



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 25 2014

Mr. Alex Mains, Administrator
Penn Assisted Care, LLC
68 Main Street
Pennsburg, Pennsylvania 18073

RE: Penn Assisted Care
License #: 139050

Dear Mr. Mains:

As a result of the Department of Public Welfare's licensing inspection on April 23, 2014 and April 24, 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 May 28, 2014 to May 28, 2015 was issued on February 10, 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: PENN ASSISTED CARE		License Number: 13905
Address: 68 MAIN STREET, PENNSBURG, PA 18073		County: Montgomery
Administrator: Alex Mains		Region: SOUTHEAST
Legal Entity Name: PENN ASSISTED CARE LLC		
Legal Entity Address: 68 MAIN STREET, PENNSBURG, PA 18073		
Certificate(s) of Occupancy 12/17/2008 Borough of Pennsburg		
Staffing Hours Resident Support: 0	Total Daily Staff: 30	Waking Staff: 23
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 04/23/2014: Kazimer, Lauren; Sledge, Andrea; McHale, Christine 04/24/2014: Kazimer, Lauren; McHale, Christine		
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: 33 Number of Residents Served: 29 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: 0 Number of Hospice Residents In past year: 3	Number of Residents who: Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 12 Have Mental Illness: 18 Have an Intellectual Disability: 1 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 13905 - 04/23/2014 - Kazimer, Lauren
 PCH Name: PENN ASSISTED CARE

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired by the home on 2/17/2014, had a criminal background check completed on 10/5/2012.

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 Administrator will complete a new background check for direct care staff person A immediately which will be added to the employee's permanent file. Penn Assisted Care will change it's policy regarding hiring and criminal background checks to require a new criminal background check be submitted for each new employee, or for returning employees will require a new background check be submitted upon rehiring. Penn Assisted Care will no longer accept criminal background checks from other organizations or criminal background checks submitted prior to the date of hire. The Administrator or their Designated Personnel will conduct a review of each new employee's record to insure a new criminal background check has been submitted and is on file upon hiring.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Alex Mains*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Alex Mains, Administrator* Date *6/2/14*

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

The above plan of correction is approved as of *6/9/14*
 (Date)

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

Plan of correction implementation status as of *6/9/14*
 (Date)

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

Violation Report: 13905 - 04/23/2014 - Kazimer, Lauren
 PCH Name: PENN ASSISTED CARE

1. REGULATION 55 Pa. Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

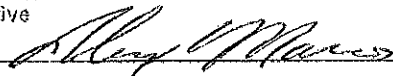
- Ceramic floor tiles in the first floor hallway, across from the dining area, were cracked posing a tripping hazard for residents using mobility aids.
- A ceramic tile around the floor drain in the lower level bathroom was cracked, making it sharp and hazardous to a barefoot resident.
- The lower level bathroom door was not aligned properly and could not be closed fully.

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.

Penn Assisted Care will hire a contractor to address the cracked tiles in the first floor hallway and lower level bathroom, and the lower level bathroom door immediately. The Administrator will hang warning signs immediately to notify the Residents of the cracked tiles until the work has been completed. The Administrator will review the premises monthly to insure floors, walls, ceilings, windows, doors, and other surfaces are clean, in good repair, and are free of hazards. When floors, walls, ceilings, windows, doors, and other surfaces are not in good repair or free of hazards Penn Assisted Care will hire a contractor to complete the required work and hang warning signs until the work has been completed.

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)	Date
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Alex Mains, Administrator 6/2/14

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 (Date)

Plan of correction implementation status as of 6/9/14
 (Date)

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

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

Violation Report: 13905 - 04/23/2014 - Kazimer, Lauren
 PCH Name: PENN ASSISTED CARE

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

Resident # 1's medications are packaged by the pharmacy by date and specific time of administration. Resident # 1 did not receive a scheduled morning dose of Paroxetine ER 12.5mg on 4/23/14 because it was not included in the medication pack. Staff person A initiated it as given because they did not follow the proper medication administration procedures.

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 Administrator or their Designated Personnel will retrain Staff Person A on the proper medication administration procedures immediately. The Administrator will conduct a monthly training for all medication administration trained staff on the proper medication administration procedures for a period of three months. The Administrator will randomly review staff persons administering medications on a weekly basis for a period of three months and thereafter on a quarterly basis and make a determination as to whether other medication administration trained staff must be retrained or barred from administering medications.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Alex Mains, Administrator* Date *6/2/14*

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The above plan of correction was approved by <u>CEM</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: 13905 - 04/23/2014 - Kazimer, Lauren
 PCH Name: PENN ASSISTED CARE

1. REGULATION 56 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
 Resident # 3 is prescribed OTC Gabriline 10mg. 6 of the individually packaged pills located in the medication cart expired in March 2014.

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 Administrator will remove the expired medications immediately. A designated staff person will review medications in the medication cart on a weekly basis. In addition, Penn Assisted Care will contract the house Pharmacy to review all medications on a monthly basis to insure all medications contained in the medication cart are current and accurate. A designated staff person will dispose of expired medications according to company policy, and local, state, and federal guidelines or return the expired medications to the pharmacy.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Alex Mairs, Administrator</i>	Date <i>6/2/14</i>
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Violation Report: 13905 - 04/23/2014 - Kazimer, Lauren
 PCH Name: PENN ASSISTED CARE

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

Resident # 2's Symbicort 160/4.5mcg manufacturer instructions state "store upright". On 4/23/2014, the medication was stored in the medication cart laying on its side.

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

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 Administrator or their Designated Personnel will implement a system to insure that all medications that are required to be stored upright are stored in this manner by utilizing velcro stickers on the medications and medication cart immediately. A designated staff person will review all medications to insure that they are stored under the proper conditions of sanitation, temperature, moisture and light, and in accordance with the manufacturer's instructions that will be completed while checking for expired medications on a weekly basis. In addition, the Administrator will review all medications on a monthly basis to insure that all medications are stored under the proper conditions of sanitation, temperature, moisture and light, and in accordance with the manufacturer's instructions.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Alex Mann, Administrator* Date: *6/2/14*

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Violation Report: 13905 - 04/23/2014 - Kezimer, Lauren
 PCH Name: PENN ASSISTED CARE

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

2a. DESCRIPTION OF VIOLATION

- Resident # 1 did not receive a scheduled morning dose of Paroxetine ER 12.5mg on 4/23/2014 because it was not available in the home.
 - Resident # 3 is prescribed Cetirizine 10mg, the medication cart contained Cetirizine Pseudoephedrine 5mg-120mg, which the home was administering to 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 Administrator has made Resident #1's medication available immediately. Resident #1's medication was not packaged due to a required pre-authorization and non-responsiveness by the Prescriber, in order to prevent future medication errors Penn Assisted Care has entered into an agreement with the Pharmacy to supply a 7 day supply of any medication that would not otherwise be packaged due to requiring a pre-authorization. The pharmacy has also agreed to provide the Prescriber and the Residence with notification when a medication requires a pre-authorization. The Administrator has removed and corrected Resident #3's Certizine immediately. A designated staff person will review all medications delivered from the pharmacy on a weekly basis to insure accuracy and availability of all medications.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Alex Maars, Administrator</i>	Date <i>6/2/14</i>
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