



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 28 2014

Ms. Mary T. Knapp, Director of Health Services
Foulkeways at Gwynedd
1120 Meeting House Road
Gwynedd, Pennsylvania 19436

RE: Foulkeways at Gwynedd
License #: 127740

Dear Ms. Knapp:

As a result of the Department of Public Welfare's licensing inspection on June 17, 2014 and June 18, 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 27, 2014 to August 27, 2015 was issued on June 9, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones
Director

SH

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: FOULKEWAYS AT GWYNEDD		License Number: 12774
Address: 1120 MEETING HOUSE ROAD, GWYNEDD, PA 19436		County: Montgomery
Administrator: Faith Lucas & Sandy Sheard		Region: SOUTHEAST
Legal Entity Name: FOULKEWAYS AT GWYNEDD		
Legal Entity Address: 1120 MEETING HOUSE ROAD, GWYNEDD, PA 19436		
Certificate(s) of Occupancy		
C-2 LP 06/14/2004 PA L&I	Other 06/14/2004 PA L&I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 68	Working Staff: 51
Type of Inspection: Full	BHA Docket Number:	Notice: Announced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 06/17/2014: Keelty, Jennifer; Miller, Chevon; Keppel, Autumn 06/18/2014: Keelty, Jennifer; Miller, Chevon; Keppel, Autumn		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 82	Number of Residents who:	
Number of Residents Served: 61	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 61	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 7	
Number of Current Hospice Residents: 2	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 3		

Violation Report: 12774 - 06/17/2014 - Keelly, Jennifer
 PCH Name: FOULKEWAYS AT GWYNEDD

1. REGULATION 55 Pa.Code §2600

2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION

On 6/17/14, at 11:00 am, representatives of the department requested access to specific staff records. The requested records were not provided until 1:17 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.

See Attached

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) **MARY KWAPP**
DIRECTOR OF HEALTH SERVICES Date **7/24/2014**

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

The above plan of correction is approved as of <u>7/25/14</u> (Date) The above plan of correction was approved by <u>DEW</u> (Initials)	Plan of correction implementation status as of <u>7/25/14</u> (Date) <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
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Plan of Correction

2600.5(a)(1)

Beginning 6/23/2014, the Personal Care Administrators and appropriate members of the Interdisciplinary team reviewed the Regulation 55 Pa. Code 2600 and related policies and procedures in order to insure proper knowledge of the regulation as a result of the exit conference held on 6/18/2014. Regular meetings starting on 7/1/2014 were held after that date to discuss the root cause of the violation with the staff involved including the following departments' human resources and nursing, in addition to meetings with direct and ancillary staff.

During the next Department survey one person will coordinate all survey activities in order to be in compliance with this regulation beginning 7/1/2014.

Mary Knapp

MARY KNAPP

DIRECTOR OF HEALTH SERVICES

7/24/2014

Violation Report: 12774 - 06/17/2014 - Keelty, Jennifer
 PCH Name: FOULKEWAYS AT GWYNEDD

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 was not signed by the resident's designee.

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.

~~PER DISCUSSION YESTERDAY RELATED TO ATTACHED DOCUMENT AND WITHDRAWAL OF VIOLATION - POC NOT REQUIRED~~

WITHDRAWN
 7/25/14 CBM

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) **MARCO ANTONIO** Date **7/24/2014**
DIRECTOR OF HEALTH SERVICES

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

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

Plan of correction implementation status as of _____ (Date)

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

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

Violation Report: 12774 - 06/17/2014 - Keely, Jennifer
 PCH Name: FOULKEWAYS AT GWYNEDD

1. REGULATION 55 Pa.Code §2600

2600.25(c)(13) - The contract shall include written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of resident rights and complaint procedures).

2a. DESCRIPTION OF VIOLATION

The contracts for residents #1, #2, #3, #4, and #5 do not include all of the resident rights as required by this regulation. The contracts are missing the resident rights described in 55 Pa.Code Ch. 2600.42n through 55 Pa.Code Ch. 2600.42y.

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.

