

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to DOLORES L SMITH SHARER
LEGAL ENTITY

To operate SMITH'S PERSONAL CARE HOME
NAME OF FACILITY OR AGENCY

Located at 47 FRONT STREET, P.O. BOX 65, WYALUSING, PA 18853
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 34
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

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 August 7, 2014 until February 7, 2015,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 238782

Robert E. Robinson
ISSUING OFFICER

[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.



CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE:

AUG 07 2014

Ms. Dolores L. Smith Sharer, Owner/Administrator
47 Front Street, P.O. Box 65
Wyalusing, Pennsylvania 18853

RE: Smith's Personal Care Home
License #: 238782

Dear Ms. Smith Sharer:

As a result of the Department of Public Welfare's licensing inspection on May 27, 2014 and July 9, 2014, of the above facility, we found that violations specified for your previous PROVISIONAL license have not been corrected and we found new violations not found during our previous inspection.

A SECOND PROVISIONAL license is being issued based on substantial compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
16c	II	24	\$5	\$120	5 calendar days from mailing date of this letter
187d	II	24	\$5	\$120	5 calendar days from mailing date of this letter
188b	II	24	\$5	\$120	5 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Public Welfare
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Matthew J. Jones
Director

Enclosures
License
Licensing Inspection Summary

Violation Report: 23878 - 05/27/2014 - Patton, Leslie
 PCH Name: SMITH 8 PERSONAL CARE HOME

1. REGULATION 85 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
 Resident #1 is prescribed Fentanyl patch 100mg in which a new patch is to be put in place once every three days. The resident should have received the patch on 5/25/14, but received the patch a day early on 5/24/14. The home did not notify the Department's regional office of the medication error that took place on 5/24/14 which the home was aware occurred.

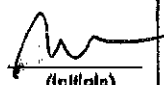
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
 Violation accepted. We violated the regulation by not reporting a medication error to the Department of Public Welfare within the twenty-four hours. Violation was caused by staff applying resident # 1's Fentanyl Patch 100mg a day earlier than the doctor's instructions. The doctor's instructions states apply a Fentanyl Patch 100mg every three days. We fixed this violation by putting a line through the days that the Fentanyl Patch is NOT to be administered to the resident. Another action we took to fix this violation immediately was Dolores Sharer, Administrator, added a list of dates on the back of the Fentanyl Patch box for when the patches are to be applied to resident. Also, staff is writing and initialing the patch that is applied to the resident as well. To prevent this from reoccurring in the future, Dolores Sharer, Administrator and Chelsie Calaman, Asst. Administrator have been and will continue to monitor the medication administration book to see that staff is following the proper instructions for a safe medication administration.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/19/2013	08/27/2013
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Chelsie Calaman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chelsie Calaman Asst. Administrator	Date 6-16-2014
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6/17/14</u> (Date)	Plan of correction implementation status as of <u>7/9/14</u> (Date)
The above plan of correction was approved by  (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: 23878 - 05/27/2014 - Patton, Leslie
 PCH Name: SMITH & PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

The blood glucose testing results recorded in the glucometer owned by resident #2 were compared with the "Blood Glucose Log Sheet." The "Blood Glucose Log Sheet" indicates the resident's blood glucose level was tested on 5/22/14- 5/25/14 at least once on each of these dates using someone else's machine due to the testing results in the machine owned by resident #2 and the documented results not coinciding.

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.

Regulation is important because sanitation is to prevent the cause and spread of easily avoidable diseases. Regulation was violated because a resident's blood glucose level was tested at least once for three days with someone else's meter. Violation as caused by a resident was being tested with another resident's glucose meter. To fix this violation, the administrator, Dolores Sharer, and Asst. Administrator, Chelsie Calaman, have been doing daily checks to verify that each resident is being tested with their own meters. Daily checks for the administrator, Dolores Sharer, and assist administrator, Chelsie Calaman, consist of matching the resident's history listed on their meters with the readings listed in our insulin book log. Will continue to do these daily checks.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Chelsie Calaman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chelsie Calaman Asst. Administrator Date 6-16-2014

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 (Date)

Plan of correction implementation status as of 7/9/14
 (Date)

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

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

Violation Report: 23878 - 06/27/2014 - Patton, Leslie
PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 58 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
 An 8 pound package of rewrapped hamburger was stored in the kitchen's Kenmore Refrigerator. The package was not dated as to when the hamburger was rewrapped. Additionally, three large baggies of Bologna meat were also rewrapped without dates.

