



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: October 2, 2014

Mr. John D. Dougherty, Administrator
Ms. Kathleen Dougherty, Administrator
Washington Manor Personal Care Home, LLC
P.O. Box 1935
320 South Washington Street
Butler, Pennsylvania 16003

RE: Washington Manor
Personal Care Home, LLC
License # 448630

Dear Mr. and Ms. Dougherty:

As a result of the Department of Public Welfare's licensing inspection on February 28, 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.

Sincerely,

A handwritten signature in black ink that reads "Larry Mazza" followed by a checkmark.

Larry Mazza
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

JUL 21 2014

Violation Report: 44863 - 02/28/2014 - Rosol, Jennifer
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST VIRGINIA DEPARTMENT OF
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
~~On 10/16/13 at 4:14 p.m., resident #1 was admitted to Butler Memorial Hospital emergency department with the chief complaint "was missing from Washington Street Manor for 2 days". The resident was missing from the home for more than 24 hours; however, the home did not submit an incident report to the department.~~ *withdrewn RIM 10/1/14*
The February 2014 medication administration record (MAR) for resident #1 includes Levetiracetam 250 mg take 1 tablet by mouth twice a day; however, the medication was not administered on the following dates:
* 2/16/14 at 8:00 p.m.
* 2/23/14 at 8:00 p.m.
* 2/24/14 at 8:00 p.m.
The February 2014 MAR for resident #1 includes Quetiapine 200 mg take 1 tablet by mouth at bedtime; however, the medication was not administered on the following dates:
* 2/16/14 at 8:00 p.m.
* 2/23/14 at 8:00 p.m.
* 2/24/14 at 8:00 p.m.
The February 2014 MAR for resident #1 includes Sertraline 50 mg take 1 tablet by mouth twice a day; however, the medication was not administered on the following dates:
* 2/16/14 at 8:00 p.m.
* 2/23/14 at 8:00 p.m.
* 2/24/14 at 8:00 p.m.
At no time did the home submit an incident report to the department regarding the medication errors.

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.
*On 10/14/13 and 10/15/13 resident #1 took AM meds and was present at Washington Manor - was not missing! On 10-15-13 resident #1 took AM meds, signed out and not present for 8:00 p.m. medications. Morning of 10/16/13 contacted by resident #1's case manager that city police picked resident #1 up and will be sending her to the hospital. See page 2A of 7 * see attached page ->*

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/18/2013

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *07-22-14*

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

The above plan of correction is approved as of <u>10/1/14</u> (Date)	Plan of correction implementation status as of <u>10/1/14</u> (Date)
The above plan of correction was approved by <u><i>JM</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JM</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RESIDENT #1 [REDACTED]

On 10/14/13 and 10/15/13 resident #1 was present for AM medications at the care home and was NOT missing as stated in the violation. On 10-15-13 resident #1 took AM medications, signed out in the evening and was not present for 8:00 P.M. medications. The electronic MAR copy attached shows when medications are missed or not given, the care home had to put "refused meds" in the column on October 16th because the physician was notified and that category is the only one showing that distinction in the system. In short resident #1 was present on 10-15-13 for AM medications, signed out in the evening and was not present for 8:00 P.M. medications. In the morning of 10-16-13 Washington Manor was notified by resident #1's case manager that she was in a holding cell with the Butler City Police and will soon be sent to the hospital. Resident #1 was NOT missing for any 24 hour period as proven by the attached documentation of medication administration and the case manager's statement. Therefore the care home was NOT in violation and is requesting that this violation be removed. On March 3, 2013 the administrator put a policy in place where the manager must let him know of all resident's that are missing, hospitalized or imprisoned etc. This policy will continue in the future and the home has reported all incidents since the policy's initiation.

On 02/16/14, 02/23/14 and 02/24/14 Washington Manor was not in violation of not administering medications directed by resident #1's physician but instead was following the physician's orders to NOT administer medications if resident #1 is intoxicated which could have serious side effects. Attached is the electronic MAR for those dates in which staff noted that resident #1 was strongly intoxicated plus resident #1's physician order NOT to administer medications if intoxicated. Washington Manor has staff meetings regularly and staff medication administration is always discussed plus specific orders from physician's such as this example. We will continue this policy in the future and will request from physician's to specify/list the exact medications to be more specific.

Within 30 days of receipt of the plan of correction, all staff persons will be educated on the policy and procedure for reportable incidents and conclusions. Documentation of the education shall be kept.