SEE ATTACHED *com*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

*MARY KENNEDY
 DIRECTOR OF HEALTH SERVICES*

Date

7/24/2014

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The above plan of correction is approved as of

7/25/14
 (Date)

Plan of correction implementation status as of

8/12/14
 (Date)

The above plan of correction was approved by

[Handwritten Initials]
 (Initials)

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

Plan of Correction

2600.25 (c) (13)

Beginning 6/23/2014, the Personal Care Administrators and appropriate members of the interdisciplinary team reviewed the Regulation 55 Pa. Code 2600 and related policies and procedures in order to insure proper knowledge of the regulation as a result of the exit conference held on 6/18/2014. Regular meetings starting on 7/1/2014 were held after that date to discuss the root cause of the violation with the staff involved including the following departments' direct and ancillary staff.

The contracts for Residents #1, #2, #3, #4 and #5 now have the attached Residents Rights. The Residents have been informed of these rights. The Residents have signed the proper copy of these rights. Each of these tasks were accomplished by 7/1/2014

All other Residents records are being audited to insure the accurate Resident Rights have been reviewed with the Resident and signed. This audit was completed as of 7/14/2014

All admission packets have been reviewed to insure the attached Resident's Rights are contained in the initial admission paperwork as of 7/14/2014

Ongoing, the correct Residents Rights will be used for Resident files this will be the responsibility of the Administrators as of 7/1/2014

Mary Knapp

MARY KNAPP

DIRECTOR OF HEALTH SERVICES

7/14/2014

Violation Report: 12774 - 06/17/2014 - Keelly, Jennifer
 PCH Name: FOULKEWAYS AT GWYNEDD

1. REGULATION §5 Pa.Code §2600

2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #3, #4, and #5's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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.

SEE ATTACHED

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

MARY KNAPP

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

MARY KNAPP
 DIRECTOR OF HEALTH SERVICES

Date

7/24/2014

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7/25/14
 (Date)

Plan of correction implementation status as of

8/12/14
 (Date)

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

The above plan of correction was approved by

CKM
 (Initials)

Plan of Correction

2600.41 (e)

Beginning 6/23/2014, the Personal Care Administrators and appropriate members of the interdisciplinary team reviewed the Regulation 55 Pa. Code 2600 and related policies and procedures in order to insure proper knowledge of the regulation as a result of the exit conference held on 6/18/2014. Regular meetings starting on 7/1/2014 were held after that date to discuss the root cause of the violation with the staff involved including Administrators and direct staff.

Residents #3, #4 and #5 now contain a statement signed by the Resident acknowledging receipt of a copy of the Residents Rights and complaint procedures as of 7/1/2014

All other Residents records were audited to insure there is an acknowledging receipt of the Resident Rights and complaint procedures. This audit was completed by 7/14/2014.

All admission packets have been reviewed to insure the acknowledging receipt is present in the admission paperwork as of 7/14/2014

Ongoing monitoring of compliance will be performed by the Administrators through direct observation and audits (as needed) beginning 7/1/2014

Mary Knapp

MARY KNAPP

DIRECTOR OF HEALTH SERVICES

7/24/2014

Violation Report: 12774 - 06/17/2014 - Keefly, Jennifer
 PCH Name: FOULKEWAYS AT GWYNEDD

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuallon procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person A, whose first day of work was on 7/30/13, did not receive orientation in any of the topics required by this regulation.

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.

See Attached

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) DIRECTOR OF HEALTH SERVICES	Date 7/24/2014
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/25/14
 (Date)

Plan of correction implementation status as of 8/12/14
 (Date)

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

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

Plan of Correction

2600.65 (a)

Beginning 6/23/2014, the Personal Care Administrators and appropriate members of the interdisciplinary team reviewed the Regulation 55 Pa. Code 2600 and related policies and procedures in order to insure proper knowledge of the regulation as a result of the exit conference held on 6/18/2014. Regular meetings starting on 7/1/2014 were held after that date to discuss the root cause of the violation with the staff involved including the following departments human resources and housekeeping, in addition to meetings with direct and ancillary staff.

Staff member A received training on the requirements listed above as of 7/9/2014.

Training procedures have been reviewed and all new housekeeping staff will be trained on these regulations prior to or on the first work day regardless of the assigned work location as of 7/1/2014

Ongoing monitoring of compliance will be performed by the Administrators and human resources staff beginning 7/1/2014.

