



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: October 7, 2014

Ms. Karen Kehler, Executive Director
227 Evergreen Road Operations, LLC
227 Evergreen Road
Pottstown, Pennsylvania 19464

RE: Sanatoga Court
License # 136140

Dear Ms. Kehler:

As a result of the Department of Public Welfare's Adult Residential licensing inspection on July 30, 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. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Roslyn Brewer". The signature is written in a cursive style with a large, stylized initial "R".

Roslyn Brewer
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: SANATOGA COURT		License Number: 13614
Address: 227 EVERGREEN ROAD, POTTSTOWN, PA 19464		County: Montgomery
Administrator: Karen Kehler		Region: SOUTHEAST
Legal Entity Name: 227 EVERGREEN ROAD OPERATIONS LLC		
Legal Entity Address: 227 EVERGREEN RODA, POTTSTOWN, PA 19464		
Certificate(s) of Occupancy nm nm		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 101	Waking Staff: 76
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 07/30/2014: Keelly, Jennifer; Braswell, Natasha		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 85 Number of Residents Served: 70 Secured Dementia Care Unit In Home: Yes Area: Homestead Secured Dementia Unit Capacity, if Applicable: 28 Number of Residents Served In Secured Dementia Care Unit, if applicable: 27 Number of Current Hospice Residents: 3 Number of Hospice Residents In past year: 6	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 70 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 31 Have a Physical Disability: 0	

Violation Report: 13614 - 07/30/2014 - Keelly, Jennifer
 PCH Name: SANATOGA COURT

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 Resident # 1 has an order for Guaifenesin DM, 100-10MG/5 Syrup, as needed. The medication was not available in 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.

Family was routinely supplying this medication. An expired bottle of this medication had been removed from the cart and the family contacted for refill. The physician was contacted to discontinue this medication due to non-use (see attachment).
 The Director of Nursing / Shift Leader / Designee will audit the medication cart on a regular basis. The Night Shift Supervisor will audit the cart on a weekly basis to ensure we are in compliance with regulation 2600.185a.
 The Director of Nursing / Designee will continue to audit MARs on a monthly basis and review with Physicians the necessity of infrequently used PRN medications.
 Staff were in-serviced on expired medications on 9/17/2014. (See attached in-service sheet.)

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/28/2014
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Karen Kehler*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Karen Kehler Executive Director* Date *9/17/14*

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

The above plan of correction is approved as of *9/18/14*
 (Date)

Plan of correction implementation status as of *9/18/14*
 (Date)

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

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

Violation Report: 13614 - 07/30/2014 - Keely, Jennifer
 PCH Name: SANATOGA COURT

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

2a. DESCRIPTION OF VIOLATION
 Resident # 2 has an order to perform Acc-Cheks four times daily. Accu-Cheks were not performed at the following times: 20:00 on 7/6/2014, 11:30 on 7/8/2014, 20:00 on 7/12/2014, and 20:00 on 7/13/2014. On 7/15/2014 at 20:00, the Accu-Chek was initiated as performed but the result was not recorded.

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 were in-serviced on 09/17/2014 on proper procedures of documentation and following the directions of the prescriber. (See attached in-service sheet).
 The Director of Nursing / Designee will audit the MAR to ensure staff is documenting acu-checks appropriately.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/28/2014		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Karen Kehler*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Karen Kehler, Executive Director* Date *9/17/14*

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The above plan of correction is approved as of <u><i>9/18/14</i></u> (Date)	Plan of correction implementation status as of <u><i>9/18/14</i></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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented