

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to VS WOODS LLC

LEGAL ENTITY

To operate THE WOODS AT CEDAR RUN

NAME OF FACILITY OR AGENCY

Located at 824 LISBURN ROAD, CAMP HILL, PA 17011

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 79
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 19

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from May 15, 2014 until November 15, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 331321

Robert E. Robinson

ISSUING OFFICER

Matthew J. [Signature]

ACTING DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 10/13



MAY 16 2014

Ms. Loriann Putzier, COO
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
License #: 331321

Dear Ms. Putzier:

As a result of the Department of Public Welfare's licensing inspection on January 14, 2014, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the facility.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the 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 PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones" followed by a stylized flourish or initials.

Matthew J. Jones
Director

Enclosures
License
License Inspection Summary

331320

Violation Report: 33083 - 01/14/2014 - Gensil, Lori
PCH Name: THE WOODS AT CEDAR RUN

1. REGULATION 55 Pa.Code §2600
2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
The contract for Resident #1, dated 4/11/13, was not signed by 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.

Please see attachment, 2A

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Lori A. Martzall, Interim Executive Director*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Lori A. Martzall, Interim Executive Director Date 2-24-2014

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

The above plan of correction is approved as of 4-10-14
(Date)

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

Plan of correction implementation status as of 4-10-14
(Date)

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

Community/Residence Name: The Woods at Cedar Run

License Number: 339830

Date: 2.24.2014

Plan of Correction Template

Violation Review:

2600.25 (b) – The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person, if any, if the resident agrees.

Violation Interpretation Statement:

The contract for Resident #1, dated 4/11/13, was not signed by the resident.

Benefit of the Regulation:

Signing the contract constitutes a pledge by both parties to abide by the specified terms.

Prevention:

Contract was reviewed and signed by the resident on 1.14.14. As new contracts are signed, a second Marketing Director will review contract to ensure that all areas have been signed appropriately. In addition, the Executive Director will provide a final review of all contracts as well.

Responsibility:

Director of Sales and Marketing, Director of Sales and Move-Ins and Executive Director will be responsible for the thorough completion of resident contracts.

Date for correction to be completed:

Compliance with proper contract signing will be complete by February 27, 2014.

Lo Sheafall, Interim ED
2-24-2014

SL

331320

Violation Report: 33883 - 01/14/2014 - Gensil, Lori

PCH Name: THE WOODS AT CEDAR RUN

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Person A, hire date 11/8/10, does not have a high school diploma from the US, GED diploma or active registration on the PA nurse aide registry.

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, 3B, 3C, 3D

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Lori A. Martzell, Interim Executive Director

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

Lori A. Martzell, Interim Executive Director

Date 2-24-2014

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

The above plan of correction is approved as of 4-10-14
(Date)

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

Plan of correction implementation status as of 4-10-14
(Date)

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

Community/Residence Name: The Woods at Cedar Run

License Number: 339830

Date: 2.24.2014

Plan of Correction Template

Violation Review:

Direct care staff persons shall have the following qualifications: 1) Be 18 years of age or older, except as permitted in 2600.54(b); 2) have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry; 3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care person from providing necessary personal care services with reasonable skill safety.

Violation Interpretation Statement:

Direct Care Staff Person A, hire date 11/8/10, does not have a high school diploma from the US, GED diploma or active registration on the PA nurse aide registry.

Benefit of the Regulation:

Ensures that direct care staff persons have the education and ability required to perform job duties specified by the home, including activities of daily living.

Prevention:

For Direct care staff person, hire date 11/8/10, a new Waiver has been submitted to the Department of Public Welfare, with accompanying copy of the original Request for Waiver submitted 4.2.2012 where final approval had not been received. *On 4/1/14, waiver granted by DPW. -BE*
If future applicants present high school documents from outside of the United States, the Request for Waiver will be completed at that time. The hiring process and all related documents will be verified at the time of hire via the community's Job Folder Protocol. *If the team member's waiver was denied, the employee will be transferred to a non-direct care staff position or suspended until the qualifications are resolved. -BE*

Responsibility:

The Business Office Manager will properly complete the hiring process documents and ensure that Job Folder protocols are in compliance. The Executive Director will ensure that all components are complete as evidenced by their signature on the Job Folder. The Executive Director is responsible that any required Request for Waiver Applications are complete and obtain proper authorizations.