John D. Dougherty - Administrator

John D. Dougherty

07-22-14

Immediately: The administrator or designated staff person will ensure all reportable incidents to include prescription medication errors as defined in 2600.183, are reported to the Department's Western Regional Licensing Office within the required time frame and by the required reporting method. (EM 10/1/14)

Violation Report: 44863 - 02/28/2014 - Rosol, Jennifer
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

JUL 24 2014

WEST VIRGINIA INSTITUTE OF
Human Services

1. REGULATION 55 Pa.Code §2600
2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
On 2/25/14, resident #1 was sent to Butler Memorial Hospital with a diagnosis of a seizure. According to hospital staff, the resident's clothing was filthy and it appeared that they have not been changed or washed in a very long time. According to hospital records, the resident had a "strong odor of urine", his/her hair was "caked and greasy". In addition, there was "dried feces in his/her underwear that was not recent" and s/he was "covered in rashes". Furthermore, hospital records indicate "The patient is heavily soiled and disheveled". Upon evaluation, the hospital observed "Positive rash, petechial rash of the inner thighs, ... fingernails area long with curved growth of about 1 cm on the great toes and 0.5 cm on all other that aren't chipped, dirt under every fingernail, and erythema of the labial area distally into the legs and medial thighs".

The resident is prescribed Levetiracetam 250 mg take 1 tablet by mouth twice a day for seizures. On the following dates, the home did not administer the medication as prescribed:

- *2/16/14
- *2/23/14
- *2/24/14

The resident's assessment and support plan, dated 9/4/13, indicates trained staff will see that the resident receives all his/her medications as prescribed. The resident requires prompting/cueing with overall personal hygiene and needs to be asked to take a shower if staff notice s/he hasn't taken a shower in a while. S/he requires total physical assistance with laundry. The assessment, dated 9/4/13, indicates resident #1 has a minimal problem with judgment and has a moderate problem with short-term and long-term memory.

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.

On 02/25/14 resident #1 returned to the home after being out that night, it was apparent to staff that she was intoxicated (alcohol smell) and was filthy but we had no idea where or how she got so disheveled. Within 5 minutes of entry resident #1 had a seizure causing her to release her bowels/bladder. The home could not shower the resident (#1) in this condition and paramedics were on the scene quickly. See page 3A and 3B of F see attached correction ->

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)		<i>John D. Dougherty</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	04-22-14
John D. Dougherty			

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

The above plan of correction is approved as of <u>10/1/14</u> (Date)	Plan of correction implementation status as of <u>10/1/14</u> (Date)
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 <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

On 02/25/2014 resident #1 returned to the care home after being out that night, it was apparent to staff that she was intoxicated (alcohol smell) and was filthy but the home had no idea where she had been to get so disheveled. Within 5 minutes of returning resident #1 had a seizure causing staff to notify 911; during the seizure resident #1's bowels and bladder released. Staff could not shower/bath resident #1 in this condition and paramedics were on the scene quickly. The rash noticed by the hospital was never noticed by staff, resident never complained of any rash and we are not permitted to conduct physical searches by law. The care home has always had a clothes washing schedule and resident #1's laundry was consistently done with this schedule. The home cannot account for how resident #1's clothes got soiled overnight. Staff consistently encouraged resident #1 to conduct proper hygiene and take showers but the care home is not permitted by law to physically force the resident to do either. Resident #1's case manager was aware of the problem with showering but it was minimal. The case manager also was at the home frequently to visit resident #1 and never complained of soiled/filthy clothing to staff. The case manager has a statement within the responses and can be contacted on this issue if you'd like. The administrator has a "Resident Complaint" binder and never once received any complaint from resident #1's roommates or companions at the dining table of any odors that were unpleasant. In short the care home completely disagrees with the hospital's opinion on the condition of resident #1. The staff will continue to be informed in staff meetings by the administrator to encourage resident's to take timely showers as they are already doing and to trim finger nails plus all proper hygiene.

On 02/16/14, 02/23/14 and 02/24/14 the care home followed the physician's orders not to administer medications if resident #1 is intoxicated. The physician did not request to be notified when this occurred and no medication error was conducted by staff since they were informed in meetings to follow the physician's instructions. The care home requests this violation be removed and will continue to have staff meetings conducted by the administrator and manager to review of specific medication administering issues with staff.

John D. Dougherty

John D. Dougherty

02-22-14

Violation Report: 44863 - 02/28/2014 - Rosol, Jennifer
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 55 Pa.Code §2600
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
 On 2/25/14, resident #1 was sent to Butler Memorial Hospital with a diagnosis of a seizure. According to hospital staff, the resident's clothing was filthy and it appeared that they have not been changed or washed in a very long time. According to hospital records, the resident had a "strong odor of urine", his/her hair was "caked and greasy". In addition, there was "dried feces in his/her underwear that was not recent" and s/he was "covered in rashes". Furthermore, hospital records indicate "The patient is heavily soiled and disheveled". Upon evaluation, the hospital observed "Positive rash, petechial rash of the inner thighs, ... fingernails area long with curved growth of about 1 cm on the great toes and 0.5 cm on all other that aren't chipped, dirt under every fingernail, and erythema of the labial area distally into the legs and medial thighs".
 The resident is prescribed Leveliracetam 250 mg take 1 tablet by mouth twice a day for seizures. On the following dates, the home did not administer the medication as prescribed:
 *2/16/14
 *2/23/14
 *2/24/14
 The resident's assessment and support plan, dated 9/4/13, indicates trained staff will see that the resident receives all his/her medications as prescribed. The resident requires prompting/cueing with overall personal hygiene and needs to be asked to take a shower if staff notice s/he hasn't taken a shower in a while. S/he requires total physical assistance with laundry. The assessment, dated 9/4/13, indicates resident #1 has a minimal problem with judgment and has a moderate problem with short-term and long-term memory.