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.

Violation is important for the health of the resident's. Violated because there was an 8 pound package of re-wrapped hamburger in the refrigerator that had no date of when it was re-wrapped. Also there was a package of Bologna that has been re-wrapped that had no date as well of when it had been re-wrapped. The cause was there were no dates listed on the re-wrapped items stored in the refrigerator. To fix this right away, staff has been told they need to be monitoring the refrigerator and freezers frequently to make sure there are no spoiled foods and that if an item is re-wrapped that dates are listed. Staff has a sheet that requires them to sign each time stating they checked this. To prevent this from happening in the future, staff is to be making sure as soon as they re-wrap something they mark a date on their ASAP. Monitoring of this will be Dolores Sharer, Administrator and Chelsie Calaman, Asst. Administrator and designee which will be whoever the staff person is on the third shift.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Chelsie Calaman*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Chelsie Calaman Asst. Administrator Date 6-16-2014

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 (Date)

Plan of correction implementation status as of 7/9/14
 (Date)

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

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

Violation Report: 23878 - 06/27/2014 - Patton, Leslie
 PCH Name: SMITH S PERSONAL CARE HOME

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
 It is the home's policy that all insulin be dated when opened for use. Lantus insulin prescribed to resident #3 and Novolog Flex Pen prescribed to resident #4 were not dated when opened.

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.

Violation because the home has a policy that all insulin must be dated when opened for use. Lantus insulin of Resident # 3 and a Novalog Flex pen of Resident # 4 were found opened with no dates listed on either one of them. Cause of violation was that two insulin's had been opened but not dated. To fix the violation right away a form was made stating staff has to sign and date the form following the opening of a new insulin to verify they followed the correct steps and have the right documentation needed. If failure to do this staff will result in an insulin overview training class. Dolores Sharer, Administrator and Chelsie Calaman, Asst. Administrator has been and will continue to monitor this weekly.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Chelsie Calaman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chelsie Calaman Asst. Administrator Date 6-16-2014

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 (Initials)

Plan of correction implementation status as of 7/9/14
 (Date)

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

Violation Report: 23876 - 05/27/2014 - Patton, Leslie
 PCH Name: SMITH S PERSONAL CARE HOME

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

Staff did not sign or initial the Medication Administration Record (MAR) of resident #5 to indicate the resident received Fluticasone and Desanex powder at 7:00pm on 5/28/14.
 The MAR of resident #2 did not indicate a diagnosis or purpose for Atenolol 26mg, Glipizide 10mg or Omeprazole 20mg.
 The MAR of resident #2 states, "Humalog Kwik Pen: Inject up to 10 units beneath the skin 4 times daily before meals and nightly as per sliding scale." The order is incorrectly written on the MAR and should state, "Inject 10 units of Humalog Kwik Pen before each meal and at bedtime. In addition, inject up to 10 units twice daily per sliding scale based upon accucheck readings in the morning and evening."

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 regulation is important so staff knows all the details and doctors instructions for the resident's medications. Regulation was violated because there was no signature for Resident #5 receiving two medications, no diagnosis for Resident # 2 and Resident # 2's insulin for Humalog was incorrectly written. The cause of the violation was failure to initial if Resident # 5 received two of their medications, no diagnosis were listed for resident # 2 and incorrectly written instructions for their insulin as well. To fix this, we had Medication Administration training on May 28, 2014 to review the MAR (medication administration records) and what needs to be listed and changes that need to be made. The diagnosis is now highlighted that way we will see immediately if we are missing a diagnosis for a resident. The doctor sent over the correct instructions for Resident # 2 and that had been properly written in the MAR book. The administrator, Dolores Sharer, and Asst. Administrator, Chelsie Calaman have been monitoring the medication administration record daily as well as the medication cart to see everyone is getting their medications as directed by their prescribers and medication is being correctly signed for in the MAR book.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Chelsie Calaman

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Chelsie Calaman Asst. Administrator

Date 6-16-2014

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 (Date)

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 (Initials)

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

Violation Report: 23878 - 05/27/2014 - Patton, Leslie
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

On 5/25/14 resident #5 refused Neurontin 300mg and Lasix 4mg. Staff did not notify the prescribing physician of the medication refusal.