Date for correction to be completed:

Compliance to ensure that direct care persons have the education and ability required to perform job duties, specified by the home, including activities of daily living with proper hiring procedures will be obtained by 2/27/14, but also dependent upon approval of resubmitted Request for Waiver of Regulation. *Employee assignment will be contingent on qualifications review. -BE*

*Sari St. Heinzell, Interim ED
2-24-2014*

331320

Violation Report: 39963- 01/14/2014 - Gensil, Lori
 PCH Name: THE WOODS AT CEDAR RUN

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 Person B did not receive training in fire safety during 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.

Please see Attachment 4A and 4B

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Lori A. Martzall, Interim Executive Director*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lori A. Martzall, Interim Executive Dir.* Date *2-24-2014*

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

The above plan of correction is approved as of 4-10-14
 (Date)

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

Plan of correction implementation status as of 4-10-14
 (Date)

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

Community/Residence Name: The Woods at Cedar Run

License Number: 339830

Date: 2.24.2014

Plan of Correction Template

Violation Review:

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) Residents rights ; 4) The Older Adult Protective Services Act; 5) Falls and Accident Prevention; 6) New population groups that are being served at the home that were not previously served, if applicable.

Violation Interpretation Statement:

Direct Care Staff Person B did not receive training in fire safety during training year 2013.

Benefit of the Regulation:

Ensures that all staff who work in the home are reminded of the home's emergency procedures and mandated reporting requirement.

Prevention:

Direct Care Staff Person B has completed fire safety training effective 1.16.2014. (Attached) Business Office Manager will utilize the electronic reporting mechanisms with online training, Care2Learn, to ensure that all required trainings are completed by staff members. Staff members will be reminded of required trainings and their compliance expectation.

Responsibility:

Business Office Manager will schedule and document all required trainings via online training program, Care2Learn, to ensure that all staff receive the proper required trainings. Executive Director will periodically audit Care2Learn training compliance reports to ensure compliance.

Date for correction to be completed:

Staff trainings will be in compliance by 2/27/14.

GE
Kae Shroyer, Director
2-24-2014

331320

Violation Report: 33989- 01/14/2014 - Gensil, Lori

PCH Name: THE WOODS AT CEDAR RUN

1. REGULATION 55 Pa.Code §2800

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

At 2:00 pm, there were 2 trash cans located in the kitchen that were uncovered.

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 5A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Lori A. Martzell, Interim Executive Director

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

Lori A. Martzell, Interim Executive Director

Date 2-24-2014

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

The above plan of correction is approved as of 4-10-14
(Date)

Plan of correction implementation status as of 4-10-14
(Date)

The above plan of correction was approved by LC
(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: 2.24.14

Plan of Correction Template

Violation Review:

2600.85(d) – Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Violation Interpretation Statement:

At 2:00PM, there were 2 trash cans located in the kitchen that were uncovered.

Benefit of the Regulation:

Covered trash receptacles prevent the spread of disease through exposure to body fluids. The risk of insect and rodent infestation due to open food containers is also minimized.

Prevention:

Trash can lids were purchased and upon receipt placed on 2 trash cans located in the kitchen. Staff members have been in serviced on the necessity and rationale for trash cans to be covered at all times.

Confirmation of lids on trash receptacles in Food Services have been placed on the daily cleaning audit to ensure compliance with this regulation.

Responsibility:

Dishwashers are responsible for daily trash duties and will ensure that receptacles are covered each evening prior to the closing of the kitchen. In addition, Servers are responsible for ensuring that lids are replaced on trash cans after scraping plates in preparation for the Dishwashers. Evening Food Service Supervisor will ensure compliance with this protocol. Food Service Director to monitor compliance by weekly review of completed cleaning checklists and audits.

