



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 29 2014

Ms. Emma J. Trump, Administrator
Presbyterian Homes in the Presby of Lake Erie, Inc.
6351 West Lake Road
Erie, Pennsylvania 16505

RE: Manchester Presbyterian Lodge
License #: 450560


Dear Ms. Trump:

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 September 11, 2014 to September 11, 2015 was issued on June 9, 2014. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director

SH

Enclosure
License Inspection Summary

RECEIVED

JUL 17 2014

Violation Report: 45056 - 06/17/2014 - Flinner-Alman, Lisa
PCH Name: MANCHESTER PRESBYTERIAN LODGE MANCHESTER COMMONS

WEST REGION FIELD OFFICE
Human Services Licensing

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, dated 4/25/14, for resident #1 was not signed by the administrator or administrator 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.

Resident agreement has been signed by the admission representative. Admission representative will review the resident agreement with all new admissions and admission representative will sign agreement along with the resident at that time. The Personal Care Home Administrator will audit all new admission charts monthly for three months for signature of both the resident and the Admission representative, if any issues arise the audits will continue once per quarter until no further issues arise.

See attached #1

Repeat Violation: Yes

Date(s) of Previous Violation(s): 07/02/2013

Signature of Legal Entity Representative
(Required on EVERY Page)

Emma J. Thomas PCHA

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

Emma J. Thomas PCHA

Date

7.16.14

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

The above plan of correction is approved as of

8/8/14
(Date)

Plan of correction implementation status as of

8/5/14
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

RECEIVED

Violation Report: 45056 - 06/17/2014 - Finner-Alman, Lisa
PCH Name: MANCHESTER PRESBYTERIAN LODGE MANCHESTER COMMONS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
Direct care staff person A received only 4 hours of annual training in training year 2013.

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

Personal Care Home Administrator will continue to provide training as required by the department. Administrator will audit training records beginning in October. Any staff not completing the required education by December will be removed from the schedule until they complete the DPW required education.
See attached; this POC went into effect in April of 2014 and was approved by the department on 6/11/14

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *EMMA J. FINNER-ALMAN* Date *7.16.14*

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

The above plan of correction is approved as of 8/8/14
(Date)

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

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

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

RECEIVED

Violation Report: 45056 - 06/17/2014 - Plinner-Alman, Lisa
PCH Name: MANCHESTER PRESBYTERIAN LODGE MANCHESTER COMMONS

WEST REGION FIELD OFFICE
Human Services Licensing

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 A did not receive annual training in care for residents with mental retardation during the 2013 training year. The home serves one resident who has an intellectual disability.

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.

Personal Care Home Administrator will continue to provide training topics as required by the department. PCHA will audit staff training records beginning in October, any staff not completing the required education by December will be removed from the schedule until they complete the DPW required education topics. See attached; this POC went into effect in April 2014 and was approved by the department on 6/11/14

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) *Ernest J Trump PCHA* Date *7.16.14*

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

The above plan of correction is approved as of 8/8/14
(Date)

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

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Handwritten Mark]*
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

JUL 17 2014

Violation Report: 45056 06/17/2014 - Flinnor-Alman, Lisa
PCH Name: MANCHESTER PRESBYTERIAN LODGE MANCHESTER COMMONS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, or training in the Older Adult Protective Services Act, during training year 2013.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Personal Care Home Administrator will continue to training topics as required by the department.
 PCHA will audit staff training records beginning in October, any staff not completing the required education by December will be removed from the schedule until they complete the DPW required education.
 See attached; this POC went into effect April 2014 and was approved by the department on 6/11/14

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/8/14
(Date)

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

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

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

RECEIVED

Violation Report: 45055 - 06/17/2014 - Flinnor-Arnan, Lisa
PCH Name: MANCHESTER PRESBYTERIAN LODGE MANCHESTER COMMONS WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
On 6/18/14, the vinyl on resident #2's right wheelchair arm rest was torn and lifting, exposing the underlying foam, posing the hazard of skin tears.

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.
Resident number 2 wheelchair arm rest was replaced on 6/19/14. Staff members have been educated to report any wheelchairs, walkers, or prosthetics that are in poor condition. Staff will inspect these devices during the the cleaning process and while providing care to residents.
See attached

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Emma J Trump PCH*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Emma J Trump PCH Date 7-16-14

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

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

RECEIVED

JUL 27 2014

Violation Report: 45056 - 06/17/2014 - Fliner-Alman, Lisa
PCH Name: MANCHESTER PRESBYTERIAN LODGE MANCHESTER COMMONS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

On 6/17/14, a jug of laundry detergent with a manufacturer's label indicating if ingested internally, "Call a physician", and a bottle of All Purpose Cleaner with Bleach with a manufacturer's label indicating "Call a poison control center or doctor for treatment advice, were unlocked, unattended and accessible to residents in lockers in the storage area across from room #136.