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.

Regulation is important so that the doctor is aware of what is going on with a resident. Regulation was violated because staff did not report resident #5's refusal to the prescribing physician about resident #5's refusal of their medications. To fix this, we discussed this in our medication administration training on May 28, 2014 and the procedures are also listed in front of the medication administration records(MAR). To prevent this, staff is to follow the steps listed on the home's refusal sheet located in the front of the MAR book. The administrator, Dolores Sharer and asst. administrator, Chelsie Calaman have been and will continue to monitor the MAR book.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Chelsie Calaman

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Chelsie Calaman Asst. Administrator

Date: 6-16-2014

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6/17/14
 (Date)

Plan of correction implementation status as of

7/9/14
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

Violation Report: 23878 - 05/27/2014 - Patton, Leslie
 PCH Name: SMITH S PERSONAL CARE HOME

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 prescribed Alendronate 70mg to be administered once a week. The resident should have received the medication at 8:00am on 5/18/14 but incorrectly received the medication on 3/19/14.
 Resident #1 is prescribed Fentanyl patch 100mg in which a new patch is to be put in place once every three days. The resident should have received a new patch on 5/12/14 but received the patch a day late on 5/13/14. The resident also should have received the patch on 5/25/14 but received the patch a day early on 5/24/14.
 The MAR of resident #2 states, "Humalog Kwik Pen: Inject up to 10 units beneath the skin 4 times daily before meals and nightly as per sliding scale." The order is incorrectly written and should state, "Inject 10 units beneath the skin of Humalog Kwik Pen before each meal and before bedtime. In addition, inject up to 10 units twice daily per sliding scale based upon accucheck readings in the morning and evening." The resident's MAR indicates the resident received Novolog Kwik Pen insulin 4 times daily 4/22/14- 4/26/14 but due to the discrepancy in the manner in which the order is written, it could not be determined if the resident received the correct amount of insulin.
 Resident #2 is ordered to receive blood glucose readings twice daily. On the following dates, the resident's blood glucose level was tested either more or less frequently than ordered:
 5/6/14, 5/10/14-5/14/14, 5/16/14, 5/17/14, 5/19/14, 5/20/14, and 5/22/14.
 The following medications prescribed to the indicated residents, to be administered as needed, were not on-hand at the time of the inspection:
 Resident #4; Pepto Bismol
 Resident #6; muscle relief cream
 Resident #7; Tusslin DM syrup and Acetaminophen 325mg

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. Regulation is for the safety of the residents and that the directions of the prescriber need to be followed correctly. Regulation was violated because the medication was given a day to early, medication instructions for resident #2 were written incorrectly in the MAR book, resident #2 was either getting tested more or less frequently then the doctors instructions, resident's # 4,6,7 medications that were prescribed were not on hand. Cause of the violation was that we were not following the directions of the prescribers. To fix this violation right away, the home now has a form stating when medication is ordered staff ordering the medication needs to sign the form. This will allow other staff members that a medication has been or needs to be ordered. The correct instructions have been listed in the MAR book. For resident #1, the administrator, Dolores Sharer, and asst. Administrator, Chelsie Calaman have drawn a line through the days resident #1 is NOT to get her Fentanyl Patch 100mg and leaves the box opened for the days resident #1 is to get the patch. Also the dates have been written on the back of the Fentanyl Patch box and we have asked staff when applying a patch to date and initial the patch that is applied as well. Monitoring the MAR book daily to make sure medication is being correctly recorded and documented will be Dolores Sharer, Administrator and Chelsie Calaman, Asst. Administrator.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/19/2013
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Chelsie Calaman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chelsie Calaman Asst. Administrator	Date 6-16-2014
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The above plan of correction was approved by <u><i>[Signature]</i></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: 23878 - 05/27/2014 - Patton, Leslie
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.168(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
 The prescribing physician was not informed of the medication error which took place on 5/24/14 at 6:00am in which resident #1 received a new Fentanyl 100mg patch but should have received the new patch on 5/25/14.

