



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 19 2014

Mr. Adam Devlin, President
Tri-County Respite, Inc.
5201 St. Joseph Road, P.O. Box 1001
Limeport, Pennsylvania 18060

RE: Mt. Trexler Manor
License #: 216630

Dear Mr. Devlin:

As a result of the Department of Public Welfare's licensing inspection on July 8, 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 15, 2014 to August 15, 2015 was issued on May 9, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

MS

Enclosure
License Inspection Summary

Violation Report: 21663 - 07/08/2014 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
A plastic bag of confectioners sugar was torn open in the cabinet in the ancillary kitchen.
A styrofoam cup of sugar was not dated labeled or sealed.
A plastic bag of bowtie pasta was torn open and not sealed.

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

1. This regulation ensures that food is stored safely and protected from spoilage or infestation by insects and rodents.
2. A plastic bag of confectioner's sugar was torn open in the cabinet in the ancillary kitchen; a Styrofoam cup of sugar was not dated, labeled, or sealed; a plastic bag of bowtie pasta was torn open and not sealed.
3. Items were not stored correctly - Corrected at the time of inspection.
4. Store items properly by labeling, dating, and sealing open items.
5. All staff were trained on the regulation and will be instructed in the method to properly store items and open food items. The kitchen will be checked daily for compliance.
6. The Administrator will ensure compliance through staff assignments that will include the ancillary kitchen.


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

Signature of Legal Entity Representative
(Required on EVERY Page) *Toby Tarquin Stackhouse*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Toby Tarquin Stackhouse, Administrator* Date *8/4/14*

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

The above plan of correction is approved as of 8-6-14
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 8-6-14
(Date)

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

Violation Report: 21683 - 07/08/2014 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION # Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Direct care staff member A completed initial medication training on 11/2/12. Only 2 medication administration observations were completed on 12/13/13 for the annual practicum in 2013.

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

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

- 1. Ensures that the medication will be administered safely and in accordance with the best practice by trained professionals.
- 2. Direct care staff member A completed initial medication training on 11/2/12. Only 2 medication administration observations were completed on 12/13/13 for the annual practicum in 2013.
- 3. The use of a wrong date from the annual practicum caused the error. The trainer used a date that was incorrect to plan future observations.
- 4. Look at all current med tech training files to ensure training records are completed correctly.
- 5. All med techs trained prior to June 2014 will be retrained (Completed 7/30/14) and moving forward training will be completed by the due date.
- 6. The Administrator will ensure compliance through periodic audits of the med tech training records. - w/ particular attention to

*dates to ensure ongoing compliance
CP 8-6-14*

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/23/2014


Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Toby Tarquin-Stuckhase, Administrator* Date 8/4/14

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The above plan of correction is approved as of 8-7-14 (Date)

Plan of correction implementation status as of 8-7-14 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 21663 - 07/08/2014 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 56 Pa.Code §2600

2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION

Direct Care staff member B reported that when a resident leaves the facility for a period of time and requires their medication the resident will pop the medication out of the blister pack into an envelope for the desired amount of days the resident will be out of the facility. The medication can only be removed from the original container of the medication 2 hours prior to the administration of the medication.

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

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

1. Reduces the possibility of misplacing medications or administering the wrong medications.
2. Direct care staff member B reported that when a resident leaves the facility for a period of time and requires his/her medication the resident will pop the medication out of the blister pack into an envelope for the desired amount of days the resident will be out of the facility. The medication can only be removed from the original contained of the medication 2 hours prior to the administration of the medication.
3. Staff were assisting residents prepare for LOAs by allowing them to punch and pack their own PRNs thus removing them from the original container more than 2 hours prior to administering the medications.
4. Medications will not be pre-poured when residents are leaving the home with their medications. Residents will no longer pre-pour medications for LOA. Individualized plans will be developed for each resident to ensure medications are not pre-poured.
5. The pharmacy was consulted on options for packing medications that ensures medications do not need to be pre-poured when residents are leaving the home. Expected time of completion 30-60 days for the new pharmacy process to be put in place.
6. The Administrator will make the Director of Wellness responsible to change the procedure and policy and to implement the procedure and policy. The Director of Wellness will monitor to ensure the policy and procedure are being followed.

During the interim time - home may discuss w/ responsible party / family member to sign for and administer meds to resident while at LOA.
OP. 8-6-14

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 8/4/14

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(Date)

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(Date)

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OP
(Initials)

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Violation Report: 21663 - 07/08/2014 - Novak, Ryan
PCN Name: MT TREXLER MANOR

1. REGULATION 66 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
Resident #1's 400mg of Ibuprofen was present in the medication cart, the medication is not a current order.

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

1. Ensures that all medications have an order from a doctor.
2. Resident #1's 400mg of Ibuprofen was present in the medication cart; the medication is not a current order.
3. We follow a practice that when a resident is hospitalized we will complete medication reconciliation upon return from the hospital. This was done an order for Ibuprofen was requested from the PCP. An order was given for a dose not the same as the medication and it was not corrected.
4. The correct medication dose was obtained to match the doctor's order (Completed 7/8/14).
5. Ensure that medication reconciliation is done with every hospitalization.
6. The Administrator will assign the Director of Wellness to complete medication reconciliation prior to the resident returning from a hospitalization and to ensure all medications have prescriptions that match the medications.

Adm will complete random audits of the MARs / Med Cart to insure ongoing compliance. C.P. 8-6-14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Toby Tarquin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Toby Tarquin - Stackhouse, Administrator* Date *8/4/14*

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

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Violation Report: 21663 - 07/08/2014 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa. Code §2600
2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

1 loose pill labeled M C-11 was located in the medication cart, direct care staff member B identified the medication as Clozaril 100mg.


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

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

1. Ensures that medications are stored in an organized manner under proper conditions of sanitation, temperature, moisture, and light in accordance to the manufacturer's instructions.
2. One loose pill labeled "M C-11" was located in the medication cart; direct care staff member B identified the medication as Clozaril 100 mg.
3. Other med carts were checked and cleaned. This particular med cart was next in the rotation to be cleaned and a loose pill was found at the time of inspection.
4. At the time of inspection, the pill was removed from the cart and properly disposed.
5. At the start of each shift, the med tech on duty will do an inspection of the med cart to insure medications are stored in an organized manner under proper conditions of sanitation, temperature, moisture, and light in accordance to the manufacturer's instructions.
6. The Administrator will be responsible to work with the Director of Wellness to ensure the policy is being followed to prevent further/repeat violations.

Random
cart audits will be performed to
insure ongoing compliance. CP. 8/6/14

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) Toby Tarquin-Stockhouse, Administrator Date 8/4/14

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