



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 21 2014

Mr. Eddy J. Inzana, President/CEO
Guardian Elder Care at Mountain Top I, LLC
8796 Route 219, VSI Building
Brockway, Pennsylvania 15824

RE: Mountain Top Senior Care and Rehabilitation Center
185 South Mountain Boulevard
Mountain Top, Pennsylvania 18707
License #: 221670

Dear Mr. Inzana:

As a result of the Department of Public Welfare's licensing inspection on April 29, 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 July 5, 2014 to July 5, 2015 was issued on April 16, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long, sweeping horizontal line extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 22167 - 04/29/2014 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

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
 The medication errors (reported in 187d) were not reported to the Department.
 The following Residents and their Medications were not available on: Resident # 1, Morphine Sul 15mg not available at 8:00pm on 4/20/14 and 8:00am & 8:00pm on 4/21/14, Tramadol HCL 50mg. not available from 6:00pm on 4/14/14 through 6:00pm on 4/21/14, Travatan not available from 8:00pm on 4/16/14 to 4/25/14; Resident # 2, Albuterol Neb. not available for the 4:00pm and 8:00pm on 4/21/14, Sertraline 50mg not available at 8:00am on 4/11/14, Sertraline 100mg not available at 8:00am on 4/11/14; Resident # 3, Calcium 600 not available at 8:00pm on 4/16 through 4/23/14; Resident # 4, Bumetanide 1mg. 7:00am and 8:00pm on 3/1 through 3/4/14.

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.

All staff were educated on required reporting guidelines.

Medication errors will be reported to the Department within 24hrs.

Administrator/Designee to monitor MARs and med card to ensure ongoing compliance.

Adm or designee will ensure that each shift on each day knows what constitutes a reportable incident, whom to notify and to submit incidents reports to the regional office at time. *Attachment C*

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

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

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

The above plan of correction is approved as of 6-30-14
 (Date)

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

Plan of correction implementation status as of 6-30-14
 (Date)

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

Violation Report: 22167 - 04/29/2014 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
 Direct care staff persons A, B, and C did not receive the required 12 hours of annual training in 2013.

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.

All staff will receive the required 12 hours of annual training for 2014 and forward. Training plan for 2014 attached.

Administrator or designee will review staff training monthly to insure ongoing compliance. Documentation of these monthly audits will be retained by the home. ep.

Administrator/Designee will ensure ^{or} ongoing compliance.

Attachment
A

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/02/2013
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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
Melanie Degan Admin	6-16-14

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The above plan of correction is approved as of <u>6-30-14</u> (Date)	Plan of correction implementation status as of <u>6-30-14</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 22167 - 04/29/2014 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

- 1. REGULATION 55 Pa.Code §2600**
 2600.85(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
 - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 - (3) Care for residents with dementia and cognitive impairments.
 - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 - (5) Personal care service needs of the resident.
 - (6) Safe management techniques.
 - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 Direct care staff persons A, B, and C did not receive training in the required topics in 2013.

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.

All staff will receive training in 2014 for the required training topics and moving forward.
 2014 Training plan included.

Admin/Designee to ensure ongoing compliance.
 Admin/Designee will review staff training monthly to insure on-going compliance. Documentation of these audits will be retained by the home.

Attachment A

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

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

Arlandia Dumas / Admin 6-16-14

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 (Initials)

Plan of correction implementation status as of 6-30-14
 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 22167 - 04/29/2014 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

- 1. REGULATION 55 Pa.Code §2600**
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 - (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 - (3) Resident rights.
 - (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
 - (5) Falls and accident prevention.
 - (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
 Direct care staff persons A, B, and C did not receive training in any of the required areas during the training year 2013.

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.

All staff will receive annual training on topics in regulations 2600.65(g) for 2014 and moving forward.
 2014 Training plan enclosed.

Administrator/Designer to ensure training plan is followed for ongoing compliance - by monitoring monthly - documentation of audits will be retained by the home. *Attachment A*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Melanie Duggan / Admin* Date *6/16/14*

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 (Initials)

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 (Date)

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Violation Report: 22187 - 04/29/2014 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 The common bathroom, across the hall from room 105 at 10:00am, had on the vanity of the sink: Sure deodorant, Cranberry/Cherry body lotion, and 2 hair brushes. None of the items were labeled with any names and may be used by multiple residents.

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.

