



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 17 2014

Ms. Jolynn Carl, Administrator
Pleasant View Retirement Community
544 North Penryn Road
Manheim, Pennsylvania 17545

RE: Pleasant View Retirement Community
License #: 321850

Dear Ms. Carl:

As a result of the Department of Public Welfare's licensing inspection on May 12, 2014, May 13, 2014 and May 14, 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 August 29, 2014 to August 29, 2015 was issued on June 9, 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: 32185 - 05/12/2014 - Gensil, Lori
 PCH Name: PLEASANT VIEW RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.64(f) - A record of training including the individual trained, date, source, content, length of each course and copies of certificates received shall be kept.

2a. DESCRIPTION OF VIOLATION

The Administrator's training year is June 1, 2012 to May 31, 2013. The Administrator completed 24 hours of annual training, but did not retain copies of the certificates received.

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.

1. Importance of Regulation – show proof of required education for Administrator and verifies educational requirements of Administrator.
2. How was regulation violated? – Administrator removed prior years' proof of education in error.
3. What caused violation? – Proof of education requirements was not available at time of survey.
4. What can be done right away to fix the violation? – Direct contact was made to the recognized education providers to fax/mail previous educational documentation. Not all requirements were received as P.A.L.A. works on a "stamp" system and does not keep verifications. All others are attached.
5. What can be done to prevent future violations? – Obtain original forms verifying educational requirements. Forms will be kept for a period of 3 years.
6. Who is responsible for preventing future violations? – PC Administrator.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jolynn Carl</i>	Date <i>6-12-14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6-23-14</u> (Date)	Plan of correction implementation status as of <u>6-23-14</u> (Date)
The above plan of correction was approved by <u>BC</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: 32185 - 05/12/2014 - Gensil, Lori
 PCH Name: PLEASANT VIEW RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
 (1) Resident rights.
 (2) Emergency medical plan.
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
 (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
 Ancillary Staff Person A, hired on 3/10/14, did not receive training in 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.

1. Importance of Regulation – Confirms educations requirements for direct care staff and ancillary staff, substitute staff and volunteers during or within 40 hours scheduled work.
2. How was regulation violated? – Staff Person A did not receive orientation / training on emergency medical plan. There was no documentation or proof of orientation on this topic.
3. What caused violation? – Emergency medical plan was not part of staff person’s orientation during first 40 hours of scheduled work.
4. What can be done right away to fix the violation? – Staff Person A will be oriented / trained on Emergency Medical Plan. *Training to be completed by 8/1/14. – BE*
5. What can be done to prevent future violations? – The Emergency Medical Plan will be added to General Orientation beginning 6/23/14. Quarterly audits will be reviewed by Administrator and non-compliance corrected within 24 hours.
6. Who is responsible for preventing future violations? – PC Administrator and Human Resources Manager.

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

Jolyon Carl

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Jolyon Carl</i>	<i>6-12-14</i>

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Violation Report: 32185 - 05/12/2014 - Gensil, Lori
PCH Name: PLEASANT VIEW RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Person B, hired on 1/13/14, did not complete the DPW direct care training course until 3/13/14. Direct care staff person C, hired on 1/13/14, did not complete the DPW direct care training course until 3/21/14. Both staff members had provided unsupervised ADL services before completing the required training and passing the competency test.

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.

- 1. Importance of Regulation -- To be sure DCS are trained according to regulation and to be sure DCS are providing ADL services they have been trained and tested for.
- 2. How was regulation violated? -- DCS B & C provided unsupervised ADL service without DPW's required training.
- 3. What caused violation? -- DCS B & C completed competency outside of timeline allowed.
- 4. What can be done right away to prevent future violations? -- Develop a "check-off" system where unit secretary schedules all DCS with date/time to complete required training & testing. *System has been implemented - GS*
- 5. What can be done to prevent future violations? -- Include quarterly audit checks to verify completion.
- 6. Who is responsible for preventing future violations? -- Administrator and Unit Secretary.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jolyn Carl</i>	Date <i>6-12-14</i>
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The above plan of correction is approved as of 6-23-14
 (Date)

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

Plan of correction implementation status as of 6-23-14
 (Date)

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

Violation Report: 32185 - 05/12/2014 - Gensil, Lori
 PCH Name: PLEASANT VIEW RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 The phones in the hallway located by Room #245 and Room #160 do not have the emergency telephone numbers 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.