Not all residents of the home, including resident #3, have been assessed capable of recognizing and using poisons safely.

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.

These cleaners were found in the resident storage area. Letters have been sent to all residents and family members to educate them on the danger of having these items in an unlocked storage area. Instructions were given to put locks on all storage lockers if any items that may cause injury to a resident incapable of recognizing and using poisons safely are contained within the resident storage locker. Personal Care Home Administrator will monitor resident storage areas monthly for three months, if any issues arise during these three months, the monitors will continue quarterly until no further issues are noted.

By 9/15/14 - A designated staff person, will monitor the home at least twice daily, including resident storage area, to ensure poisons are kept locked.

8/8/14

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Funmi J. Trump PCHA* Date *7/16/14*

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

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

RECEIVED

Violation Report: 45056 - 06/17/2014 - Flinner-Alman, Lisa
PCH Name: MANCHESTER PRESBYTERIAN LODGE MANCHESTER COMMONS WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
There is approximately a 5" drop from the sidewalk to a rock bed on the walkway outside of the E-Hall exit door, posing a potential fall hazard.

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.

This 5" drop was filled with gravel on 6/19/14. All other sidewalks were assessed and no safety concerns were noted.
See attached

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 8/8/14 (Date)

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

The above plan of correction was approved by (Initials)

- [x] Fully Implemented
[] Partially Implemented - Adequate Progress
[] Partially Implemented - Inadequate Progress
[] Not Implemented

Violation Report: 45056 - 06/17/2014 - Flinger-Alman, Lisa
 PCH Name: MANCHESTER PRESBYTERIAN LODGE MANCHESTER COMMONS

06/17/2014

1. REGULATION 55 Pa.Code §2600
 2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars. WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION
 On 6/17/14, there was no grab bar, hand rail or assist bar near the urinal in the men's restroom located near the front entrance of the home.

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.

This is a public bathroom. Grab bar was installed while surveyors were present in the building. Residents with mobility needs do not use this urinal.
 See attached

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) Emma S. Tramp PCHM Date 7-16-14

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

The above plan of correction is approved as of 8/8/14
 (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

RECEIVED

Violation Report: 45036 - 06/17/2014 - Flinner-Alman, Lisa
PCH Name: MANCHESTER PRESBYTERIAN LODGE MANCHESTER COMMONS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

The home has a roam alert system that activates an electronic locking device when a resident wearing a roam alert bracelet approaches the sliding glass doors at the front of the home and the double doors leading to the skilled nursing unit. The home serves 10 residents who wear roam alert bracelets.

In order to open the front doors when the lock is activated, one of the sliding glass doors must be pushed off of the track. An agent of the Department was unable to push the door open and off the track without staff assistance.

The doors leading to the nursing unit have a panic bar, which when pushed should open the doors; however, the doors did not open even after approximately 30 seconds of pressure.

There are keypads near each of the doors; however, there are no codes or directions for operation of the locks 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.

Code to the roam alert was posted in picture frame at each door. The magnetic lock leading to the nursing unit was a tamper and the door will open after a 15 second delay. This door has now been equipped to send a message to the on a pager when a resident with a roam alert comes into the area.

See Page 10A of 14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Emma T. Thomas PCNA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Emma T. Thomas PCNA Date 7.16.14

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

The above plan of correction is approved as of 8/15/14 (Date)

Plan of correction implementation status as of 8/15/14 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 45056 - 06/17/2014 - Flinner-Alman, Lisa
 PCH Name: MANCHESTER PRESBYTERIAN LODGE MANCHESTER COMMONS

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 The home has a roam alert system that activates an electronic locking device when a resident wearing a roam alert bracelet approaches the sliding glass doors at the front of the home and the double doors leading to the skilled nursing unit. The home serves 10 residents who wear roam alert bracelets.
 In order to open the front doors when the lock is activated, one of the sliding glass doors must be pushed off of the track. An agent of the Department was unable to push the door open and off the track without staff assistance.
 The doors leading to the nursing unit have a panic bar, which when pushed should open the doors; however, the doors did not open even after approximately 30 seconds of pressure.
 There are keypads near each of the doors; however, there are no codes or directions for operation of the locks 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.
 Immediately - The home will disable the locking device on the front door and provide necessary supervision of residents who are at risk of wandering to ensure resident safety.
 On 8/7/14, the home applied for a waiver of this regulation to the Department for the locking of the front sliding door. If the waiver is denied, the home will continue to supervise residents to ensure resident safety. If the waiver is approved, the home will abide by the terms specified in the waiver letter.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Emma J Trump*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *EMMA J TRUMP* Date *8-15-14*

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

The above plan of correction is approved as of <u>8/15/14</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u><i>[Signature]</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

Violation Report: 45056 - 06/17/2014 - Flinner-Alman, Lisa
 PCH Name: MANCHESTER PRESBYTERIAN LODGE MANCHESTER COMMONS

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1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

JUL 22 2014

2a. DESCRIPTION OF VIOLATION
 The last fire drill conducted during sleeping hours was on 11/14/13 at 5:48 a.m.