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.
 Within 30 days of receipt of the plan of correction: The administrator will review all resident assessments for accuracy. The administrator will then create a bathing schedule for residents who require any staff assistance with bathing, as determined in the resident assessments. All staff will be educated on the bathing schedule, and will document any refusals in the resident's record. Documentation shall be kept.
 Within 30 days of receipt of the plan of correction: All staff members will be educated on the care needs of the residents, as outlined in the resident assessment-support plan. Documentation of the education shall be kept.
 Within 30 days of receipt of the plan of correction: All staff members who administer medications shall be re-educated on following the prescriber's orders and immediately notifying the prescriber of any medication refusals. Documentation of the education shall be kept.

RECEIVED

Repeat Violation: No Date(s) of Previous Violation(s): OCT 01 2014

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* WEST REGION FIELD OFFICE
 Human Services Licensing

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *10-01-14*

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input 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: 44863 - 02/28/2014 - Rosol, Jennifer
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

JUL 24 2014

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.

WEST VIRGINIA HEALTH CARE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #2's Carafate 10 gm/ml was discontinued on 2/7/14; however, the medication was still present in the home.

Resident #2's Metronidazole 500 mg was discontinued on 2/9/14; however, the medication was still present in the home.

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.

Resident #2's medications were discarded. The administrator and manager conduct monthly med-room/EMR audits on the medications. The February audit was conducted on 02-04-14 as recorded in the Med Audit binder located in the Med-Room. The discontinued medications occurred after the February audit and would of been noticed in the March audit. Apparently conducting monthly audits is too much of a time gap so the administrator and manager starting the week of July 21, 2014 will be conducting the audits on a weekly basis to prevent this from reoccurring in the future. Documentation of the audits shall be kept. RM 10/1/14

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/03/2013

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date 07-22-14

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

The above plan of correction is approved as of 10/1/14 (Date)
The above plan of correction was approved by EM (Initials)
Plan of correction implementation status as of 10/1/14 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress *EM*
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 44863 - 02/28/2014 - Rosol, Jennifer
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST VIRGINIA HUMAN SERVICES AGENCY

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

2a. DESCRIPTION OF VIOLATION

The February 2014 MAR for resident #1 includes Leveliracetam, 250 mg-take 1 tab by mouth twice a day; however the medication was not administered on the following dates:

- * 2/16/14 at 8:00 p.m.
- * 2/23/14 at 8:00 p.m.
- * 2/24/14 at 8:00 p.m.

The February 2014 MAR for resident #1 includes Quetiapine, 200 mg-take 1 tab by mouth at bedtime; however the medication was not administered on the following dates:

- * 2/16/14 at 8:00 p.m.
- * 2/23/14 at 8:00 p.m.
- * 2/24/14 at 8:00 p.m.

The February 2014 MAR for resident #1 includes Sertraline, 50 mg-take 1 tab by mouth twice a day; however the medication was not administered on the following dates:

- * 2/16/14 at 8:00 p.m.
- * 2/23/14 at 8:00 p.m.
- * 2/24/14 at 8:00 p.m.

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.

see page 5A of 7
 Washington Manor disagrees with this violation and did follow the prescriber's directions. Resident #1's physician was aware of her drinking problem and directed the care home not to administer medications if intoxicated which resident #1 was on 02-16-14, 02-23-14 and 02-24-14. The entire staff was aware of the physician's order for resident #1 and followed the directions of the prescriber - see attached prescriber directions. No error occurred.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/03/2013
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Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *07-22-14*

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

The above plan of correction is approved as of 10/1/14 (Date)

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

Plan of correction implementation status as of 10/1/14 (Date)

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

Violation Report: 44863 - 02/28/2014 - Rosol, Jennifer
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

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

2a. DESCRIPTION OF VIOLATION

The February 2014 MAR for resident #1 includes Levetiracetam, 250 mg-take 1 tab by mouth twice a day; however the medication was not administered on the following dates:

- * 2/16/14 at 8:00 p.m.
- * 2/23/14 at 8:00 p.m.
- * 2/24/14 at 8:00 p.m.