Mary Knapp

MARY KNAPP

DIRECTOR OF HEALTH SERVICES

7/24/2014

Violation Report: 12774 - 06/17/2014 - Keely, Jennifer
 PCH Name: FOULKEWAYS AT GWYNEDD

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's A, hired 7/30/13, ancillary staff member B, hired 4/15/14, as well as direct care staff person C, hired 2/10/14 did receive training in resident rights. However, the training was not on the resident rights that are specified in 55 Pa.Code Ch. 2600.42.

-Ancillary staff person B completed their 40th scheduled work hour on 4/28/14. This staff person did not receive orientation in any of the topics required by this regulation until 5/2/14.

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.

See Attached *docs*

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

Printed Name and Title of Legal Entity Representative <i>MARY KUPKO DIRECTOR OF HEALTH SERVICES</i>	Date <i>7/24/2014</i>
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 (Date)

Plan of correction implementation status as of 8/12/14
 (Date)

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

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

Plan of Correction

2600.65 (b)

Beginning 6/23/2014, the Personal Care Administrators and appropriate members of the Interdisciplinary team reviewed the Regulation 55 Pa. Code 2600 and related policies and procedures in order to insure proper knowledge of the regulation as a result of the exit conference held on 6/18/2014. Regular meetings starting on 7/1/2014 were held after that date to discuss the root cause of the violation with the staff involved including the following departments' maintenance, dining, human resources, pharmacy and housekeeping, in addition to meetings with direct and ancillary staff.

Staff members A, B and C received training on the Resident's rights requirements listed above as of 7/11/2015

2014 OK

Training procedures have been reviewed and all new staff will be trained on the attached Resident Rights as of 7/1/2014, in addition all new staff will receive orientation in the required timeframes beginning 7/1/2014.

Ongoing monitoring of compliance will be performed by the Administrators and human resources staff as of 7/1/2014

Mary Knapp
MARY KNAPP
DIRECTOR OF HEALTH SERVICES
7/24/2014

Violation Report: 12774 - 08/17/2014 - Keelly, Jennifer
 PCH Name: FOULKEWAYS AT GWYNEDD

1. REGULATION 55 Pa.Code §2600
 2600.65(c) - Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

2a. DESCRIPTION OF VIOLATION

Ancillary staff person B, who began work on 4/15/14, did not receive a general orientation to their job functions until 5/2/14.

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.

See Attached
OCW

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Mary Keelly</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>MARY KEELLY DIRECTOR OF HEALTH SERVICES</i>	<i>7/24/2014</i>

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

The above plan of correction is approved as of <u>7/25/14</u> (Date)	Plan of correction implementation status as of <u>8/12/14</u> (Date)
The above plan of correction was approved by <u><i>OCW</i></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

Plan of Correction

2600.65 (c)

Beginning 6/23/2014, the Personal Care Administrators and appropriate members of the interdisciplinary team reviewed the Regulation 55 Pa. Code 2600 and related policies and procedures in order to insure proper knowledge of the regulation as a result of the exit conference held on 6/18/2014. Regular meetings starting on 7/1/2014 were held after that date to discuss the root cause of the violation with the staff involved including the following departments' maintenance, dining, human resources, pharmacy and housekeeping, in addition to meetings with direct and ancillary staff.

The Director of Human Resources will provide ongoing oversight of adherence to this regulation through post hiring audits of files beginning 7/1/2014

The Administrators will insure that all staff are oriented to their job function prior to starting work as of 7/1/2014

Mary Knapp
MARY KNAPP

DIRECTOR OF HEALTH SERVICES

7/24/2014

Violation Report: 12774 - 08/17/2014 - Keelty, Jennifer
 PCH Name: FOULKEWAYS AT GWYNEDD

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person D did not receive training in medication self-administration in the August 2012 to July 2013 training year.

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.

See Attached Plan

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Marilyn Knapp DIRECTOR OF HEALTH SERVICES		7/24/2014
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of	7/25/14 (Date)	Plan of correction implementation status as of
The above plan of correction was approved by	WCM (Initials)	8/12/14 (Date)
<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		

Plan of Correction

2600.65 (f)

As of 7/24/2014 Staff member ^{Devin 7/25/14} received training in self-administration of medications.

