



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 05 2014

Ms. Sue Boone, Administrator
Dallastown Operating, Inc.
621 East Main Street
Dallastown, Pennsylvania 17313

RE: Victoria Villa
License #: 320000

Dear Ms. Boone:

As a result of the Department of Public Welfare's licensing inspection on June 26, 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 18, 2014 to September 18, 2015 was issued on June 11, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

[Handwritten initials]

Enclosure
License Inspection Summary

Violation Report: 32000 - 06/26/2014 - McCloskey, Jason
 PCH Name: VICTORIAN VILLA

1. REGULATION 55 Pa.Code §2600
 2600.133(a)(3) - If the home serves nine or more residents, exit sign letters must be at least 6 inches in height with the principal strokes of letters at least 3/4 inch wide.

2a. DESCRIPTION OF VIOLATION
 The letters on the exit signs on the first floor next to bedrooms 101 and 109 are a half-inch wide. The home currently serves 29 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.

All exit signs were checked for compliance. The exit signs next to 101 and 109 were removed by maintenance and replaced with signs containing the appropriate size letters which are at least 3/4 inch wide.

All exit signs will continue to have all principle strokes of letters at least 3/4 inch wide This will be reviewed at the quality assurance meeting.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sue Boone NHA</i>	Date <i>7/31/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8-1-14</u> (Date) The above plan of correction was approved by <u>SE</u> (Initials)	Plan of correction implementation status as of <u>8-1-14</u> (Date) <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
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Violation Report: 32000 - 06/26/2014 - McCloskey, Jason
 PCH Name: VICTORIAN VILLA

- 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
 On 6-22-14 at 11:30 am, the home did not check blood sugar for Resident #1, who requires this assistance to take sliding scale insulin.

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

The Med Tech responsible for obtaining Resident #1's blood sugar on 6/22/14 was disciplined.

All blood sugars for all residents will be completed as ordered by the physician. Resident #1's blood sugars will be documented on the Glucometer and Insulin Administration Record. This form was created for all residents requiring glucometer checks and or sliding scale insulin. The EMAR company was notified to create the form and design it so that employees must complete the form prior to completing administration of insulin and /or glucometer checks.

At the end of each medication pass, Med Tech's will review the others MAR documentation for compliance.

An audit has been created and will be completed by the LPN/designee weekly to ensure that all blood sugars are obtained as ordered. This will be reviewed at the quality assurance meeting.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *SUE BOONE NHA* Date *7/31/14*

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Violation Report: 32000 - 06/26/2014 - McCloskey, Jason
 PCH Name: VICTORIAN VILLA

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

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed insulin based on the following sliding scale:
 blood sugar reading: 150 - 200 = 2U; 201 - 250 = 4U; 251 - 300 = 6U; 301 - 350 = 8U

- On 6-24-14 at 5:30 pm, blood sugar reading was 180, no insulin was given.
- On 6-26-14 at 7:30 am, blood sugar reading was 160, no insulin was given.

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 Med Tech's responsible for not giving the appropriate amount of insulin were disciplined for not following physician's orders.

All Med Tech's will be in-serviced by LPN/designee on proper medication administration including following and documenting sliding scales. This will be completed by 8/8/14.

LPN/designee will complete a weekly audit x4 to ensure that Med Techs are following the physicians orders. This audit will be reviewed at the quality assurance meeting.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>SUE BOONE NHA</i>	Date <i>7/31/14</i>
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