Date for correction to be completed:

Compliance will be in place with this standard by 2.27.14.

Chia Rayfield
20, 2.24-2014

Violation Report: 33083 - 01/14/2014 - Gensil, Lori

PCH Name: THE WOODS AT CEDAR RUN

1. REGULATION 55 Pa.Code §2600

2600.162(e) - A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

2a. DESCRIPTION OF VIOLATION

On 1/14/14, baked beans and green pepper soup were listed on the menu for lunch. French fries were served instead and the green pepper soup was not available. No notice of the changes was provided to the residents in advance of the meal.

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 6A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Lori A. Martzell, Interim Executive Dir

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Lori A. Martzell, Interim Executive Dir

Date 2-24-2014

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

The above plan of correction is approved as of

4-10-14
(Date)

Plan of correction implementation status as of

4-10-14
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

LM
(Initials)

6A 059

Community/Residence Name: The Woods at Cedar Run

License Number: 339830

Date: 2.24.14

Plan of Correction Template

Violation Review:

2600.162(e) – A change to the menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Violation Interpretation Statement:

On 1/14/14, baked beans and green pepper soup were listed on the menu for lunch. French fries were served instead and the green pepper soup was not available. No notice of the changes was provided to the residents in advance of the meal.

Benefit of the Regulation:

Having a menu that is posted in a conspicuous and public place in the home and is accessible to a resident in advance is beneficial for the residents so they can plan their meals in advance. For example, if a resident does not like a specific food item, the resident can arrange for in advance an alternate meal on the day that the food item is served.

Prevention:

Food Service staff will be in serviced on the importance of providing the menu as communicated to the residents. Should a menu substitution be necessary, Food Service staff will provide a written communication, via menu change posting, in advance of the meal being served. Food Service Director will in service staff on appropriate menu substitution procedures, should this be necessary to communicate.

Food Service Director will review with appropriate personnel proper ordering and preparation procedures to ensure adequate available menu items to eliminate, or minimize, menu substitutions.

Responsibility:

Food Service staff is responsible for communicating in writing to residents any menu substitutions. Food Service Director is responsible to in service staff on menu preparation procedures. In addition, should a substitution become necessary, Food Service Director is responsible for in servicing staff on appropriate notification procedures.

Date for correction to be completed:

Food Service staff will be in serviced on proper preparation and menu substitution procedures by February 27, 2014.

Debra Hayford, Director
DH 2-24-2014

Violation Report: ~~33983~~ 01/14/2014 - Gensil, Lori
PCH Name: THE WOODS AT CEDAR RUN

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 Humalog, 100 u, had an opening date of 10/21/13 and Lantus insulin, 100 u, had an opening date of 10/25/13. Both vials of insulin were expired per the manufacturers' instructions.

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 7A.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Lori A. Mertzell, Interim Executive Dir.*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Lori A. Mertzell, Interim Executive Dir. Date 2-24-2014

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

The above plan of correction is approved as of 4-10-14
(Date)

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

Plan of correction implementation status as of 4-10-14
(Date)

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

7A of 9

Community/Residence Name: The Woods at Cedar Run

License Number: 339830

Date: 2.24.14

Plan of Correction Template

Violation Review:

2600.183(e) – Prescription medication, 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.

Violation Interpretation Statement:

Resident #2’s Humalog, 100 u, had an opening date of 10/21/13 and Lantus insulin 100 u, had an opening date of 10/25/13. Both vials of insulin were expired per the manufacturer’s instructions

Benefit of the Regulation:

Refrigerated medications will be safe from contamination, spillage, theft, or misuse of the medications by residents who cannot self-administer medications.

Prevention:

Both Resident #2’s Humalog and Lantus were returned to pharmacy per policy as they were expired.

Medication Assistants have been in serviced to review medication expiration dates to remain compliant with medication administration.