Ongoing monitoring of compliance will be performed by the Administrators through direct observation, audits (as needed) and daily rounds 6-7 days a week.

The Director of Human Resources will provide ongoing oversight of adherence to this regulation through post hiring audits of files beginning 7/1/2014

The Administrators will insure staff receive training on these topics on an annual basis beginning 7/24/2014

Mary Knapp

MARY KNAPP

DIRECTOR OF HEALTH SERVICES

7/24/2014

Violation Report: 12774 - 08/17/2014 - Kealty, Jennifer
 PCH Name: FOULKEWAYS AT GWYNEDD

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

Withdrawn - Done 7/21/14
~~Ancillary staff person E did not receive training in any of the annual training topics during the August 2012 to July 2013 training year.~~
 Ancillary staff members F and G did receive training in resident rights during the August 2012 to July 2013 training year. However, the training was not on the resident rights that are specified in 55 Pa.Code Ch. 2600.42.

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.

See Attached
Plan

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

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

Date

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

The above plan of correction is approved as of

7/25/14
 (Date)

Plan of correction implementation status as of

8/12/14
 (Date)

The above plan of correction was approved by

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 (Initials)

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

Plan of Correction

2600.65 (g)

Staff members F and G were trained on the attached Residents' Rights by 7/24/2014.

Training procedures have been reviewed and all new staff will be trained on the attached Resident Rights during annual training as of 7/1/2014

The Administrators will monitor ongoing training requirements as of 7/1/2014

Mary Knapp

MARY KNAPP

DIRECTOR OF HEALTH SERVICES

7/24/2014

Violation Report: 12774 - 06/17/2014 - Keely, Jennifer
 PCH Name: FOULKEWAYS AT GWYNEDD

1. REGULATION 55 Pa.Code §2600
 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

The trash can in Abington West's lower level bathroom, located near the "chart room," did not have a lid.

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.

SEE ATTACHED

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) **DIRECTOR OF HEALTH SERVICES** Date **7/24/2014**

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

The above plan of correction is approved as of <u>7/23/14</u> (Date)	Plan of correction implementation status as of <u>6/17/14</u> (Date)
The above plan of correction was approved by <u>DEM</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Plan of Correction

2600.85 (d)

Beginning 6/23/2014, the Personal Care Administrators and appropriate members of the interdisciplinary team reviewed the Regulation 55 Pa. Code 2600 and related policies and procedures in order to insure proper knowledge of the regulation as a result of the exit conference held on 6/18/2014.

The trash can was replaced with a trash can with a lid during the survey on 6/17/2014.

All trash cans in kitchens and bathrooms have lids and will be replaced with trash cans with lids as needed as of 7/1/2014.

Ongoing monitoring of compliance will be performed by the Administrators through direct observation and daily rounds 6-7 days a week as of 6/17/2014

Mary Knapp

MARY KNAPP

DIRECTOR OF HEALTH SERVICES

7/24/2014

Violation Report: 12774 - 06/17/2014 - Keelty, Jennifer
 PCH Name: FOULKEWAYS AT GWYNEDD

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The lock on the storage room door in the home's Courtyard section was broken.

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.

See Attached

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *MARY KNAPP
 DIRECTOR OF HEALTH SERVICES* Date *7/20/2014*

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

The above plan of correction is approved as of 7/25/14
 (Date)

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

Plan of correction implementation status as of 8/12/14
 (Date)

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

Plan of Correction

2600.95

The lock on the storage room door in the Courtyard was not necessary or required by regulation. The storage room contains incontinence products and other non-harmful items. The door handle was in good repair, clean and free of hazards. No injury could occur as a result of the lock being partially attached. We do not believe we are in violation of this regulation.

Plan of Correction

The lock was repaired as of 7/11/2014

Repairs will be monitored and made as necessary by the Administrators on an ongoing basis beginning 7/1/2014

Mary Knapp
MARY KNAPP
DIRECTOR OF HEALTH SERVICES
7/24/2014

Violation Report: 12774 - 06/17/2014 - Keely, Jennifer
 PCH Name: FOULKEWAYS AT GWYNEDD

1. REGULATION 55 Pa.Code §2600
 2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION
 On 6/17/14, a garden hose was found stretched across the outside walkway located at the emergency exit near room #47 in Abington West.

