



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: June 23, 2014

Ms. Loriann Putzier, C.O.O.
VS Woods, LLC
d/b/a The Woods at Cedar Run
c/o IntegraCare Corporation
6600 Brooktree Court, Suite 1000
Wexford, Pennsylvania 15090

RE: The Woods at Cedar Run
824 Lisburn Road
Camp Hill, Pennsylvania 17011
331320

Dear Ms Putzier:

As a result of the Department of Public Welfare's licensing inspection on April 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.

Sincerely,

A handwritten signature in black ink that reads "Gloria Emick".

Gloria Emick
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 33983 - 04/07/2014 - Gensil, Lori
 PCH Name: THE WOODS AT CEDAR RUN

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 for Resident #1 does not include the initials of the staff person administering Senna Laxative tab on 10/29/13 at 10 PM; Mirtazapine 15mg tab and Pravastatin NA 40 mg on 10/30/13 at 8 PM; and Carbidopa-Levodopa on 11/29/13 at 8 PM.

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.

Please see Attachment 2 A of 3.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/14/2003	
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Lori A. Mortzall			5/13/2014
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>6-20-14</u> (Date)		Plan of correction implementation status as of <u>6-20-14</u> (Date)	
The above plan of correction was approved by <u>LE</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	

Community/Residence Name: The Woods at Cedar Run

License Number: 339830

Date: 5/13/2014

Plan of Correction Template

Violation Review:

2600.187(a) – A medication record shall be kept to include the following for each resident for whom medications 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.

Violation Interpretation Statement:

The medication administration record for Resident #1 does not include the initials of the staff person administering Senna Laxative tab on 10/29/13 at 10PM; Mirtazapine 15mg tab and Pravastatin NA 40mg on 10/30/13 at 8PM; and Carbidopa-Levodopa on 11/29/13 at 8PM.

Benefit of the Regulation:

The home's staff persons will be able to track all medications a resident receives and to ensure all medications are administered as prescribed.

Prevention:

Annual inspection of the community in January 2014 yielded results of this violation as well. The Prevention noted that Medication Assistants and LPN's were in serviced to consistently initial Medication Administration records immediately after administration and also to check Medication Administration Records after each medication pass to ensure that there are no blank spaces on the record. The ongoing plan will be to continue these efforts.

Responsibility:

Medication Assistants are responsible for regular review of resident medications and the handling of physician orders. The Director of Resident Care Services is responsible for individual audit of resident medications and the completion and accuracy of the Medication Administration records. The Executive Director will monitor compliance via random audits of the Medication Administration Records.

Date for correction to be completed:

Initial Prevention for Medication Assistant and LPN training and compliance was February 27, 2014, as identified by Annual Inspection and subsequent Violations Report. Random audit by Executive Director will be initiated by June 1, 2014.

LE
Lois A. Matzall, Interim Executive Director
5/13/2014

Violation Report: 33983 - 04/07/2014 - Gensil, Lori
 PCH Name: THE WOODS AT CEDAR RUN

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

2a. DESCRIPTION OF VIOLATION

Resident #1's Diovan 320mg, take one tab daily, was not administered from 10/12/13 to 10/14/13.
 Additionally, the PCH did not complete a blood sugar check on 10/31/13 as ordered by the physician.

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.

Please see Attachment 3A of 3

Repeat Violation: Yes

Date(s) of Previous Violation(s):

01/14/2013

Signature of Legal Entity Representative
 (Required on EVERY Page)

Lori A. Martzall

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

Lori A. Martzall

Date

5/13/2014

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

The above plan of correction is approved as of

6-20-14
 (Date)

Plan of correction implementation status as of

6-20-14
 (Date)

The above plan of correction was approved by

LM
 (Initials)

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

Community / Residence Name: The Woods at Cedar Run

License Number: 339830

Date: 5.13.2014

Plan of Correction Template

Violation Review:

2600.187(d) – The home shall follow the directions of the prescriber.

Violation Interpretation Statement:

Resident #1 Diovan 320 mg, take one tab daily, was not administered from 10/12/13 to 10/14/13. Additionally, the PCH did not complete a blood sugar check on 10/31/13 as ordered by the physician.

Benefit of the Regulation:

Ensures that residents receive medications and treatments as ordered by a physician.

Prevention:

Resident #1 no longer resides at the community. Medication Assistants and LPN's will be retrained on procedures in relation to medication administration with Director of Resident Care Services monitoring Medication Administration Records for compliance on a monthly basis. Unit Clerk will institute daily checks of the Medication Administration Records (Monday through Friday) to ensure compliance as well.

Responsibility:

Medication Assistants and LPN's are responsible for proper Medication Administration. Unit Clerk responsible for daily weekday checks of the Medication Administration Records. Director of Resident Care Services will be responsible for training of Medication Assistants and LPNs as well as for monitoring Medication Administration Records on a monthly basis and that all audits are being completed as noted above.

Date for correction to be completed:

Training and the initiation of daily and monthly audits to be compliant will be by May 21, 2014.

Be
J. A. Mantzall, Interim Executive Director
5/13/2014