The February 2014 MAR for resident #1 includes Quetiapine, 200 mg-take 1 tab by mouth at bedtime; however the medication was not administered on the following dates:

- * 2/16/14 at 8:00 p.m.
- * 2/23/14 at 8:00 p.m.
- * 2/24/14 at 8:00 p.m.

The February 2014 MAR for resident #1 includes Sertraline, 50 mg-take 1 tab by mouth twice a day; however the medication was not administered on the following dates:

- * 2/16/14 at 8:00 p.m.
- * 2/23/14 at 8:00 p.m.
- * 2/24/14 at 8:00 p.m.

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.

Immediately: All medications shall be administered to all residents as prescribed, unless otherwise indicated in writing by the prescriber.

Immediately: The administrator or designated staff person shall monitor at least 2 resident medication administration records (MAR's) on a daily basis for 1 month, then monitor at least 3 resident MAR's on a weekly basis to ensure that the directions of the prescriber are being followed. Documentation of the checks shall be kept.

Within 30 days of receipt of the plan of correction: All staff members who administer medications shall be re-educated on following the prescriber's orders. Documentation of the education shall be kept.

RECEIVED

OCT 01 2014

WEST REGION FIELD OFFICE
 Human Services Licensing

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/03/2013	
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Signature of Legal Entity Representative (Required on EVERY Page)	
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John D. Dougherty

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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John D. Dougherty

10-01-14

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

The above plan of correction is approved as of _____ (Date) The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 44863 - 02/28/2014 - Rosol, Jennifer
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGIONAL
 Human Services Library

1. REGULATION 55 Pa.Code §2600

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

The February 2014 MAR for resident #1 includes Levetiracetam, 250 mg-take 1 tab by mouth twice a day; however the medication was not administered on the following dates:

- * 2/16/14 at 8:00 p.m.
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- * 2/16/14 at 8:00 p.m.
- * 2/23/14 at 8:00 p.m.
- * 2/24/14 at 8:00 p.m.

The medication errors were not reported to the prescriber.

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.

See page 6A of 7
 Washington Manor disagrees with this violation and did follow the prescriber's directions. Resident #1's physician was aware of her drinking problem and directed the care home not to administer medications if intoxicated which resident #1 was on 02-16-14, 02-23-14 and 02-24-14. The entire staff was aware of the physician's order for resident #1 and followed the directions of the prescriber - see attached prescriber. No error occurred, physician specified not to administer. directions.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

John D. Dougherty

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

John D. Dougherty

Date

07-22-14

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

The above plan of correction is approved as of

10/1/14
 (Date)

Plan of correction implementation status as of

10/1/14
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

Violation Report: 44863 - 02/28/2014 - Rosol, Jennifer
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 55 Pa.Code §2600
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

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The February 2014 MAR for resident #1 includes Sertraline, 50 mg-take 1 tab by mouth twice a day; however the medication was not administered on the following dates:
 * 2/16/14 at 8:00 p.m.
 * 2/23/14 at 8:00 p.m.
 * 2/24/14 at 8:00 p.m.

The medication errors were not reported to the prescriber.

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.

Immediately: The home shall notify the resident, the resident's designated person and the prescriber of any medication errors.

Within 30 days of receipt of the plan of correction: All staff members who administer medications shall be re-educated on medication errors and procedures for reporting medication errors to the resident, the resident's designated person and the prescriber. Documentation of the education shall be kept.

RECEIVED
 OCT 01 2014
 WEST REGION FIELD OFFICE
 Human Services Licensing

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

John D. Dougherty

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

John D. Dougherty

Date 10-01-14

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

The above plan of correction is approved as of _____ (Date) The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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JUL 2 2014

Violation Report: 44863 - 02/28/2014 - Rosol, Jennifer
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST VIRGINIA INSTITUTE OF
Human Services License

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

According to resident #1's assessment, dated 9/4/13, the resident's judgment indicates a minimal problem and long and short-term memory indicates a moderate problem; however, the support plan, dated 9/4/13, indicates the resident requires no supervision either in the home or when in the community.

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 care home already conducts and records in the "Weekly Resident Medical Evaluation" binder a review of various DME forms for errors/updates etc. The review is conducted weekly by the administrator and Manager but has been focused on the DME. To avoid this problem from occurring again the DME plus support plan will both be reviewed for accuracy in the weekly reviews by the administrator and Manager. ^{within 30 days of receipt of the plan of correction, the administrator or designated staff person will review all support plans for accuracy, to include supervision needs.} Jm 10/1/14

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/03/2013

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John D. Dougherty Date 07-22-14

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

The above plan of correction is approved as of 10/1/14 (Date) Plan of correction implementation status as of 10/1/14 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress *Jm*
 Partially Implemented - Inadequate Progress
 Not Implemented

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