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.

See Attached
 Memo

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MARY KNAAP DIRECTOR OF HEALTH SERVICES</i>	Date <i>7/24/2014</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/05/14
 (Date)

Plan of correction implementation status as of 6/17/14
 (Date)

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

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

Plan of Correction

2600.100 (b)

There was a Resident owned garden hose temporarily on the outside walkway located at the emergency exit near room #47 in Abington West. The hose did not obstruct the exit or walkway as evidenced by the surveyor and staff that freely exited the door and walked on the sidewalk. We dispute this violation as neither the exit door nor the walkway was blocked, staff or residents could have walked over the garden hose or lifted the hose onto the adjacent grass.

Plan of Correction

The hose was relocated on 6/17/2014 off the walkway. There is no hose on the walkway as of 7/24/2014.

The maintenance staff has been instructed to keep walkways and exit doors unobstructed as of 7/1/2014.

The Administrators will provide ongoing monitoring to prevent walkway and exit door obstructions as of 7/23/2014.

Mary Knapp

MARY KNAPP

DIRECTOR OF HEALTH SERVICES

7/24/2014

Violation Report: 12774 - 06/17/2014 - Keely, Jennifer
 PCH Name: FOULKEWAYS AT GWYNEDD

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

2a. DESCRIPTION OF VIOLATION
 An undated, unlabeled container of frozen yellow food was found in the freezer of the refrigerator located in the Courtyard kitchen.

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.

See Attached

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) **MARY KAY KAY** Date **7/24/2014**
DIRECTOR OF HEALTH SERVICES

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

The above plan of correction is approved as of <u>7/25/14</u> (Date)	Plan of correction implementation status as of <u>6/26/14</u> (Date)
The above plan of correction was approved by <u>AKM</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Plan of Correction

2600.103 ~~103~~

ccm 7/23/14

On 6/17/2014 the unlabeled and undated food was discarded

Direct care and ancillary dining staff have received additional training to date and label leftover food for residents and to discard undated unlabeled food as of 7/1/2014

Ongoing monitoring of compliance will be performed by the Administrators through direct observation and daily rounds 6-7 days a week as of 7/1/2014

Mary Krapp
MARY KRAPP

DIRECTOR OF HEALTH SERVICES

7/24/2014

Violation Report: 12774 - 06/17/2014 - Keelty, Jennifer
 PCH Name: FOULKEWAYS AT GWYNEDD

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

2a. DESCRIPTION OF VIOLATION
 On 6/17/14, the freezer in the kitchen located in the lower level of Abington West did not have a thermometer.

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.

See Attached

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) **DIRECTOR OF HEALTH SERVICES** Date **7/24/2014**

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

The above plan of correction is approved as of 7/05/14
 (Date)

Plan of correction implementation status as of 6/17/14
 (Date)

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

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

Plan of Correction

2600.103 (f)

On 6/17/2014 the thermometer was replaced in the freezer.

All freezers were checked and have thermometers as of 6/17/2014.

Dining staff have received additional training to check thermometers in refrigerators and freezers as of 7/1/2014

Ongoing monitoring of compliance will be performed by the Administrators through direct observation and daily rounds 6-7 days a week s of 7/1/2014

Mary Knapp

MARY KNAPP

DIRECTOR OF HEALTH SERVICES

7/24/2014

Violation Report: 12774 - 06/17/2014 - Keelly, Jennifer
 PCH Name: FOULKEWAYS AT GWYNEDD

1. REGULATION 55 Pa. Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The emergency preparedness plan for the municipality that the home is located in were not posted. The home only had the table of contents 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.

