



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

APR 30 2014

Ms. Lisa Penn, Personal Care Administrator
The Shook Home
55 South Second Street
Chambersburg, Pennsylvania 17201

RE: Quarters at the Shook
License #: 355540

Dear Ms. Penn:

As a result of the Department of Public Welfare's licensing inspection on 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 June 17, 2014 to June 17, 2015 was issued on March 28, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: QUARTERS AT THE SHOOK		License Number: 355540
Address: 55 SOUTH SECOND STREET, CHAMBERSBURG, PA 17201		County: Franklin
Administrator: Lisa Penn		Region: CENTRAL
Legal Entity Name: THE SHOOK HOME		
Legal Entity Address: 55 SOUTH SECOND STREET, CHAMBERSBURG, PA 17201		
Certificate(s) of Occupancy C-1 10/07/1994 DOH		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 39	Waking Staff: 29
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 12/23/2013: Hoover, Douglas, Rouse, McKinley		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>JAN 30 2014</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 45 Number of Residents Served: 35 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: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 35 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 0	

Violation Report: 35554 - 12/23/2013 - Hoover, Douglas
 PCH Name: QUARTERS AT THE SHOOK

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, dated 4/9/13, for resident #1, admitted 4/11/13, 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.

Please see attached - PAGE 2-A

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Lisa M. Penn, LPN, PCH-A*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *LISA M. PENN* Date *1/29/14*

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

The above plan of correction is approved as of *3/4/14*
 (Date)

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

Plan of correction implementation status as of *3/4/14*
 (Date)

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

The Quarters at the Shook
Department of Public Welfare Bureau of Human Services
Annual Survey 12/23/2013
Plan of Correction

2600.25(b)


Resident #1 signed the Admission Agreement on 01/29/2014.

The Personal Care Home Administrator (or designee) conducted a one-time audit on 12/27/2013 of all existing residents' admission contracts to verify that they were signed by the resident.

The Admission Checklist and corresponding policy were revised on 12/30/2013 to include: "All residents must sign 'Resident Agreement.'" If they refuse to sign, staff is to make a notation to said affect. Licensed staff members were educated on the new policy and checklist.

The Personal Care Home Administrator (or designee) will conduct ongoing monthly audits of all newly admitted residents' contracts to verify that they are signed by the resident. The audits will be conducted on a rolling basis based on when the admissions occur.

The Personal Care Home Administrator (or designee) will report the results of the audits to the Quality Assurance Committee monthly to ensure the solutions are sustained over time. The monthly audits will continue on an ongoing basis.

POC accepted: 3/4/14 

Violation Report: 35554 - 12/23/2013 - Hoover, Douglas
 PCH Name: QUARTERS AT THE SHOOK

1. REGULATION 55 Pa.Code §2600
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
 (1) Resident rights.
 (2) Emergency medical plan.
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
 (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Ancillary staff member A, hired 8/13/12, did not have training on the emergency medical plan.

Direct care staff member B, hired 6/3/13, did not have training on the emergency medical plan until 6/24/13. The training occurred after 40 scheduled work hours.

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.

Please see attached J - PAGE 3-A

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Lisa M. Benn, LCN PCH-A*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *LISA M. BENN* Date *1/29/14*

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

The above plan of correction is approved as of <u>3/4/14</u> (Date)	Plan of correction implementation status as of <u>3/4/14</u> (Date)
The above plan of correction was approved by <u>LB</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

2600.65(b)

The Director of Human Resources and Corporate Compliance will educate Ancillary Staff Member A on the emergency medical plan by 02/12/2014.

The Director of Human Resources and Corporate Compliance will educate all existing direct care staff persons and all existing ancillary staff persons on the emergency medical plan by 02/12/2014.

The Director of Human Resources and Corporate Compliance updated the new employee Orientation Checklist to include training on the emergency medical plan during the first day of orientation.

The Personal Care Home Administrator (or designee) will conduct monthly audits of all newly hired direct care staff persons' Orientation Checklists and all newly hired ancillary staff persons' Orientation Checklists to verify that they received training on the emergency medical plan within their first 40 scheduled working hours.

The Personal Care Home Administrator (or designee) will report the results of the audits to the Quality Assurance Committee monthly to ensure the solutions are sustained over time. The audits will continue until no longer deemed necessary by the Committee.

PAC Accepted: *[Signature]*

Violation Report: 35554 - 12/23/2013 - Hoover, Douglas
 PCH Name: QUARTERS AT THE SHOOK

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 (MAR) for resident #2 documents that 4 units of insulin were given for a blood sugar reading of 230 on 12/12/13. Two units of insulin were required as prescribed by the sliding insulin scale. Direct care staff member C stated that 2 units of insulin was given on 12/12/13 and the MAR documentation was an error.

The MAR for resident #2 documents that 3 units of insulin were given for blood sugar readings of 239 and 238 on 12/13/13 and 12/14/13 respectively. Two units of insulin were required on both days as prescribed by the sliding insulin scale. Staff member D stated that 2 units of insulin were given on 12/13/13 and 12/14/13 and the MAR documentation was in error.

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.

