



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

APR 24 2014

Ms. Deborah M. Sprague, Executive Director  
The Alliance Home of Carlisle PA, Inc.  
770 South Hanover Street  
Carlisle, Pennsylvania 17013

RE: Chapel Pointe at Carlisle  
License #: 343370

Dear Ms. Sprague:

As a result of the Department of Public Welfare's licensing inspection on February 7, 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 June 3, 2014 to June 3, 2015 was issued on April 22, 2014. 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  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: CHAPEL POINTE AT CARLISLE		License Number: 343370
Address: 770 SOUTH HANOVER STREET, CARLISLE, PA 17013		County: Cumberland
Administrator: Deborah Sprague		Region: CENTRAL
Legal Entity Name: THE ALLIANCE HOME OF CARLISLE PA INC		
Legal Entity Address: 770 SOUTH HANOVER STREET, CARLISLE, PA 17013		
Certificate(s) of Occupancy		
I-1 10/20/2011 Borough of Carlisle	I-1 12/22/2011 Borough of Carlisle	I-2 04/15/2013 Borough of Carlisle
Staffing Hours		
Resident Support: 0	Total Daily Staff: 37	Waking Staff: 28
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/07/2014: Hoover, Douglas; OPake, Hope		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p><b>RECEIVED</b></p> <p>FEB 28 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: 61 Number of Residents Served: 37 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: 2	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 37 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 34337 - 02/07/2014 - Hoover, Douglas  
 PCH Name: CHAPEL POINTE AT CARLISLE

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, dated 11/12/13, 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.

The contract for resident # 1 was signed by the resident on 2/10/14. The signature page of the contract is attached.

Education was provided to the staff on 2/7/14 regarding the mandate that residents must sign the contract. The Director of Marketing and Admissions will ensure that all contracts are signed in the future.

Other resident contracts were reviewed to ensure that no other signature was missing.

*The director of Marketing and Admissions will review the file for each new resident to ensure that the contract is signed as required.*  
*CB 2/21/14*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Deborah M. Sprague*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Deborah M. Sprague, Exec. Director	Date 2/28/14
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3/21/14</u> (Date)	Plan of correction implementation status as of <u>3/21/14</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

Violation Report: 34337 - 02/07/2014 - Hoover, Douglas  
 PCH Name: CHAPEL POINTE AT CARLISLE

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION  
 The home uses one glucometer for all residents who require blood sugar testing.

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 glucometers will be purchased for each resident who requires blood sugar testing by 3/31/14.  
 Staff were educated on 2/10/14 regarding the importance of sanitation in the use of glucometers. The day shift nurses will assume responsibility to ensure that all new residents receive their own personal glucometer.

*No glucometer will be used for more than one resident*  
*CB Skilly*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Deborah M. Sprague*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Deborah M. Sprague, Exec. Director</i>	Date <i>2/28/14</i>
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The above plan of correction was approved by <u><i>CB</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: 34337 - 02/07/2014 - Hoover, Douglas  
 PCH Name: CHAPEL POINTE AT CARLISLE

1. REGULATION 56 Pa.Code §2600  
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION  
 There was no bedside lamp or source of lighting that can be turned on/off from bedside for resident #2 in room 229.

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.

A lamp was placed at the bedside of resident #2 while inspectors were here on 2/7/14, despite the fact that this was not the resident's preference.

All resident bedrooms were inspected to ensure that bedside lamps are present for all residents. The day shift nurses will assume responsibility to ensure that all new residents have a lamp at their bedside.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Deborah M. Sprague, Exec Dir Date 2/20/14

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The above plan of correction is approved as of 3/20/14  
 (Date)

Plan of correction implementation status as of 3/20/14  
 (Date)

The above plan of correction was approved by DS  
 (initials)

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

Violation Report: 34337 - 02/07/2014 - Hoover, Douglas  
 PCH Name: CHAPEL POINTE AT CARLISLE

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

There was a bottle of "Nitrostat" sitting on the table by the chair in resident #2's room. The home did not have a current order for the medication and resident #2 stated that the Nitrostat "had not been used for a couple of years."

Celebrex, 200 mg., for resident #3, had instructions to "discard after 7/18/13." The medication was still present in the medication cart.

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.

A physician order was obtained on 2/7/14 for resident # 2 for nitrostat. A copy of the order is attached.

The outdated medication for Resident #3 was destroyed on 2/7/14 as evidenced by the attached statement.

Resident rooms were inspected to ensure that medications were not present that were outdated or for which there was no order. Medications in the medication cart were also reviewed to ensure that nothing was outdated. The day shift nurses will audit the medication cart monthly to ensure compliance.


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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Deborah M. Sprague, Exec Dir.	Date 2/28/14
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The above plan of correction is approved as of 3/2/14  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

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

Violation Report: 34337 - 02/07/2014 - Hoover, Douglas  
 PCH Name: CHAPEL POINTE AT CARLISLE

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

There was a partially used insulin "Levemir FlexPen" for resident #4 in the medication cart that was undated. It could not be determined when the insulin was first opened or the correct expiration date.

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 medication for Resident # 4 was dated on 2/7/14 as evidenced by the attached statement. Medications in the medication cart were also reviewed to ensure that everything was dated as required.

The day shift nurses will audit the medication cart monthly to ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Deborah M. Sprague, Exec. Director Date 2/28/14

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Violation Report: 34337 - 02/07/2014 - Hoover, Douglas  
 PCH Name: CHAPEL POINTE AT CARLISLE

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 February 2014 medication administration record for resident #5 did not have the diagnosis or purpose for *Cozaar, 50 mg., Levothyroxine, 50 mg., Metoprolol, 25 mg. and Risperdal, 0.125 mg.*

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 medication record for Resident # 5 was corrected on 2/7/14 to include diagnoses for each medication. The medication record is attached.  
 The day shift nurses will audit medication records monthly to ensure that diagnoses are present as required.

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) Deborah M. Sprague, Exec. Director Date 2/28/14

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