Med Techs were inserviced on sanitary practices and diabetic care on 5-1-14. All residents receiving accu checks have their own glucometer devices.

✓ to drawer
 5/1/14

Admin/Designee to monitor for ongoing compliance - minimally weekly audits of the home - documentation of glucometers will be retained by the home. *cf* Attachment B

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

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
 Melanie Duman Admin 6/16/14

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

Plan of correction implementation status as of 6-30-14 (Date)

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

Violation Report: 22167 - 04/29/2014 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

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
 Approximately 2 inches of dust was accumulated under the baseboard radiators in room 102.

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.

Dust was cleaned/removed at time of inspection.
 Staff will follow a cleaning schedule and document when completed, to ensure Reg 88(a) is being upheld.

Admin/Designate to monitor for ongoing compliance.

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

Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date 6/16/14

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 (Initials)

Plan of correction implementation status as of 6-30-14
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Violation Report: 22167 - 04/29/2014 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 The bed in room 102 does not have a source of light that can be turned on/off from bedside.

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.

Lamp was placed at Resident's bedside at time of inspection


Admin/Designer to perform weekly room checks to ensure ongoing compliance

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Violation Report: 22167 - 04/29/2014 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION
 The bathroom, across the hall from room 105 at 10:00am, did not have a dispenser with soap at the sink. It did have 2 plastic cups each containing a bar of soap; neither cup had a name on it.

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.

All residents have individual toiletries. Staff will ensure residents items are labelled with their names on items.
 Soap dispensers have been placed at each bathroom sink as well.
 Admin/Designee to monitor/ensure ongoing compliance on a weekly basis.


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

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 (Required on EVERY Page) Date 6-16-14

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 Partially Implemented - Inadequate Progress
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Violation Report: 22187 - 04/29/2014 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION
 At 10:05am, the refrigerator/freezer located in the dining room, had the following items in it with no dates on the various foods; 2/3 of a banana cream pie, a container of tapioca pudding, and 5 - 7oz. cups of milk. The freezer portion of the same refrigerator had 2 containers of banana slices.

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.

All staff re-educated on regulation 2600.130(e)
 All items were disposed of at time of inspection.

Admin/Designee will monitor for ongoing compliance by performing random checks on a monthly basis. Q.

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

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Printed Name and Title of Legal Entity Representative
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Plan of correction implementation status as of 6-30-14
 (Date)

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Violation Report: 22167 - 04/29/2014 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 The temperature of the refrigerator in the dining room at 10:05am was 42 degrees Fahrenheit, and the freezer portion of the same refrigerator was 16 degrees Fahrenheit.

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.

All staff re-educated on regulation 2600.103(f)
 Temperatures will be checked and maintained ^{ained}
 on a daily basis.

Admin/Designer will monitor for ongoing compliance by performing random checks on a monthly basis. 


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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) Marie Juggan Admin 6-16-14

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Plan of correction implementation status as of 6-30-14
 (Date)

- Fully Implemented
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Violation Report: 22167 - 04/29/2014 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
 The freezer portion of the refrigerator, located in the dining room, had 2 open containers of banana slices that were not covered. The refrigerator, located in the dining room, had 5 - 7oz. cups of milk that were not covered.

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.

All staff re-educated on Regulation 2600.103(g).
 All items were disposed of at times of inspection.

Admin / Designer to monitor for ongoing compliance by performing random checks on a monthly basis. CP.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
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Helaine Dumas / Admin 6-16-14

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 (Initials)

Plan of correction implementation status as of 6-30-14
 (Date)

Fully Implemented
 Partially Implemented - Adequate Progress
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 Not Implemented

Violation Report: 22167 - 04/29/2014 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
 The fire drill records do not indicate how many residents were in the home at the time of each of the fire drills. The record only states how many were evacuated. The home has been using their form which does not have the necessary information 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.

Home immediately began to utilize a form recommended by DPW. All required information will be contained on the DPW fire drill record.

Admin / Designer to monitor for ongoing compliance

7-1-14 Fire drill record from 4-30-14 thru 6-30-14 was submitted for verification POC. 4-30-14 2 residents failed to evacuate. NERO will follow up.
 [Signature] 7-1-14

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

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
 Melante Duggan / Admin 6/16/14

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The above plan of correction is approved as of <u>6-30-14</u> (Date)	Plan of correction implementation status as of <u>7-1-14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22167 - 04/29/2014 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The DME for Resident # 5, dated 2-22-14, does not have the physician's signature or license #.
 The DME for Resident # 1, dated 1-7-14, does not have the resident's height or weight recorded.