WEST REGION FIELD OFFICE
 Human Services Licensing

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.

Fire drill schedule has been completed which documents in red the months in which a sleeping fire drill will need to be held. Fire drills will be held monthly with a sleeping fire drill held every six months.
 See attached

*Sleeping hours fire drill held on 7/25/14
 at 11:08 p.m.*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/02/2013
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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) *EMMA S TRUMP PCNVA* Date *7-16-14*

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

The above plan of correction is approved as of 8/19/14 (Date) Plan of correction implementation status as of 8/19/14 (Date)

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

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

RECEIVED

08/17/2014

Violation Report: 45056 - 08/17/2014 - Fliner-Alman, Lisa
PCH Name: MANCHESTER PRESBYTERIAN LODGE MANCHESTER COMMONS
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
(1) The resident's name.
(2) The name of the medication.
(3) The date the prescription was issued.
(4) The prescribed dosage and instructions for administration.
(5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #1 is ordered Glucosamine/Chondroitin 500-400mg, tab daily. The label on the bottle does not indicate the prescribed dosage and instructions for administration.

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.

Pharmacist was contacted while inspectors were present. Per the pharmacist labels are not created for dosage on an OTC medication. Pharmacist did however create a label that contained the dosage and sent to facility via fax while inspectors were still present. Nursing will monitor labels of medications monthly to ensure the information contained in 2600.184 a are present on the label.
See attached

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Emma J. T... PCHM*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Emma J. T... PCHM* Date *7.16.14*

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

The above plan of correction is approved as of 8/14/14
(Date)

Plan of correction implementation status as of 8/15/14
(Date)

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

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

RECEIVED

Violation Report: 45056 - 06/17/2014 - Finner-Alman, Lisa

PCH Name: MANCHESTER PRESBYTERIAN LODGE MANCHESTER COMMONS

WEST REGION FIELD OFFICE
Human Services Licensing

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

Resident #4 is ordered Humalog subcutaneously four times daily:

Blood glucose level = units of insulin

- 0 - 150 = 0 units
- 151 - 200 = 2 units
- 201 - 250 = 4 units
- 251 - 300 = 6 units
- 301 - 350 = 8 units
- 351 - 400 = 10 units
- > 400 - Call MD

On 6/4/14, at 11 a.m., resident #4's blood sugar level was 201, indicating 4 units of insulin to be administered; however, the medication record does not indicate the number of units administered.

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.

staff have been educated on completing all areas of the MAR for sliding scale insulins. MARs will be audited by the PCHA weekly for one month to ensure completion of all areas. Staff who continue to not complete documentation will receive disciplinary action.

By 9/15/14 - The administrator or designee will monitor the MAR at least monthly, to ensure proper documentation.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Erin J. Trump PCHA* Date *7.16.14*

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

The above plan of correction is approved as of 8/2/14 (Date)

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

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

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

RECEIVED

JUL 17 2014 Page 14 of 14

Violation Report: 45056 - 06/17/2014 - Flinner-Alman, Lisa

PCH Name: MANCHESTER PRESBYTERIAN LODGE MANCHESTER COMMONS WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The initial assessment, dated 4/27/14, for resident #1, does not address hearing needs. The resident uses hearing aids.

The initial assessment, dated 2/9/14, for resident #5, does not address vision needs. The resident occasionally wears glasses. The assessment also does not address the resident's use of a roam alert bracelet.

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.

Resident # 1 has hearing aids, but refuses to utilize these hearing aids. Hearing aids were noted on the preadmission screen, but resident has not used since admission into facility. Hearing aids were added to the RASP while inspectors were present in the building. See attached. Nursing staff will ensure that all hearing needs are addressed on the RASP at the time of completion.

Resident # 5 wears reading glasses. Glasses were added to the RASP while inspectors were present in the building. Nursing staff will ensure that all vision needs are addressed on the RASP at the time of completion. Roam Alert was added to the RASP while inspectors were present in the building. Nursing will ensure that all residents with a roam alert have this need addressed on the RASP at the time bracelet is placed on the resident. See attached

By 9/30/14 The administrator or designee will update the assessment and supervision needs of all residents who utilize the roam alert system to ensure that it is accurate and reflects the current needs of the resident and the current locking system.

A
8/8/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Erin J Trump PCH* Date *7.16.14*

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

The above plan of correction is approved as of *8/8/14* (Date) Plan of correction implementation status as of *8/8/14* (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented
The above plan of correction was approved by *[Signature]* (Initials)