



SEP 18 2014

Mr. Mark W. Ohlendorf, President
ARC Brandywine, LP
111 Westwood Place, Suite 200
Brentwood, Tennessee 37027

RE: The Gardens at Freedom Village
25 Freedom Boulevard
West Brandywine, Pennsylvania 19320
License #: 126000

Mr. Ohlendorf:

As a result of the Department of Public Welfare's licensing inspection on June 19, 2014 and June 20, 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 20, 2014 to September 20, 2015 was issued on July 9, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones". The signature is written in a cursive style.

Matthew J. Jones
Director *rsh*

Enclosure
License Inspection Summary

Violation Report: 12600 - 06/19/2014 - Rouse, McKinley
 PCH Name: THE GARDENS AT FREEDOM VILLAGE

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The telephones in resident room #1246, #1248, #1249, #1347 and #1359 do not have the updated complaint hotline number.

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.

- A review of all phones within the home was conducted immediately to replace any phone sticker that did not have the updated hotline number. The color coding of the sticker was changed to visually identify the change and old stickers were removed from the active file.

EMERGENCY NUMBERS

911 - Police, Fire and Ambulance
 610-383-8000 - Brandywine Hospital
 215-386-2100 - Poison Control Center
 800-372-7362 - PEMA
 877-401-8835 - PCH Complaint Hotline

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DAVID J. KROCHONOWICZ, ADMINISTRATOR</i>			Date <i>07-12-2014</i>

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

The above plan of correction is approved as of <u>9-12-14</u> (Date)	Plan of correction implementation status as of <u>8-12-14</u> (Date)
The above plan of correction was approved by <u>BE</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

Violation Report: 12600 - 06/19/2014 - Rouse, McKinley
 PCH Name: THE GARDENS AT FREEDOM VILLAGE

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

-Each of the following medications for Resident #1 do not have a diagnosis or purpose documented in the medication administration record:

- *Gliperide 4mg tablet
- *Lisinopril 10mg tablet
- *Coumadin 7.5mg
- *Coumadin 10mg
- *Cefexa 10mg

-The medication administration record for Resident #1 on 06/15/2014 at 12:00 PM, indicates that the resident's blood sugar was 280. The resident was given 6 units of Novolog insulin; the sliding scale for the resident requires that 9 units of Novolog insulin be 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.

- The diagnoses for resident #1's identified medications were added to the MAR. *de*
- The Health and Wellness Director and/or the Resident Care Coordinator will coordinate with the nursing staff a pre-entry and inspection the medication administration record (MAR) and RECAP of the physician plan before they become active in the resident chart. They will review each document for the diagnosis or purpose for documentation on each form.
- The Health and Wellness Director and/or the Resident Care Coordinator will review on a monthly basis the documents and will initial that they have inspected each form for proper compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *David J. Macurkiewicz*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *DAVID J. MACURKIEWICZ, ADMINISTRATOR* Date *07-12-2014*

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The above plan of correction is approved as of 7-12-14
 (Date)

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

Plan of correction implementation status as of 7-12-14
 (Date)

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

Violation Report: 12600 - 06/19/2014 - Rouse, McKinley
 PCH Name: THE GARDENS AT FREEDOM VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

2a. DESCRIPTION OF VIOLATION
 Staff Persons A, B, C, D, E, F and G administer medications to the residents. The home has no documentation of the staff persons' successful completion of the required quarterly practicum observations for the years 2013 and 2014.

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.

- All quarterly practicum observations of staff members who have completed a Department approved medications administration course and administer medication in the Home will no longer be kept by the medication trainer. Following the quarterly practicum the documentation will be entered into the associates' human resource file.
- The medication trainer will forward to Human Resources within 24 hours the completed practicum documentation to ensure that proper access and compliance is achieved for the record there of.
- The Health and Wellness Director and/or the Resident Care Coordinator will monitor with Human Resources the employee HR file to ensure that record of training and observations are secured in each personnel file.
- All associates who are responsible for medication administration will attend the new PA Department of Public Welfare medication Program by December 30, 2014.
- Two additional nurses of the Home will enroll and attended the Train the Trainer program by November 1, 2014.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *David J. MacKiewicz*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *DAVID J. MACKIEWICZ, Administrator* Date *07-12-2014*

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