See Attached
 CEM

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Mary Keelly</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
DIRECTOR HEALTH SERVICES	7/24/2014

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

The above plan of correction is approved as of <u>7/25/14</u> (Date)	Plan of correction implementation status as of <u>8/2/14</u> (Date)
The above plan of correction was approved by <u>CEM</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Plan of Correction

2600.123 (b)

The emergency preparedness plan for the municipality has been placed in a conspicuous and public place in the open bookcase in the Abington House living room adjacent to the main dining room as of 7/1/2014

Ongoing monitoring of compliance will be performed by the Administrators through direct observation and daily rounds 6-7 days a week beginning 7/1/2014

Mary Knapp

MARY KNAPP

DIRECTOR OF HEALTH SERVICES

7/24/2014

Violation Report: 12774 - 06/17/2014 - Keely, Jennifer
 PCH Name: FOULKEWAYS AT GWYNEDD

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

During fire drills, residents are not being evacuated out of their apartments to a designated meeting place within a firesafe area as designated by a fire safety expert.

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.

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

Mary Keady

Printed Name and Title of Legal Entity Representative:
 (Required on EVERY Page) DIRECTOR OF HEALTH SERVICES Date 7/24/2014

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

The above plan of correction is approved as of 7/25/14
 (Date)

Plan of correction implementation status as of 8/12/14
 (Date)

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

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

Plan of Correction

2600.132 (h)

Fire evacuation procedures were revised on 7/7/2014.

On 7/10/2014 all Residents were evacuated out of their apartments to a designated meeting place within a fire safe area as designated by our fire safety expert. This fire drill was observed by our local fire marshal and was found to be in compliance with this regulation.

Discussions were held with our fire safety expert and there will be ongoing onsite consultation by the fire safety expert of our fire drills through 2014 in order to insure compliance with this regulation and our revised procedures.

Mary Knapp
MARY KNAPP

DIRECTOR OF HEALTH SERVICES

7/24/2014

Violation Report: 12774 - 06/17/2014 - Keelty, Jennifer
 PCH Name: FOULKEWAYS AT GWYNEDD

1. REGULATION 56 Pa.Code §2800
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for resident #3, dated 9/18/13, does not indicate the resident's ability to self administer 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.

See Attached
 Plan

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

Mary Keady RWAAP

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
MARY KEADY RWAAP DIRECTOR OF HEALTH SERVICES	7/24/2014

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

The above plan of correction is approved as of 7/25/14
 (Date)

Plan of correction implementation status as of 8/12/14
 (Date)

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

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

Plan of Correction

2600.141 (a) (2)

The medical evaluation for Resident #3 has been updated to include self-medication administration by 7/1/2014

All medical evaluation documentation were audited in order to insure compliance with this regulation by 7/21/2014.

Ongoing monitoring of compliance will be performed by the Administrators through audits (as needed) Beginning 7/1/2014

Mary Knapp
MARY KNAPP
DIRECTOR OF HEALTH
7/24/2014

Violation Report: 12774 - 06/17/2014 - Keelly, Jennifer
 PCH Name: FOULKEWAYS AT GWYNEDD

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

-Based off of the observations of representatives of the department on 6/17/14, and staff interviews conducted on 6/18/14, it was found that the home is administering medications by filling multiple cups with multiple residents' medications. Each residents' medication is poured into a single cup with their name and time of administration written on the lid. The filled cups are then placed in a flat, plastic basket together and are carried away from the medication area to the location of the resident where it is then administered.

-On 6/17/14, at approximately 8:40 am, staff person H was observed carrying a tray of medications, and no medication administration record.

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.

See Attached

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) **DIRECTOR OF HEALTH SERVICES** Date **7/24/2014**

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

The above plan of correction is approved as of <u>7/25/14</u> (Date)	Plan of correction implementation status as of <u>8/12/14</u> (Date)
The above plan of correction was approved by <u>JEM</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

2600.182 (c)

All medications are administered by a Licensed Practical Nurse (LPN) or Registered Nurse (RN) following the regulation as cited above. Residents are not required to "line up" at an institutional medication cart or medication room in order to promote a homelike environment. We meet the Resident where they are located. In order to accomplish this individualized practice and meet prescribed time frames, we may bring more than one Resident their labeled medications at the same time. We have been using this medication distribution practice since 2004.

Medications are placed in "appropriate containers" which are identified with the residents' name and administration time. Once the medication has been given to the Resident, it is signed out as given by the LPN or RN.