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.

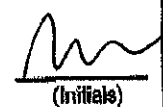
Regulation is important so that the resident, resident's designee, and prescriber are aware of the medication error. The regulation was violated because the Physician was not informed of the medication error that took place on 5/24/2014. Cause was that the Fentanyl Patch was given a day earlier than the doctors instructions which result in a medication error and the home failed to notify the resident, resident's designee, and their prescriber. To fix this, we discussed this matter in our medication administration training on May 28, 2014 and staff is aware of the form they are to be filling out when medication errors occur and the people they need to contact. Dolores Sharer, Administrator and Chelsie Calaman, Asst. Administrator has been and will continue to monitor this.

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/19/2013

Signature of Legal Entity Representative (Required on EVERY Page) *Chelsie Calaman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chelsie Calaman Asst. Administrator Date 6-16-2014

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Violation Report: 23878 - 05/27/2014 --Patton, Leslie
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services. If the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
 Staff person A, who is the home's co-administrator stated that resident #5 (Date of Admission 3/11/14), has a mental health diagnosis. Resident #5's Resident Assessment Support Plan (R.A.S.P.) dated 3/11/14, did not indicate the resident's history of suicidal ideation or Personality Disorder.

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.

Regulation is important so that all staff is aware of what resident's needs are and the diagnosis and services of the resident's request. Violation because staff person A stated that resident #5 has a mental health diagnosis, resident #5's Resident Assessment Support Plan (R.A.S.P) did not indicate the resident's history of suicidal ideation or Personality Disorder. Cause of the violation was that the Resident's RASP should list the medical, dental, vision, hearing, mental health, or other behavioral care services that will be made available to the resident. To fix this, Staff Person A immediately added the details that were missing in Resident #5's RASP and continued to add more detail to all other residents of the home. In the future, Staff Person A will be sure to add as much detail of the person so that way all staff members have a really good understanding of the resident's.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Chelsie Calaman*

Printed Name and Title of Legal Entity Representative Date 6-16-2014
 (Required on EVERY Page) Chelsie Calaman Asst. Administrator

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 (Date) (Date)

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 (Initials) Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 23878 - 07/09/2014 - Patton, Leslie
 PCH Name: SMITH S PERSONAL CARE HOME

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

A medication error occurred on 7/1/14 and 7/2/14 in which resident #1 received VIT D2 1.25mg at 7:00am yet the resident should not have received the medication until 7/4/14 due the medication being prescribed to be administered only once a week on Friday. The home did not submit a Reportable Incident report to the Department's regional office regarding the medication error.

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 regulation is important so that any incident or condition is reported to the Department's Regional office so they are aware of it. To fix this violation the new home's rule/ policy states Staff will receive 5 written warnings, after 5 written warnings 1st they will receive a 3 hour work suspension, 2nd (5 more warnings) will be a 6hour work suspension, 3rd time will be a full work days suspension, 4th will be a work dismissal. This policy is for any medication errors in the MAR book, Med. cart, cassettes, insulin book insulin pens/bottles, sugar reading log, narcotic log, narcotics. Therefore, any medication error found will be reported to the necessary Departments and personals. With Dolores Sharer, Administrator, and Chelsie Calaman, Asst. Administrator checking all the above listings with the medications any errors found will be reported and will also be documented as a warning and noted as defective work.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/27/2014	12/19/2013
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Chelsie Calaman*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Chelsie Calaman Asst. Administrator Date 07-22-2014

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

The above plan of correction is approved as of <u>7/29/14</u> (Date)	Plan of correction implementation status as of <u>7/29/14</u> (Date)
The above plan of correction was approved by <u><i>m</i></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: 23878 - 07/09/2014 - Patton, Leslie
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 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
 The Novolog Flexpen prescribed to resident #2 was opened for use on 5/31/14. The staff continued to administer the medication beyond the permissible 30- day timeframe in which insulin must be used.

