



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUL 1 1 2014

Ms. Angela Dohrman, Vice President  
Lutheran Social Services of South Central Pennsylvania  
800 Bollinger Drive  
Shrewsbury, Pennsylvania 17361

RE: Zimmerman Place  
License #: 310270

Dear Ms. Dohrman:

As a result of the Department of Public Welfare's licensing inspection on April 7, 2014 and April 11, 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 17, 2014 to June 17, 2015 was issued on April 8, 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: 31027 - 04/11/2014 - Hoover, Douglas  
 PCH Name: ZIMMERMAN PLACE

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 were 2 blister packs of 30 pills each of *Warfarin* for resident #1 that were not current with the prescriber's orders. The current order, as of 3/12/14, was for *Warfarin, 3 mg., 1 tab* to be given daily except for Monday and Saturday. One blister pack was labeled for *Warfarin, 0.5 mg., 1/2 tab* for 3 times a week. The other blister pack was labeled for *Warfarin, 4.5 mg., 1 and 1/2 tabs* for Monday, Wednesday and Friday.

There was 1 blister pack of 30 pills of *Warfarin* for resident #2 that was not current with the prescriber's orders. The current order, as of 3/5/14, was for *Warfarin, 2 mg., 1 tab* to be given daily. The blister pack was labeled for *Warfarin, 0.5 mg., 1/2 tab* to be given daily.

These blister packs were stored in a cabinet in the "South Hall Medication Room."

There was *Lantus 100/ML* insulin in the refrigerator for resident #3 who vacated the facility on 3/14/14.

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.

( See attached page 2A of 5 JE )

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>MARY SNYDER ADMINISTRATOR</i>	<i>5-16-14</i>

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

The above plan of correction is approved as of <u>7.2.14</u> (Date)	Plan of correction implementation status as of <u>7.2.14</u> (Date)
The above plan of correction was approved by <u>JE</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

31027 4/11/14

Zimmerman Place

2600.183d:

Staff was re-educated regarding only keeping current medications for residents living in the home at the monthly nursing department meeting. (See Attachment A) The Health Services Manager explained that medications cannot be stored in the cabinet if they do not have a current order. Staff did not dispose of medications for 2 residents that did not have current orders and they did not dispose of insulin left in the refrigerator from a discharged resident. The medications and the insulin were disposed of per Zimmerman Place's policy on April 11, 2014. The Health Services Manager updated the Night Shift Duty Sheet (Attachment E) to include checking the cabinets and refrigerator to be sure there are no medications without current orders or for residents who have been discharged. The Administrator developed a new check list (Attachment M: Violation Report Audit) to address these specific violations and will be reviewed at the Quarterly Quality Management meetings. (See attachment N). All Nursing staff is required to have attended the meeting or to have signed off on the meeting minutes. (Attachment B) The completed sign in sheet will be sent in as part of the POC by June 9, 2014. Staff is responsible for all information discussed in the meetings. The Health Services Manager is available for additional questions, education and training as needed.

The Health Services Manager will continue to schedule staff meetings every month. The next meeting is on May 20, 2014. Meetings are scheduled at 2:00 PM and at 9:30 PM to meet the needs of all three shifts. Health Services Manager will review the violation report and the plan of correction with the nursing staff.

The Health Services Manager reviewed and updated the daily duty sheets for each shift. (Attachment C: Day Shift Duties, Attachment D: Second Shift Duties, Attachment E: Night Shift Duties) Staff is required to review and use these lists to ensure that they are checking work and completing assigned tasks to be compliant with the personal care regulations. Updates were posted for staff on May 6, 2014. Staff is required to review and sign off that they have read and understand the information by May 31, 2014. Sign off sheet will be sent as part of the POC by June 6, 2014. All medication administration trained staff and LPNs are responsible for preventing future violations by using the quality management tools in place, completing trainings and tests assigned each month on the computer using Silver Chair Learning Systems, attending staff meetings and live in-service trainings.

The Health Services Manager/Administrator will follow up with staff as needed who have any performance issues and provide additional training, performance notations or corrective action as necessary or required by agency policy.

Mary Snyder

5-16-14

Administrator

Violation Report: 31027 - 04/11/2014 - Hoover, Douglas  
 PCH Name: ZIMMERMAN PLACE

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 vial of *Lantus*, 100 mg. for resident #4 stored in the refrigerator in the "South Hall Medication Room." The vial had been used, however there was no date of opening or expiration.  
 There were 2 unidentified loose white pills in the medication cart in the medication room.

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

The Health Services Manager adjusted the night shift duties to include checking cabinets in addition to the refrigerators for medications to be sure that they are dated properly. The vial of Lantus was discarded per Zimmerman Place's policy on April 11, 2014. This information was shared in the Nursing Department staff meeting (Attachments A and B). Completed sign in sheet will be sent by 6-9-14. Checking to see if all medications are dated properly is on Attachment E, and on Attachment M

The Health Services Manager also re-educated staff regarding adjusting the spacing of the medication cards in the medication cart to avoid pills from becoming loose from the cards and to be sure the drawers on the medication cart are closed before popping medications into a cup, to avoid dropping pills in the cart. Medication cart cleaning/organizing is on the Night Shift Duty list. (Attachment E) The two loose white pills found in the med cart were discarded according to Zimmerman Place's policy. Attachment M will be used for insuring proper dating of medications and for checking the med cart for loose medications. This check list will be reviewed at the quarterly Quality Management review meetings and action taken as needed. (See attachment N) All medication Administration trained staff and LPNs are responsible for preventing future violations by using the QM tools in place, attending meetings and in-services and completing trainings and tests assigned each month.