Although the DPW guidance, Part 2, discusses other recommendations, we are following every detail as identified in 2600.182 (c) and we do not believe we are in no violation of this regulation. In addition, we follow regulation 2600.187 (a). Regulation 2600.187 (b) states that the information in "2600.187 (a) (13) and 2600.187 (a) (14) "shall be recorded at the time the Medication is administered". The RN or LPN administering the medication, records the administration upon return to the medication preparation room as required. We believe keeping the medication administration record in the locked medication room insures privacy and prevents lost records.

We believe that we are meeting the intent of the regulation which is to document the administration of medications after the Resident takes the medication, not at the next administration time or at the end of a shift.

Plan of Correction

June 26, 2014 The Personal Care Administrators and appropriate members of the interdisciplinary team reviewed the Regulation 55 Pa. Code 2600 and related policies and procedures in order to insure proper knowledge of the regulation. Regular meetings starting on July 1, 2014 were held after that date to discuss the root cause of the violation with the staff involved including the following departments' nursing and pharmacy.

We discussed our violation dispute with the Department Representatives on July 11, 2014 and again on July 21, 2014. We will seek a waiver to the Regulation as the only practical manner to meet this requirement is to incorporate "institutionalized" medication distribution practices into our culture.

On July 23, 2014 after receiving consultation from the onsite pharmacist a meeting between nursing and the Administrators was held in order to determine how best to meet this regulation. Beginning August 22, 2014 we will document each medication administration at the time of administration. This time frame is necessary as we will need to notify our Residents 30 days in advance of this major policy change. We plan to notify our Residents on July 24, 2014 on the change in policy with the submission of this plan of correction. Ongoing we will meet the intent of this regulation based on the granting of the waiver or the reconfiguration of our current medication distribution system.

MARY KRAPP 7/24/2014
MARY KRAPP / DIRECTOR OF HEALTH SERVICES

Violation Report: 12774 - 06/17/2014 - Keilty, Jennifer
 PCH Name: FOULKEWAYS AT GWYNEDD

1. REGULATION 56 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 On 6/17/14, Miralax was found in a corner cabinet of the storage room located in the Courtyard. The lock to this room was found to be broken, leaving this medication accessible to residents.

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

SEE ATTACHED

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) DIRECTOR OF HEALTH SERVICES Date 7/24/2014

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

The above plan of correction is approved as of <u>7/25/14</u> (Date)	Plan of correction implementation status as of <u>6/17/14</u> (Date)
The above plan of correction was approved by <u>OPM</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Plan of Correction

2600. 183 (b)

The Miralax was removed from the cabinet on 6/17/2014.

The staff has been instructed to secure all over the counter medications in a locked area on 6/17/2014

The Courtyard was checked to insure there were no medications that were not secure on 6/17/2014

Beginning 6/23/2014, the Personal Care Administrators and appropriate members of the interdisciplinary team reviewed the Regulation 55 Pa. Code 2600 and related policies and procedures in order to insure proper knowledge of the regulation as a result of the exit conference held on June 18, 2014. Regular meetings starting on 7/1/2014 were held after that date to discuss the root cause of the violation with the staff involved including direct and ancillary staff.

The Administrators instructed the direct and ancillary staff how to remain compliant with this regulation through shift to shift reports and an interdisciplinary meeting held on 7/17/2014.

Ongoing monitoring of compliance will be performed by the Administrators through direct observation, audits (as needed) and daily rounds 6-7 days a week beginning 7/1/2014.

Mary Knapp

MARY KNAPP

DIRECTOR OF HEALTH SERVICES

7/24/2014

Violation Report: 12774 - 06/17/2014 - Keefly, Jennifer
 PCH Name: FOULKEWAYS AT GWYNEDD

1. REGULATION 56 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

On 6/17/14, Miralax prescribed for individual #6, who is not a current resident of the home, was found in a cabinet in the Courtyard's storage room.

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.

See Attached *den*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Keefly*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *MARY ANN KEEFLY* Date *7/24/2014*
DIRECTOR OF HEALTH SERVICES

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

The above plan of correction is approved as of 7/25/14
 (Date)

Plan of correction implementation status as of 6/27/14
 (Date)

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

- Fully Implemented
- Partly Implemented - Adequate Progress
- Partly Implemented - Inadequate Progress
- Not Implemented

Plan of Correction

2600. 183 (d)

The Miralax was discarded on 6/17/2014.

