



JUL 17 2014

Ms. Karen Kehler, Executive Director  
227 Evergreen Road Operations, LLC  
227 Evergreen Road  
Pottstown, Pennsylvania 19464

RE: Sanatoga Court  
License #: 136140

Dear Ms. Kehler:

As a result of the Department of Public Welfare's licensing inspection on March 28, 2014 and June 17, 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 20, 2014 to June 20, 2015 was issued on March 25, 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: SANATOGA COURT		License Number: 13614
Address: 227 EVERGREEN ROAD, POTTSTOWN, PA 19464		County: Montgomery
Administrator: Karen Kehler		Region: SOUTHEAST
Legal Entity Name: 227 EVERGREEN ROAD OPERATIONS LLC		
Legal Entity Address: 227 EVERGREEN RODA, POTTSTOWN, PA 19464		
Certificate(s) of Occupancy C-2 LP 03/10/1998 PA L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 99	Waking Staff: 74
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/28/2014: McHale, Christine; Keelty, Jennifer		
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: 85	Number of Residents who:	
Number of Residents Served: 69	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 67	
Area: Homestead	Have Mental Illness: 2	
Secured Dementia Unit Capacity, if Applicable: 28	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 25	Have a Mobility Need: 30	
Number of Current Hospice Residents: 1	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 4		

Violation Report: 13614 - 03/28/2014 - McHale, Christine  
 PCH Name: SANATOGA COURT

1. REGULATION 55 Pa.Code §2000  
 2800.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The last fire safety inspection and drill observed by a fire safety expert was conducted on 9/19/13. The previous fire safety inspection and drill observed by a fire safety expert was conducted on 6/14/12.

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.

132.b

Executive Director/Maintenance Director/Designee will review and monitor fire records and maintain that the annual drills falls within the year as per regulatory compliance #132.b.

The Executive Director or designee will schedule the annual fire safety inspection drill at least 30 days prior to the next fire safety drill which is due in September, 2014 to ensure compliance with this regulation.

*per telephone conversation - administration*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Karen Kehler* Date *5/2/14*

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

The above plan of correction is approved as of 6/4/14  
 (Date)

Plan of correction implementation status as of 6/12/14  
 (Date)

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

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

Violation Report: 13614 - 03/28/2014 - McHale, Christine  
 PCH Name: SANATOGA COURT

1. REGULATION 65 Pa.Code §2600  
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION  
 During the period of 6/14/13 and 9/19/13, the home does not have a designated evacuation time from fire safety expert. As of 9/19/13, the home's designated evacuation time is 11 minutes and 20 seconds. The home's fire drill evacuation times are:

- 6/28/2013 - 7 minutes 17 seconds
- 7/30/2013 - 10 minutes 39 seconds
- 8/30/2013 - 14 minutes 48 seconds
- 10/19/2013 - 11 minutes 27 seconds
- 11/15/2013 - 14 minutes 47 seconds
- 12/30/2013 - 15 minutes
- 1/30/2014 - 12 minutes 59 seconds
- 2/27/2014 - 14 minutes 52 seconds

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.  
 2600.132d

On March 28, 2014 the fire marshal came to the facility on the day of inspection. He spoke to the Inspector and explained he had inadvertently filled in the time it took for evacuation that day rather than the time he recommended to evacuate. The correct time is 15 minutes which has been the time used in previous years. Please see attached letter from fire marshal which the fire marshal has signed and dated that the evacuation time is 15 minutes. Executive Director/Maintenance Director/Designated will monitor paperwork to make sure it has been filled out correctly.

The Executive Director will obtain in writing an evacuation time that reflects a time that is consistent with the construction of the building, the fire protection features (fire doors and walls), the type of fire alarm system and the presence of a sprinkler system in accordance with the NFPA 101 worksheets to establish a safe evacuation time for the residents of the home, from a fire safety expert within 30 days of receipt of this plan of correction. The home will hold unannounced fire drills on a monthly basis within the extended time identified by the fire safety expert, which is recommended in writing. *EW*

Should the fire drill exceed the recommended evacuation times, the Executive Director or designee will conduct a second unannounced drill within the same month and will document the outcomes of the drill in the fire drill record.

The Executive Director will review the fire drill record on a monthly basis, to ensure that compliance with this regulation is maintained, starting within 30 days of receipt of this plan of correction. *OU per above* *EW*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/07/2013
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Karen Kehler*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Karen Kehler</i>	Date <i>5/2/14</i>
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The above plan of correction is approved as of <i>6/4/14</i> (Date)	Plan of correction implementation status as of <i>4/7/14</i> (Date)
The above plan of correction was approved by <i>EW</i> (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: 13614 - 03/28/2014 - McHale, Christine  
 PCH Name: SANATOGA COURT

1. REGULATION 55 Pa.Code §2600  
 144(c)(3) Prohibition of the use of tobacco during transportation by the home.

2a. DESCRIPTION OF VIOLATION  
 The home's smoking procedures do not include the prohibition of smoking during transport.

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.