Weekly audits of the medication cart to be conducted to identify any expired medications.

Responsibility:

Medication Assistants are responsible for review of medication orders and for medications to be stored in an organized manner.

Director of Resident Care Services is responsible for random audit of medication carts and documentation for compliance.

Executive Director is responsible for monitoring oversight by Director of Resident Care Services.

Date for correction to be completed:

Resident Care Medication Administration standards to be in compliance by February 27, 2014.

John A. Dea, Fall, Interim ED
JE 2-24-2014

331320

Violation Report: 33983 - 01/14/2014 - 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 #3 does not include initials for the administration of Donepezil HCL, 5mg tab, on 1/1/14 at 8 PM; Deizicol DR, 400 mg cap, on 1/5/14 at 2 PM; and Buspirone HCL, 5 mg tab, on 1/3/14 at 9 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 8A, 8B and 8C.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

01/14/2003
2013

Signature of Legal Entity Representative
(Required on EVERY Page)

Lori A. Martzell, Interim Executive Director

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

Lori A. Martzell, Interim Executive Director

Date 2-24-2014

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

The above plan of correction is approved as of 4-10-14
(Date)

Plan of correction implementation status as of 4-10-14
(Date)

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

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

8A-059

Community/Residence Name: The Woods at Cedar Run

License Number: 339830

Date: 2.24.14

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 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.

Violation Interpretation Statement:

The medication administration record for Resident #3 does not include initials for the administration of Donepezil HCL 5 mg tab, on 1/1/14 at 8PM; Delzicol DR, 400 mg cap, on 1/5/14 at 2:00PM; and Buspirone HCL, 5 mg tab, on 1/3/14 at 9:00PM.

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:

Medication Assistants and LPN's have been in serviced (Attached) to always initial Medication Administration immediately after administration and also to check Medication Administration Record after each medication pass to ensure that there are no blank spaces on the record.

The administration of the identified medications for resident #3 was investigated by the home to ensure they were given &/or appropriate notices were made. -GE

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.

Date for correction to be completed:

The Medication Assistant and LPN trainings to be complete and in compliance with the Medication Administration Records in place by February 27, 2014.

*Sp. A. Bea-John, Interim ED
GE 2-24-2014*

33/320

Violation Report: 33983 - 01/14/2014 - 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

On 1/6/14 at 11:30 AM, Resident #4's blood sugar measured 375. According to the doctor's orders of sliding scale insulin, the resident was to receive 12 units, but only received 6 units of insulin.

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 9A, ~~9B and 9C.~~

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/14/2013
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Lori A. Murtzall, Interim Executive Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lori A. Murtzall, Interim Executive Director</i>	Date <i>2-24-2014</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4-10-14
 (Date)

Plan of correction implementation status as of 4-10-14
 (Date)

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

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

Community/Residence Name: The Woods at Cedar Run

License Number: 339830

Date: 2.24.14

Plan of Correction Template

Violation Review:

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

Violation Interpretation Statement:

On 1/6/14 at 11:30AM, Resident #4's blood sugar measured 375. According to the doctor's orders of sliding scale insulin, the resident was to receive 12 units, but only received 6 units of insulin.

Benefit of the Regulation:

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

Prevention:

Resident #4's doctor notified that resident only received 6 units of insulin and no new orders were received.

Medication Assistants were in serviced on sliding scale and the importance of reading orders and Medication Administration Records thoroughly. (Attached) Medication Assistants also in serviced to refrain from using anything other than the Medication Administration Record to assure proper dosage.

Responsibility:

Medication Assistants are responsible for review of residents' medications and physician's orders. The Director of Resident Care Services is responsible for oversight and supervision to ensure compliance with residents receiving medications as directed by the prescriber.

Date for correction to be completed:

Training for Medication Assistants has been conducted and compliance with the standard for residents to receive medication as directed by the prescriber will be complete by 2/27/14.

[Handwritten signature]
2-24-2014