The staff has been instructed to return medications to the pharmacy or discard them according to policy once a Resident is discharged or dies on 6/17/2014

The Courtyard was checked to insure there were no medications that did not belong to the Residents on Beginning 6/23/2014, the Personal Care Administrators and appropriate members of the Interdisciplinary team reviewed the Regulation 55 Pa. Code 2600 and related policies and procedures in order to insure proper knowledge of the regulation as a result of the exit conference held on June 18, 2014. Regular meetings starting on 7/1/ 2014 were held after that date to discuss the root cause of the violation with the staff involved including the following departments' pharmacy and housekeeping, in addition to meetings with direct and ancillary staff.

The Administrators instructed the direct and ancillary staff how to remain compliant with this regulation through shift to shift reports and an Interdisciplinary meeting held on 7/17/2014.

Ongoing monitoring of compliance will be performed by the Administrators through direct observation, audits (as needed) and daily rounds 6-7 days a week beginning 7/1/2014

Mary Knapp
MARY KNAPP
DIRECTOR OF HEALTH SERVICES
7/24/2014

Violation Report: 12774 - 06/17/2014 - Keelty, Jennifer
 PCH Name: FOULKEWAYS AT GWYNEDD

1. REGULATION 65 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Resident #5 has not been educated on the resident's right to refuse medication if the resident believes that there may be a 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.

See Attached *Plan*

Report Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Mary Kelley

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

*MARY KELLEY RN/APP
 DIRECTOR OF HEALTH SERVICES*

Date

7/24/2014

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

The above plan of correction is approved as of

7/25/14
 (Date)

Plan of correction implementation status as of

8/12/14
 (Date)

The above plan of correction was approved by

Open
 (Initials)

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

Plan of Correction

2600. 191

Resident #5 was instructed on the right to refuse a medication. This instruction has been documented as of 7/1/2014

Beginning 6/23/2014, the Personal Care Administrators and appropriate members of the interdisciplinary team reviewed the Regulation 55 Pa. Code 2600 and related policies and procedures in order to insure proper knowledge of the regulation as a result of the exit conference held on 6/18/2014. Regular meetings starting on 7/1/2014 were held after that date to discuss the root cause of the violation with the staff involved including the direct staff.

Ongoing monitoring of compliance will be performed by the Administrators through audits (as needed) beginning 7/1/2014

Mary Knapp
MARY KNAPP

DIRECTOR OF HEALTH SERVICES

7/24/2014

Violation Report: 12774 - 06/17/2014 - Keelty, Jennifer
 FCH Name: FOULKEWAYS AT GWYNEDD

1. REGULATION 55 Pa.Code §2600
 2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION
 The departments standardized Resident Assessment and Support Plan form was not used for resident's #1, #3, #4, and #5.

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.

SEE ATTACHED *Doc*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MARY KEELTY, DIRECTOR OF HEALTH SERVICES* Date *7/24/2014*

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

The above plan of correction is approved as of 7/25/14
 (Date)

Plan of correction implementation status as of 8/12/14
 (Date)

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

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

Plan of Correction

2600. 251 (c)

The Resident Assessment and Support Plan forms have been revised for residents #1, #3, #4 and #5 in a standardized format as of 7/1/2014

All non- standardized forms have been removed and discarded as of 7/1/2014

Beginning 6/23/2014, the Personal Care Administrators and appropriate members of the interdisciplinary team reviewed the Regulation 55 Pa. Code 2600 and related policies and procedures in order to insure proper knowledge of the regulation as a result of the exit conference held on 6/18/2014. Regular meetings starting on 7/1/2014 were held after that date to discuss the root cause of the violation with the staff involved including the following departments' maintenance, dining, human resources, pharmacy and housekeeping, in addition to meetings with direct and ancillary staff.

Ongoing monitoring of compliance will be performed by the Administrators through direct observation and audits (as needed) beginning 7/1/2014

Mary Knapp

MARY KNAPP

DIRECTOR OF HEALTH SERVICES

7/24/2014