Please see attached - PAGE 4-A

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/03/2013	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Lisa M. Penn, LPN, PCH-A*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lisa M. Penn* Date *1/29/14*

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

The above plan of correction is approved as of <u>3/4/14</u> (Date)	Plan of correction implementation status as of <u>3/4/14</u> (Date)
The above plan of correction was approved by <u>CB</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

2600.187(a)

Direct Care Staff Member C made an entry in Resident #2's medical record on 12/24/2013 denoting the correct units of insulin administered on 12/12/2013.

Direct Care Staff Member D will made an entry in Resident #2's medical record on 12/24/2013 denoting the correct units of insulin administered on 12/13/2013 and 12/14/2013.

Direct Care Staff Member C and Direct Care Staff Member D were educated on appropriate documentation using educational material from the College of Licensed Practical Nurses of BC on 12/24/2013

All licensed staff members were educated on appropriate documentation using educational material from the College of Licensed Practical Nurses of BC on 12/24/2013.

A separate Sliding Scale Log (on which licensed staff were educated) indicating the difference in dosages was created and placed in the Medication Administration Record (MAR) on 01/01/2014.

The Personal Care Home Administrator (or designee) will audit 10% of the entries on the Sliding Scale Log per week to ensure the doses of insulin were administered as prescribed by the sliding insulin scale.

The Personal Care Home Administrator (or designee) will report the results of the audits to the Quality Assurance Committee monthly to ensure the solutions are sustained over time. The audits will continue until no longer deemed necessary by the Committee.

*LPN's are the only staff who assist with insulin administration. db
3/4/14*

POC accepted: [Signature]

Violation Report: 35554 - 12/23/2013 - Hoover, Douglas
 PCH Name: QUARTERS AT THE SHOOK

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

2a. DESCRIPTION OF VIOLATION

There was no blood sugar documentation in the medication administration record (MAR) for resident #2 on 12/21/13 at bedtime as required by the prescriber. The home could not verify whether insulin was required or given as prescribed by the sliding insulin scale for resident #2.

Resident #3 is prescribed *Super Collagen +C* tablets (3) to be given twice daily. The tablets were not given on 12/23/13 as the home did not have the medication.

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.

Please see attached. - PAGES 5-A + 5-B
(Sliding scale log on previous violation report as well as in-service log sheet + training material from the College of Licensed Practical Nurses of BC)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Lisa M. Penn, LPN, PCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *LISA M. PENN* Date *1/29/14*

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

The above plan of correction is approved as of <u>3/4/14</u> (Date)	Plan of correction implementation status as of <u>3/4/14</u> (Date)
The above plan of correction was approved by <u>CB</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

2600.187(d)

All licensed staff members were educated on appropriate documentation using educational material from the College of Licensed Practical Nurses of BC on 12/24/2013.

A separate Sliding Scale Log (on which licensed staff was educated) indicating the difference in dosages was created and placed in the Medication Administration Record (MAR) on 01/01/2014.

The Personal Care Home Administrator (or designee) will audit 10% of the entries on the Sliding Scale Log per week to determine whether or not insulin was needed and, if so, that it was administered in the required dosage as prescribed by the sliding insulin scale.

The Personal Care Home Administrator (or designee) will report the results of the audits to the Quality Assurance Committee monthly to ensure the solutions are sustained over time. The audits will continue until no longer deemed necessary by the Committee.

All licensed staff members will be educated on medication administration, including following the directions of the prescriber, by education material provided by Pharmacia's consultant pharmacist. Education will specifically focus on ensuring Homeopathic medications are available if ordered and that mail order medications are counted and family notified if re-ordering is needed. Education will be completed by 02/12/2014.

The Personal Care Home Administrator (or designee) will conduct an initial audit to verify that the following has been completed: 1, Medication cart is clean and stocked; 2, Trash is emptied; 3, Sample Medications have orders attached; 4, Over-the-counter (OTC) medications have the resident's name on them and an attached order; 5, Discontinued medications are removed from the medication cart; 6, PRN medications are available; 7, Expired medications are identified and removed from the medication cart; 9, Dates; 10, Homeopathic medications are available if ordered; and 11, Mail order medications are counted and family notified if re-ordering is needed. The audit will be completed by 02/12/2014.

Continued on Page 5-B

POC accepted: 3/4/14 (B)

PAGE 5-B

The Personal Care Home Administrator (or designee) will conduct an audit the third Wednesday of each month to verify that the following has been completed: 1, Medication cart is clean and stocked; 2, Trash is emptied; 3, Sample Medications have orders attached; 4, Over-the-counter (OTC) medications have the resident's name on them and an attached order; 5, Discontinued medications are removed from the medication cart; 6, PRN medications are available; 7, Expired medications are identified and removed from the medication cart; 9, Dates; 10, Homeopathic medications are available if ordered; and 11, Mail order medications are counted and family notified if re-ordering is needed.

The Personal Care Home Administrator (or designee) will report the results of the audits to the Quality Assurance Committee monthly to ensure the solutions are sustained over time. The audits will continue until no longer deemed necessary by the Committee.

POC Accepted: 3/4/14 