



AUG 19 2014

Ms. Barbara Martinez, Administrator
Glencrest Manor, Inc.
P.O. Box 1204
Coatesville, Pennsylvania 19320

RE: Glencrest Manor
115 Glencrest Road
Coatesville, Pennsylvania 19320
License #: 197800

Dear Ms. Martinez:

As a result of the Department of Public Welfare's licensing inspection on May 5, 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 22, 2014 to July 22, 2015 was issued on April 16, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones". The signature is written in a cursive style.

Matthew J. Jones
Director
/SH

Enclosure
License Inspection Summary

Violation Report: 19780 - 05/05/2014 - Rosenblat, Dale
 PCH Name: GLENCREST MANOR

1. REGULATION 55 Pa.Code §2600
 2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION
 The home did not complete the contract for resident #1, admitted on 4/18/14, until 4/22/14 which is beyond the required time frame.

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 Page 2A of 4 attached. (JE)

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Barbara Martinez*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Barbara Martinez, Administrator* Date *6/27/14*

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

The above plan of correction is approved as of 7.7.14
 (Date)

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

Plan of correction implementation status as of 7.7.14
 (Date)

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

Correction Plan for regulation 55 Pa code 2600
2600.25(a)(1)

Page 2A of 4
JE

To ensure that the Contract Screening is fully completed in the proper time frame, administrator or designee will complete the ~~Contract~~ ^{Contract} during the admission process. Staff will double check the completed form, than Supervisor will re-check the form and initial to ensure all proper information on the form is correct and all the boxes are checked. Staff will review all forms required to ensure they are completed correctly.

Barbara Martinez

Violation Report: 19780 - 05/05/2014 - Rosenblat, Dale
 PCH Name: GLENCREST MANOR

1. REGULATION 55 Pa.Code §2600

2600.143(a) - The home shall have a written emergency medical plan that includes the following:
 (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.
 (2) Emergency transportation to be used.
 (3) An emergency-staffing plan.

2a. DESCRIPTION OF VIOLATION

The home does not have an emergency medical plan.

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 Page 3A of 4 attached.
 (SE)

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Barbara Martinez*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Barbara Martinez* Date *6/27/14*

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

The above plan of correction is approved as of 7.9.14
 (Date)

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

Plan of correction implementation status as of 7.12.14
 (Date)

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

Correction plan for Regulation 55 Pa. Code
2600

2600.143(a) 1, 2, 3

Page 3A of 4 (VE)

In the event of a medical emergency the administrator of the facility will be in charge. In the administrator's absence the person designated by the administrator to take charge in the administrator's absence, administrator designee or who is on duty. Steps to take are to recognize that there is a medical emergency, call 911, provide care until help arrives, call the administrator, gather paperwork for the hospital including the transfer sheet with patient information and hospital of choice, then call next of kin or emergency contact. You always have to assess the situation, make sure it is safe for you to proceed and stay calm. This plan will be part of the orientation first 40 hours, for new employees.

Barbara Martinez 6/27/14

*Transfer Sheet will include choice of hospital along with phone numbers. - See Attached
our mode of transportation will be the nearest ambulance in the area

Violation Report: 19780 - 05/05/2014 - Rosenblat, Dale
 PCH Name: GLENCREST MANOR

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 #2 has an order for Hydroco/Apap tab 5-325mg to be administered one tab four times daily as needed. The blister pack card has 10 pills and the home's count sheet indicates 12 pills remaining.

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 Page 4A of 4. DE

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

Signature of Legal Entity Representative *Barbara Martinez*
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Barbara Martinez</i>	Date <i>6/27/14</i>
---	---------------------

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

The above plan of correction is approved as of 7.9.14
 (Date)

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

Plan of correction implementation status as of 7.9.14
 (Date)

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

Correction plan for Regulation 55 Pa. code 2600
2600.185(a)

Page 4 of 4
JE

To ensure that the proper count and handling for all narcotics are correct, the two med trained staff will count all narcotics at the end and beginning of their shift change. The med trained staff will count and document on the narcotic count sheet and in the MAR'S along with signatures and initials in the presence of each other. All narcotics are stored in a locked storage box, in a locked cabinet.

If a medication error does occur, administrator must be notified along with the PCP and family. If it is a major medication error DPW should be notified also. The Administrator will conduct an internal investigation regarding any missing narcotics. (JE)

Barbara Martinez