2600.144C3

Please see attached policy for the use of tobacco that includes the prohibition of the use of tobacco during transportation by the home.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Karen Kehler</i>	Date <i>5/2/14</i>
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The above plan of correction was approved by <i>[Signature]</i> (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: 13614 - 03/28/2014 - McHale, Christine  
 PCH Name: SANATOGA COURT

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

On 3/28/14, multiple loose pills, including tylenol 500 mg, seroquel 25 mg, glipizide 5 mg, levotabs 0.1 mg, and ramipril 2.5 mg, were found throughout the drawers in the first floor 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.

2600.183e

As per regulation 183e staff was in-serviced on 4/16/14 on proper storage in an organized manner under proper conditions of sanitation, etc. Director of Nursing/Dementia Director /Nigh Shift Supervisor /Designee will be responsible for cleaning carts end of shift and when restocking on an ongoing basis to ensure there are no loose pills. Please see attached in-service.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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 (Required on EVERY Page) *Karen Kehler*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Karen Kehler Executive Director* Date: *5/2/14*

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 (Date)

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 (Date)

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

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

Violation Report: 13614 - 03/28/2014 - McHale, Christine  
PCH Name: SANATOGA COURT

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

Resident #1 has an order for cimetidine 200 mg as needed. This medication was not available 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.

2600.185a

Staff was in-serviced on 4/16/14 on the procedures for the safe storage, access, security and distribution of medications. Please see attached in-service and sign in sheet. The Director of Nursing/Shift leader/Designee will responsible for auditing those medications have been ordered at the appropriate time.

Resident #1's medication Cimetidine 200mg was ordered and is available for administration.

*de per admin pharmacy*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/01/2013	
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(Required on EVERY Page) *Karen Kehler*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Karen Kehler Executive Director* Date *5/2/14*

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(Initials)

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Violation Report: 13614 - 03/28/2014 - McHale, Christine  
 PCH Name: SANATOGA COURT

**1. REGULATION 55 Pa.Code §2600**

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**2a. DESCRIPTION OF VIOLATION**

On 3/3/14 at 2:15 pm, resident #1 refused to take a scheduled dose of mldodrine 2.5 mg. On 3/6/14 at 10:00 am, resident #1 refused to take a scheduled dose of Centrum Silver, dorzolamide-Imolol 2% - 0.5% drops, and mldrodrine 2.5 mg. The home did not document these refusals in the resident's record or report the refusals to the resident's doctor as required.


**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.*

187c

Staff was in-serviced on 4/16/14 proper procedure when a resident refuses a medication: faxing the physician I to inform of the refusal and documenting the refusal in the medical record

The Executive Director or designee will audit the MAR to ensure that any resident that refuses medications, physician will be contacted and documentation will be maintained starting within 30 days of receipt of this plan of correction.

*Dr per admin phone call* 

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Karen Kehler Executive Director</i>	Date <i>5/2/14</i>
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Violation Report: 13614 - 03/28/2014 - McHale, Christine  
 PCH Name: SANATOGA COURT

1. REGULATION 65 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

- Resident #1 has an order for dorzolamide-timolol 2% - 0.5% drops to be administer as one drop in the right eye daily. The most recent bottle of 10 mL was opened on 4/30/13. This bottle contains approximately 200 drops and there is a small amount of medication remaining in the bottle. In order for there to be medication left in this bottle, the resident would have to have refused this medication at least 133 times since 4/30/13. This resident only refused this medication once between the time period of 3/1/14 and 3/28/14.  
*with doctor 6/4/14*

- Resident #2 has an order for aspirin 81 mg chewable and Mucinex maximum strength 1200 mg. The home is administering aspirin 81 mg enteric coated to the resident on a daily basis. Also, on 3/14/14, the home administered Mucinex DM, which contains 1200 mg of Mucinex and an additional ingredient of dextromethophan Hbr 80 mg, to resident #2.

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.

2600.187d

Resident #1 had 2 bottles of eye drops opened at the same time. One filled 4/28/13 and one filled 12/10/13 per Omnicare pharmacy. Therefore 2 bottles were being dispensed simultaneously. This would allow for over 400 drop and with 365 days in a year, this would account for the small amount remaining in the one remaining bottle.  
*with doctor 6/4/14*

Resident #2's physician was contacted and medication was changed to Mucinex DM and aspirin safety coated. Family supplies medication and were informed of the medication change. In the future, Monthly Director of Nursing/Designee will monitor what families bring in to make sure they match what is prescribed by physician. This will keep us in compliance with 187d

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/01/2013
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Karen Kehlor*

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 (Required on EVERY Page) *Karen Kehlor Executive Director* Date *5/2/14*

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Violation Report: 13614 - 03/20/2014 - McHale, Christine  
 PCH Name: SANATOGA COURT

**1. REGULATION 55 Pa.Code §2600**  
 2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

**2a. DESCRIPTION OF VIOLATION**

- Resident #3 was admitted to the SDCU on 2/17/14. The home has no documentation that the resident did not object to the admission.
- Resident #4 was admitted to the SDCU on 2/4/14. The home has no documentation that the resident did not object to the admission.

**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.

2600.231e

Please see attached copy of resident #3 and resident #4 updated SDCU acknowledgment form. All charts were reviewed for accuracy and compliance for regulation 2600.231e. Going forward charts will be reviewed by Executive Director/ Dementia Coordinator/Designee to maintain that all signatures are in place.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Karen Kehler Executive Director</i>	Date <i>5/2/14</i>
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