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.

Medical evaluations will be reviewed for completeness upon retrieval from the physicians by staff and Administrator.
 DME's for resident #5 and #1 have been fully completed by the physicians

Admin designed to ensure ongoing compliance. All DME's will be reviewed prior to placing in resident record. CP

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

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Printed Name and Title of Legal Entity Representative
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Violation Report: 22167 - 04/29/2014 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 The menus posted in the facility are for the current week and the previous 3 weeks. Next week's menu is not posted.

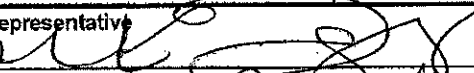
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Next weeks menu was posted at time of inspection.

Dietary manager will ensure (4) weeks menus are posted at all times.

Admin/Designer to ensure ongoing compliance checking on monthly basis.


Repeat Violation: Yes Date(s) of Previous Violation(s): 09/05/2013

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Melanie Degan / Admin Date 6/16/14

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Violation Report: 22167 - 04/29/2014 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

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

2a. DESCRIPTION OF VIOLATION

Resident # 6 is on a sliding scale for the amount of insulin the resident should have. On the following dates, the numbers recorded from the resident's glucometer were not transcribed properly, thus causing the resident to either not receive the insulin amount as directed by the doctor: 4-11-14 at 7am insulin needed 2 units, insulin given 0; 4-14-14 at 7am insulin needed 2, insulin given 0; 4-17-14 at Noon insulin needed 4 units, insulin given 0; 4-18-14 at Noon insulin needed 4 units, Insulin given 2; 4-22-14 at Noon insulin needed 4 units, Insulin given 0.

The following Residents and their Medications were not available on: Resident # 1, Morphine Sul 15mg not available at 8:00pm on 4/20/14 and 8:00am & 8:00pm on 4/21/14, Tramadol HCL 50mg. not available from 6:00pm on 4/14/14 through 6:00pm on 4/21/14, Travatan not available from 8:00pm on 4/16/14 to 4/25/14; Resident # 2, Albuterol Neb. not available for the 4:00pm and 8:00pm on 4/21/14, Sertraline 50mg not available at 8:00am on 4/11/14, Sertraline 100mg not available at 8:00am on 4/11/14; Resident # 3, Calcium 600 not available at 8:00pm on 4/16 through 4/23/14; Resident # 4, Bumetanide 1mg. 7:00am and 6:00pm on 3/1 through 3/4/14.

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.

Med Techs were inserviced on the proper documentation of medication administration and following the directions of the prescriber appropriately.
 05-1-14

Admin / Deq will ensure ongoing compliance by auditing MARs. Home will review MARs and med carts weekly to insure needed medications are on hand as ordered. Attachment C

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/25/2013

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
 Melanie Duggan Admin 6-16-14

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

Violation Report: 22167 - 04/29/2014 - Dumas, Gerald
 PCH Name: MOUNTAIN TOP SENIOR CARE AND REHABILITATION CENTER

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 medication errors were not reported to the physician, the resident and the resident's designated person.
 The following Residents and their Medications were not available on: Resident # 1, Morphine Sul 15mg not available at 8:00pm on 4/20/14 and 8:00am & 8:00pm on 4/21/14, Tramadol HCL 50mg. not available from 8:00pm on 4/14/14 through 6:00pm on 4/21/14, Travatan not available from 8:00pm on 4/16/14 to 4/25/14; Resident # 2, Albuterol Neb. not available for the 4:00pm and 8:00pm on 4/21/14, Sertraline 50mg not available at 8:00am on 4/11/14, Sertraline 100mg not available at 8:00am on 4/11/14; Resident # 3, Calcium 600 not available at 8:00pm on 4/16 through 4/23/14; Resident # 4, Bumetanide 1mg. 7:00am and 6:00pm on 3/1 through 3/4/14.

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.

5-1-14 Inservice completed with med techs to review policy on medication administration and proper reporting procedures and requirements.

Ongoing medication administration records will be monitored by administrator/designee to ensure compliance - documentation of this monitoring will be retained by the home. Cc

attachment C

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

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 6-16-14

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

The above plan of correction is approved as of 6-30-14 (Date)

Plan of correction Implementation status as of 6-30-14 (Date)

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

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