



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAY 0 1 2014

Mr. John S. Austin III, Administrator
Sugar Creek Rest
120 Lakeside Drive
Worthington, Pennsylvania 16262

RE: Meadow Lake Manor of Sugar Creek Rest
109 Personal Care Lane
Worthington, Pennsylvania 16262
License #: 426810

Dear Mr. Austin:

As a result of the Department of Public Welfare's licensing inspection on January 16, 2014, 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 29, 2014 to March 29, 2015 was issued on December 13, 2013. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 42681 - 01/16/2014 - Williams, Jason
 PCH Name: MEADOW LAKE MANOR OF SUGAR CREEK REST

1. REGULATION 55 Pa.Code §2600
 2600.102(h) - Toilet paper shall be provided for every toilet.

2a. DESCRIPTION OF VIOLATION
 There was no toilet paper available in the men's restroom in Armstrong Hall.

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.

2600.102(h) TOILET PAPER shall be provided for every toilet.

Direct care STAFF AND house keeping educated that every room should have toilet paper available AT ALL TIMES.

Direct Care STAFF will check while making rounds TO ENSURE TOILET PAPER IS AVAILABLE IN all rooms throughout their shift.

SEE ATTACHED DOC. #1

5-15-14 the administrator will inspect bathrooms on a weekly basis to ensure toilet paper is provided for every toilet. JAP 3-26-14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/17/2013
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Signature of Legal Entity Representative (Required on EVERY Page) *Joyce Cunningham*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Joyce CUNNINGHAM* Date *3-7-14*

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

The above plan of correction is approved as of 3-26-14
 (Date)

Plan of correction implementation status as of 3-26-14
 (Date)

The above plan of correction was approved by JAP
 (Initials)

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

Violation Report: 42681 - 01/16/2014 - Williams, Jason
 PCH Name: MEADOW LAKE MANOR OF SUGAR CREEK REST

1. REGULATION 55 Pa.Code §2600
 2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

2a. DESCRIPTION OF VIOLATION
 The current certificate of rabies vaccination for the administrator's dog expired on 11/24/13. The dog was present in the home on 1/16/14.

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.

ADMINISTRATOR'S DOG WAS VACCINATED ON 1-17-14
 See ATTACHED DOC. # 2

ADMINISTRATOR WILL MONITOR ANY PETS IN THE HOME
 + Keep on file CURRENT RABIES VACCINATION this
 includes PETS THAT MAY VISIT also. monthly.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Joyce Cunningham*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Joyce CUNNINGHAM* Date *3-7-14*

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The above plan of correction is approved as of, <u>3-26-14</u> (Date)	Plan of correction implementation status as of <u>3-26-14</u> (Date)
The above plan of correction was approved by <u><i>JSP</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>JSP</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42681 - 01/16/2014 - Williams, Jason
 PCH Name: MEADOW LAKE MANOR OF SUGAR CREEK REST

1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
 The fire drill record does not indicate the exit routes used for the fire drills conducted on 9/12/13, 10/29/13, 11/20/13, or 12/30/13.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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2600.132(c)

ADMINISTRATOR NUMBERED EXITS ON FLOOR PLAN AND EDUCATED MAINTENANCE DIRECTOR AND STAFF ON DOCUMENTATION OF EXITS ROUTES ON FIRE DRILL RECORDS. ON WHICH ROUTES ARE BEING USED DURING DRILLS AND PROPER DOCUMENTATION.
 ADMINISTRATOR WILL CHECK MONTHLY AFTER DRILLS TO ENSURE THIS IS BEING RECORDED PROPERLY

SEE ATTACHED DOC. # 3

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/17/2013
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Joyce Cunningham*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Joyce Cunningham* Date *3-7-14*

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Violation Report: 42681 - 01/16/2014 - Williams, Jason
 PCH Name: MEADOW LAKE MANOR OF SUGAR CREEK REST

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.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Warfarin Sodium 5 mg tabs, take one tablet a day every Sunday, Tuesday, Wednesday, Thursday and Saturday. The label on the medications says Warfarin Sodium 5 mg tabs, take one tablet by mouth every day. This is not the current order.

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.

Direction change sticker was placed on medication CARD.

DIRECT CARE STAFF were assigned specific residents by ADMINISTRATOR TO CHECK WEEKLY TO ENSURE REG. 2600.184(A) are being followed by filling out form AND RETURNING TO ADMINISTRATOR upon completion. AND ADMINISTRATOR ENSURES ALL ISSUES are being addressed.

See ATTACHED DOC. # 4

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Joyce CUNNINGHAM* Date *3-7-14*

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Violation Report: 42681 - 01/16/2014 - Williams, Jason
 PCH Name: MEADOW LAKE MANOR OF SUGAR CREEK REST

1. REGULATION 55 Pa.Code §2600
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
 -The current bottle of Equate Acetaminophen 500 mg tabs for Resident #2 is not labeled with the resident's name.
 -The current bottle of Equate Acetaminophen 500 mg tabs and the current bottle of Calcium-Vitamin D-3 125 mg for Resident #3 are not labeled with the resident's name.

