



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 4, 2014

Ms. Carol S. Carter, Executive Director
Homestead Village, Inc.
1800 Village Circle, P.O. Box 3227
Lancaster, Pennsylvania 17604

RE: Homestead Village
321840

Dear Ms. Carter:

As a result of the Department of Public Welfare's licensing inspection on July 24, 2014 of the above facility, a violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary was found.

The violation 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.

Sincerely,

A handwritten signature in cursive script that reads "Gloria Emick".

Gloria Emick
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 32184 - 07/24/2014 - Gensil, Lori
 PCH Name: HOMESTEAD VILLAGE

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 7/07/2014 at 10 PM, Resident #1 was given Resident #2's medications. Staff member A did not identify the correct resident before administering the medications.

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 LPN has been taken off any future schedule for personal care, and will not be permitted to work in personal care in the future.
2. Florescent Name Alert stickers have been applied to all medication wheels, MARs, and narcotic signature sheets, for individuals with the same first or last names.
3. Staff "huddles" were held, beginning on 7/8/14 at 1:00pm to review the 3 check medication administration process through demonstration and discussion of the 3 checks. Huddles will be completed by 9/3/2014.
4. A work plan has been created to address medication errors in general, and a task force has been put in place to initiate a review on all policies, procedures, and training of medication administration staff, including Med Techs and licensed staff.

Signature of Legal Entity Representative
 (Required on EVERY Page)

Carol A. Carter

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Carol S. Carter, Executive Director

Date August 21, 2014

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

The above plan of correction is approved as of 9-4-14
 (Date)

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

Plan of correction implementation status as of 9-4-14
 (Date)

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