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.

Violation is important so that the home is using medications that are current. Violation was reported because the home was using a resident's Novolog Flexpen that was opened for use on 5/31/2014 and staff continued to use the medication beyond the permissible 30-day timeframe in which insulin must be used. Dolores Sharer, Administrator, Chelsie Calaman, Asst. Administrator check the insulin bottles and pens daily for the correct dates and names listed on the insulin bottles and pens. If there is no date listed the pen will be thrown away because we cannot identify what date is was opened. There is a form on the medication room door that is a request for staff to sign the form when they open a insulin bottle and pen , date they opened it, residents name also. Dolores and Chelsie overlook the insulin daily..

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chelsie Calaman Assistant Administrator	Date 07-22-2014
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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The above plan of correction was approved by <u><i>M</i></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: 23878 - 07/09/2014 - Patton, Leslie
 PCH Name: SMITH S PERSONAL CARE HOME

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

It is the home's policy that all insulin be dated when opened. Lantus Solostar insulin pen prescribed to resident #3 was not dated when opened.

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 regulation was violated because the home did not have a date on an opened insulin pen.

The home's policy states that all insulin must be dated when opened. To fix this violation the home's new rule/ policy states any medication errors found in the MAR book, medication cart, insulin pens, insulin bottles, sugar readings, narcotic count log, narcotics. Any medication errors found in any of these will be documented at defective work. Staff receive up to 5 warnings after the 5th warning they will receive a 3 hour work day suspension, 2nd time (receive 5 more warnings) will be a 6hour work suspension, time (5 more warnings) will be a full day work suspension and 4th time will be dismissed from work permanently. This policy/rule started on July 21, 2014 and will continue. Dolores Sharer, administrator and Chelsie Calaman, asst. administrator have and will continue to check all of the following listed above every day.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

05/27/2014

Signature of Legal Entity Representative
 (Required on EVERY Page)

Chelsie Calaman

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

Chelsie Calaman

Asst. Administrator

Date 07-22-2014

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The above plan of correction is approved as of

7/29/14
 (Date)

Plan of correction implementation status as of

7/29/14
 (Date)

The above plan of correction was approved by

MC
 (Initials)

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

Violation Report: 23878 - 07/09/2014 - Patton, Leslie
 PCH Name: SMITH S PERSONAL CARE HOME

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

Staff did not sign or initial the Medication Administration Record (MAR) of resident #4 to indicate Phenytoin SOD EXT 100mg and Clonidine HCL 2mg were administered at 2:00pm on 7/8/14.
 Resident #2 is ordered to have glucometer readings completed 3 times a day but the order was not written on the resident's MAR.

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 violation is important so that staff is aware of the medication, dosage, route, time etc of a residents medication. Violation because staff did not sign the medication administration record (MAR) to state whether or not the resident received their medications.
 To fix this violation the home's new rule/ policy states any medication errors found in the MAR book, medication cart, insulin pens, insulin bottles, sugar readings, narcotic count log, narcotics. Any medication errors found in any of these will be documented at defective work.
 Staff receive up to 5 warnings after the 5th warning they will receive a 3 hour work day suspension, 2nd time (receive 5 more warnings) will be a 6hour work suspension, 3rd time (5 more warnings) will be a full day work suspension and 4th time will be dismissed from work permanently. This policy/rule started on July 21, 2014 and will continue. Dolores Sharer, administrator and Chelsie Calaman, asst. administrator have and will continue to check all of the following listed above every day. Also, Dolores and Chelsie have been in contact with the doctors office to receive all up to date medication summaries of all residents so we have been double checking and triple checking that we are following all of the doctors orders and will continue to.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/27/2014		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Chelsie Calaman*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Chelsie Calaman Asst. Administrator Date 07-22-2014

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

The above plan of correction is approved as of 7/29/14
 (Date)

Plan of correction implementation status as of 7/29/14
 (Date)