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.

Names were placed on Res. #2 + Res. #3 bottle.

Direct care STAFF assigned weekly residents by adm. to check to ensure 2600.18(b) is being done. They fill out in house form and returns to admin. weekly to state that this is followed and all OTC's have residents name on

See Doc # 4 attached

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Joyce CUNNINGHAM			3-7-14
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[Signature]		[Signature]	
(Initials)			

Violation Report: 42681 - 01/16/2014 - Williams, Jason
 PCH Name: MEADOW LAKE MANOR OF SUGAR CREEK REST

1. REGULATION 55 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
 The home has a Narcotic Handling Procedure that states "Every narcotic is counted and documented - every time responsibility of the medication cart changes, at shift change, if someone is covering your cart during a break or anytime the keys are handed to another trained staff member for any reason."
 On 12/13/13 at 9:30 AM, the home discovered that 65 tablets of Hydrocodone-Acetaminophen 5-500 mg, prescribed to Resident #4, were missing from the medication cart. This medication had been packaged in a bottle with an order to give 1 tablet orally every 8 hours as needed. According to several staff persons' statements, this medication was not being counted according to policy due to the resident rarely requesting it.

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.

ALL STAFF were reeducated on policy & procedure on proper NARCOTIC COUNTING & STORAGE
 ALL STAFF were disciplined on the above
 ALL STAFF were DRUG TESTED IMMEDIATELY
 ALL STAFF were QUESTIONED on SITUATION & WRITTEN STATEMENTS were OBTAINED.
 ADMINISTRATOR checks AND DOES NARCOTIC COUNT WEEKLY TO ensure COUNT is correct & DOCUMENTS FINDINGS
 ONCOMING & OUTGOING STAFF - DO NARCOTIC COUNT TOGETHER AT CHANGE OF SHIFT & when keys given to another STAFF MEMBER
 See ATTACHED DOC'S # 5

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

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 Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Joyce Cunningham* Date *3-7-14*

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

Violation Report: 42681 - 01/16/2014 - Williams, Jason
 PCH Name: MEADOW LAKE MANOR OF SUGAR CREEK REST

1. REGULATION 55 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
 Resident #2 is prescribed Artificial Tears solution 1.4%, instill one drop into both eyes four times a day. The resident receives this medication daily at 6:00 AM, 12:00 PM, 4:00 PM, and 8:00 PM. The medication administration record has not been initiated by staff for the 6:00 AM dose for any days in January 2014.

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.

STAFF were educated on med. administration by ADMINISTRATOR.

ADMINISTRATOR DOES RANDOM error checks TO ensure medications are being ADMINISTERED properly & DOCUMENTATION IS DONE.

See ATTACHED DOC #6

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Joyce Cunningham</i>	Date <i>3-7-14</i>
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Violation Report: 42681 - 01/16/2014 - Williams, Jason
 PCH Name: MEADOW LAKE MANOR OF SUGAR CREEK REST

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
 There is no preadmission screening form for Resident #2 who was admitted on 4/2/12.

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.

ADMINISTRATOR OR DESIGNEE WILL DO PRESCREEN
 ON ALL NEW ADMISSIONS WITHIN 30 DAYS OF ADM.

NO NEW ADM. SINCE INSPECTION TO SHOW THIS IS DONE

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)			Date
Joyce CUNNINGHAM			3-7-14

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Violation Report: 42681 - 01/16/2014 - Williams, Jason
 PCH Name: MEADOW LAKE MANOR OF SUGAR CREEK REST

1. REGULATION 55 Pa.Code §2600
 2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION
 The preadmission screening dated 3/15/13 for Resident #1 is not on the current preadmission screening form required as of 7/1/12.

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.

ADMINISTRATOR or Designee admitting new
 RESIDENT WILL use current updated forms
 on ADMISSION. required by OPW

NO NEW ADM. SINCE INSPECTION

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Joyce Cunningham

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Joyce CUNNINGHAM

Date 3-7-14

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 (Date)

Plan of correction implementation status as of 3-26-14
 (Date)

The above plan of correction was approved by JCP
 (Initials)

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

Violation Report: 42681 - 01/16/2014 - Williams, Jason
 PCH Name: MEADOW LAKE MANOR OF SUGAR CREEK REST

1. REGULATION 56 Pa. Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 The picture in Resident #5's, date of admission 11/9/09, record is dated 6/6/11 which is more than 2 years old.

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.

New pictures of ALL residents in the home were done on 1-20-14 and placed in residents records.

ADMINISTRATOR OR DESIGNEE WILL TAKE NEW PICTURES OF ALL NEW RESIDENTS AND UPDATE ALL RESIDENTS EVERY 2 years.

See attached doc # 7

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Joyce CUNNINGHAM* Date *3-7-14*

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Plan of correction implementation status as of 3-26-14 (Date)

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

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