1. Importance of Regulation – emergency phone numbers are readily available for anyone at any time at all outgoing phones in an emergency.
2. How was regulation violated? – Emergency phone numbers were unavailable.
3. What caused violation? – Phone numbers were not posted at these phones.
4. What can be done right away to fix the violation? – Phone numbers have been posted at these locations, *within a week of the inspection. - LG*
5. What can be done to prevent future violations? – Quarterly audits to include checking resident room phones and phone numbers. Non-compliance will be corrected immediately. Audits reviewed by Administrator.
6. Who is responsible for preventing future violations? – Administrator, LPN, DCS or anyone conducting audits.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jolynn Carl</i>	Date <i>6-12-14</i>
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Violation Report: 32185 - 05/12/2014 - Gensil, Lori
 PCH Name: PLEASANT VIEW RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

2a. DESCRIPTION OF VIOLATION

Resident #1 self administers medications and stores medications in their room. On 5/14/14, a bottle of Aleve was found in an unlocked drawer of a nightstand in an unlocked bedroom.

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.

1. Importance of regulation: To keep other residents, visitors safe from potential danger.
2. How was regulation violated? Medication was unsecured. Resident #1 did not lock drawer of night stand where medication was kept nor did he/she lock her bedroom door.
3. What caused the violation? Resident #1 and 2 were non-compliant with keeping medications locked. Staff did not monitor the security of the medications.
4. What can be done right away to fix the violations? Educate residents and staff with the importance of locking medications at all times. Check location of stored medications of all residents who self-administer medications to ensure location is secured. *Residents were educated on 6/15/14*
5. *Staff will be educated by 7/1/14 - SE* What can be done to prevent future violations? Develop a policy that outlines specific guidelines for residents and staff to follow to maintain compliance. Continue to use the Self Administration Assessment tool on a quarterly basis. Physically conduct quarterly audits to monitor residents who self-administer to be sure drawers/doors are locked. Any non-compliance will be corrected immediately. All audits are reviewed by administrator and non-compliance is corrected within 24/hours.
6. Who will be responsible for future violations? Administrator, LPN's and those designated to conduct audits.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Johanna Carl* Date *6-12-14*

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Violation Report: 32185 - 05/12/2014 - Gensil, Lori
 PCH Name: PLEASANT VIEW RETIREMENT COMMUNITY

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

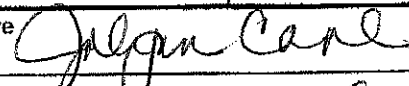
The medication administration record for Resident #2 does not include a diagnosis or purpose for Risperdal .25 mg, Preservision and MAPAP 500 mg.

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.

1. Importance of regulation: To understand the reason for giving a medication.
2. How was regulation violated? Resident #2 did not have a diagnosis accompanying the medication prescribed.
3. What caused the violation? Diagnosis was missing and listed as "exempt".
4. What can be done right away to fix the violations? Add correct diagnosis to appropriate areas of the MAR's and TAR's.
 - a. Timeline for completion: June 30, 2014.
5. What can be done to prevent future violations? Currently educating all staff that all medications must include a correct diagnosis. Conduct quarterly audits and correct any and all non-compliance immediately. Audits are reviewed by administrator.
6. Who will be responsible for future violations? Administrator, Director of Residential Services and LPN's.

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) <u>John Carl</u>	Date <u>6-12-14</u>
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 (Initials)

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Violation Report: 32185 - 05/12/2014 - Gensil, Lori
 PCH Name: PLEASANT VIEW RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION
 The directions for operating the home's locking mechanism in the SDCU are not conspicuously posted near the locked gate in the outside courtyard.

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.

1. Importance of Regulation – Posted directions allow exit out of SDU.
2. How was regulation violated? – Directions were not posted at this location at time of survey.
3. What caused violation? – Missing directions.
4. What can be done right away to fix the violation? – Directions were posted same day as survey.
5. What can be done to prevent future violations? – Quarterly audits conducted and non-compliance corrected immediately. Audits are reviewed by Administrator and non-compliance corrected with-in 24 hours.
6. Who is responsible for preventing future violations? – Administrator, LPN, DCS, Director of Residential Services, and anyone else conducting audit.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>J. Jolynn Carl</i>	Date <i>6-12-14</i>
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