The preadmission screening form for resident #4 was completed on 6/28/13, which is more than 30 days prior to the resident's admission date. The preadmission screening form also does not designate that the resident's personal care needs can be met by the services provided by the facility.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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
Resident #4 visited the facility on 6/28/13. The resident was scheduled for admission on 7/10/13. However, the family delayed the move in until August 20, 2014. A second preadmission screening was completed on 7/26/13, but was not printed from Tabula Pro and added to the chart.

The preadmission screening from 7/26/13 does state that the resident's needs can be met and has since been printed and added to the resident's chart.

- All resident charts have been reviewed for proper documentation and an audit of each new chart will be done by the Administrative staff to ensure that errors like this are caught and corrected in a timely manner.

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Violation Report: 22149 - 12/19/2013 - Hummel, Jesse
 PCH Name: WOLF RUN VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services. If the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed half length bedrails on either side of resident #5's bed. The resident's assessment and support plan completed on 5/24/13 does not address that these rails are needed or the plan that the facility has put in place to protect the resident from the potential dangers of the bed rails.

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.

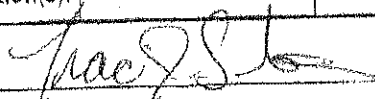
The half-length rails have been removed and a bed cane is now in place to meet the resident's needs. A new order from the PCP has been obtained and the RASP has been updated.

Going forward, bed rails will be discouraged and bed canes will be recommended. The Administrator will review RASPs for any resident with orders for bed rails/canes for completeness.

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)

Traci J. Schultz, Administrator

Date 1/10/14

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