The Health Services Manager/Administrator will follow up with staff, as needed, that have any performance issues and provide additional training, performance notations or corrective action as necessary or required by agency policy.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Mary Snyder* ADMINISTRATOR Date *5-16-14*

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The above plan of correction is approved as of <u>7-2-14</u> (Date)	Plan of correction implementation status as of <u>7-2-14</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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 31027 - 04/11/2014 - Hoover, Douglas  
 PCH Name: ZIMMERMAN PLACE

**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 #5 did not have the name and initials of the staff member administering the 8:00 am medications of *Abilify, 2 mg. tab* and *Buspar, 5 mg. tab* on 4/11/14.

The MAR for resident #6 did not have the name and initials of the staff member administering the 7:30 am medication of *Galantamine, 8 mg. tab* on 4/11/14.

The MAR for resident #7 did not have the name and initials of the staff member administering the 8:00 am medication of *Lisinopril, 40 mg. tab* on 4/11/14.

The MAR for resident #8 did not have the name and initials of the staff member administering the 8:00 am medication of *Isosorb Mono, 30 mg. tab* on 4/11/14.

The MAR for resident #9 did not have the name and initials of the staff member administering the 7:00 am and 11:00 am injection of *Novolog 70/30 mix* on 4/11/14.

The MAR for resident #10 documented the frequency of *Ativan, 0.5ML gel* as twice daily however, the prescriber's order is for PRN only.

**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 attached page 4A of 5 (JE)*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MARY SNYDER ADMINISTRATOR* Date *5-16-14*

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

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

2600.187a

The Health Services Manager reviewed the regulation regarding staff signing the MAR after giving medication at the Nursing department staff meeting held on April 23, 2014. (See Attachments A and B). The 5 missed initials were from one LPN. The inspector spoke to the LPN on 4-11-14 regarding the missed initials in the MAR from that morning med pass. He also spoke to two of the residents who were cognitively able to state that they did receive their medications that morning. The LPN documented in the MAR per procedure. The Health Service Manager will observe medication passes quarterly and record it on the Medication Administration Observation Sheet (Attachment G). Sporadically, the Health Services Manager will also check the MAR and record the results on the MAR Review Sheet (Attachment H) for this LPN for 1 year and as needed for any nursing staff that administers medications and is having performance issues in medication administration. The first Med Pass observation and MAR review will be completed for the one LPN and the forms will be sent by June 6, 2014. Updates will be sent quarterly. These MAR observations and MAR reviews will be brought to the quarterly Quality Review Meetings (See attachment N) for review and follow up.

The Health Services Manager re-educated all staff who administers medications regarding the importance of signing the MAR immediately after administering medications to a resident. Checking and rechecking documentation before the end of their medication pass for missed initials was also covered in the meeting. (See attachments A and B). Staff will use the sample Resident Pill List check off form to ensure all residents have received their medications. (Attachments I and J)

The Night Shift Charge Person will check all MARS for missed signatures using the daily MAR Audit Sheet already in place, (Attachment F) and report issues to the Health Services Manager.

The Health Services Manager re-trained the LPNs and staff that are trained in Medication Administration on the importance of carefully transcribing orders and making sure that the MAR matches the original order. (See attachments A and B)

The Night Shift Charge Person will check the MARs for signatures and transcription accuracy each night. (Attachments and E and F)

The Health Services Manager/Administrator will follow up with staff, as needed, that have any performance issues and provide additional training, performance notations or corrective action as necessary or required by agency policy.

All staff has been assigned two additional trainings on Silver Chair Learning Systems: Medication Preparation Process (Attachment K) and Medication Pass (Attachment L)

These computer trainings are due May 31, 2014. A list of all staff required to complete these trainings will be sent as part of the POC by June 6, 2014.

Mary Snyder Administrator  
5-16-14  
31027 4-11-14  
Zemmerman Place

Violation Report: 31027 - 04/11/2014 - Hoover, Douglas  
 PCH Name: ZIMMERMAN PLACE

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  
 The medication administration record (MAR) for resident #12 was initiated for the 8:00 pm administration of *Acetaminophen, 325 mg. tab* on 4/11/14. This was observed at 10:30 am on 4/11/14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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2600.187b

The Health Services Manager re-educated the staff on the importance of writing in the correct time in the MAR when giving a med and what to do an error is made. (See attachments A and B). This same group of staff has also been assigned two additional trainings on Silver Chair regarding medication administration, to be completed by 5-31-14. (Attachments K and L)

This error was made by the same LPN discussed in 187a. (See POC for violation 2600.187a) The MAR and the pill card were checked on April 11, 2014 during the inspection. The LPN wrote her initials in the wrong block, she showed the inspector that the 8:00 PM med was still in the card and then she corrected her initials in the MAR per documentation procedures. All medication administration trained staff and LPNs are responsible for preventing future violations by using the quality management tools in place, completing trainings and tests assigned each month on the computer using Silver Chair Learning Systems, attending staff meetings and live in-service trainings. The check list will be reviewed at the quarterly Quality Management Meetings (See Attachment N). All medication administration trained staff and LPNs are responsible for preventing future violations by using the quality management tools in place, completing trainings and tests assigned each month on the computer using Silver Chair Learning Systems, attending staff meetings and live in-service trainings.

The Health Services Manager /Administrator will follow up with staff, as needed, that have any performance issues and provide additional training, performance notations or corrective action as necessary or required by agency policy.

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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Mary Snyder*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Mary Snyder Administrator*      Date *5-16-14*

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The above plan of correction is approved as of 7-2-14  
 (Date)

Plan of correction implementation status as of 7-2-14  
 (Date)

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

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