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

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

Violation Report: 23878 - 07/09/2014 - Patton, Leslie
 PCH Name: SMITH S PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION
 Resident #1 is prescribed to have blood glucose readings completed 3 times a day. On 7/1/14- 7/8/14 the home did not comply with the physician's order and checked the resident's blood glucose level 4 times a day.
 Resident #2 is prescribed to have blood glucose readings completed 3 times a day. On 7/1/14- 7/7/14 the home did not comply with the physician's order and checked the resident's blood glucose level 2 times a day.
 Resident #5 is prescribed Alendronate Sodium 70mg to be administered once a week on Sunday. The home did not follow the prescriber's order and administered the medication on Monday, 7/7/14.
 Resident #1 is prescribed VID D2 1.25mg to be administered once a week on Friday. The home did not follow the prescriber's order and administered the medication on 7/1/14 and 7/2/14, Tuesday and Wednesday.
 Resident #3 is prescribed Hydroxyzine 50mg to be administered daily at 7:00pm. The medication was not administered on 7/1/14, 7/2/14, and 7/7/14.
 The home stopped administering Triamcinolone cream twice daily as prescribed because resident #1 reportedly no longer wanted the medication. The home stopped administering the medication yet never notified the physician's office and did not receive an order to discontinue the medication.

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 violation is important so that the home is following the prescribers instructions. The regulation was violated because the home was not following the correct doctors instructions when testing sugar for residents and also medications. Also a medication was crossed out because the resident stated they didn't want it which is wrong because we need to have a doctors orders stating to discontinue a medication. To fix this, Dolores Sharer, Administrator and Chelsie Calaman, asst. administrator have been in contact with the doctors offices and have been receiving all up to date medications for all residents so we are making sure we follow all of the doctors orders and have all the up to date orders for all residents. Also Dolores and Chelsie have gone through the MAR book and highlighted all the times (each time is different ex. green is for all 7am), also where residents are to be tested we have written by the diagnosis under the medication SUGAR TESTING if it is for testing sugar. In the insulin book at the top of each page it is written in marker on how many times the resident is supposed to be tested as well as a paper hanging on the insulin door stating the resident's names and the times when they are to be tested. Dolores and Chelsie are trying to make it very clear for staff to understand when resident's are receiving medication and being tested so we eliminate the medication errors. Dolores and Chelsie have been and are continuing to monitor all medications.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/27/2014	12/19/2013
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Chelsie Calaman*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Chelsie Calaman Asst. Administrator Date 07-22-2014

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The above plan of correction was approved by <u>M</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: 23878 - 07/09/2014 - Patton, Leslie
 PCH Name: SMITH S PERSONAL CARE HOME

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
 A medication error occurred on 7/1/14 and 7/2/14 in which resident #1 received VIT D2 1.25mg at 7:00am yet the resident should not have received the medication until 7/4/14 due the fact that the medication is ordered to be administered only once a week on Friday. The home did not notify the prescribing physician of the medication error.

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.

Violation is important so that the resident, resident's designee and prescriber are aware of the medication error. Violation occurred because the home did not notify the prescribing physician of the medication error. To fix this violation the home's new rule/ policy states any medication errors found in the MAR book, medication cart, insulin pens, insulin bottles, sugar readings, narcotic count log, narcotics. Any medication errors found in any of these will be documented at defective work. Staff receive up to 5 warnings after the 5th warning they will receive a 3 hour work day suspension, 2nd time (receive 5 more warnings) will be a 6hour work suspension, 3rd time (5 more warnings) will be a full day work suspension and 4th time will be dismissed from work permanently. This policy/rule started on July 21, 2014 and will continue. Dolores Sharer, administrator and Chelsie Calaman, asst. administrator have and will continue to check all of the following listed above every day. Therefore, any medication error will be reported to the resident, resident's designee and prescriber within the 24 hour period.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/27/2014	12/19/2013
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Chelsie Calaman*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Chelsie Calaman Asst. Administrator Date 07-22-2014

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The above plan of correction is approved as of 7/29/14
 (Date)

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

Plan of correction implementation status as of 7/29/14
 (Date)

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