



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 29 2014

Ms. Elaine R. Swartz, Owner
Orrstown Personal Care Home
3329 Orrstown Road
Orrstown, Pennsylvania 17244

RE: Orrstown Personal Care Home
License #: 309380

Dear Ms. Swartz:

As a result of the Department of Public Welfare's licensing inspection on July 31, 2014 and August 1, 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 16, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

5H

Enclosure
License Inspection Summary

Violation Report: 30938 - 07/31/2014 - Minnich, Ron
 PCH Name: ORRSTOWN PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

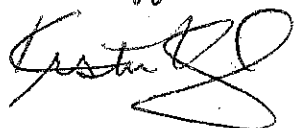
2a. DESCRIPTION OF VIOLATION

Direct care staff person A & B did not receive annual training in medication self-administration training during the training year October 2012 to September 2013.

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.

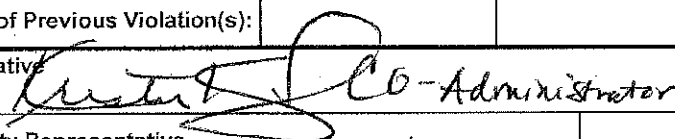
Training was developed and implemented regarding training on self-administration. (Currently there are no residents who self administer.) Staff will now be educated nevertheless on this topic. Attached is the training that has been developed and most of the staff has already completed the training. This training will be part of the annual required training for all direct care staff 8/19/14



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)

Kristine High, Co-Admin.

Date 8/19/14

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

The above plan of correction is approved as of

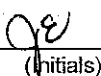
8.25.14
 (Date)

Plan of correction implementation status as of

8.25.14
 (Date)

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

The above plan of correction was approved by


 (Initials)

Violation Report: 30938 - 07/31/2014 - Minnich, Ron
 PCH Name: ORRSTOWN PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted on 11/14/13. The resident's medical evaluation was completed on 12/29/13.

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.

In this instance resident had been in another PCH and had a current med eval done, we were of the impression that because it was a DPW - PCH it was acceptable.

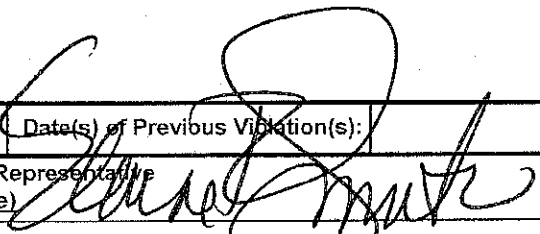
Co-Administrator is very aware of regulation and will insure that all med evals are done within regulatory time frame regardless of previous residency. She is doing this by utilizing a checklist.

All other DME's done within past year have been review and are all in compliance.

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)

Elaine R. Swartz Administrator

Date

8/19/14

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

The above plan of correction is approved as of

8.25.14
 (Date)

Plan of correction implementation status as of

8.25.14
 (Date)

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

The above plan of correction was approved by


 (Initials)

Violation Report: 30938 - 07/31/2014 - Minnich, Ron
 PCH Name: ORRSTOWN PERSONAL CARE HOME

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

The July medication administration record for resident #2 does not include the diagnosis or purpose for the medication Ferrous Sulfate 325mg.

The July medication administration record for resident #3 does not include the diagnosis or purpose for the medication Phoslo 667mg.

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.

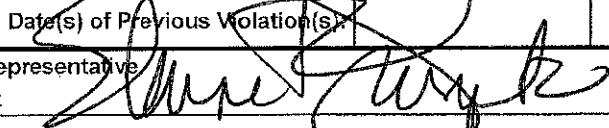
Regulation reviewed with nursing/med tech staff. All MARs have been reviewed and an omission corrected and forwarded to our pharmacy to make necessary notation in their computer system.

One person has been assigned responsibility to be sure diagnosis is on all MARs. DM. LNU has this function

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)

Elaine R Swartz Administrator

Date 8/19/14

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

The above plan of correction is approved as of

8.25.14
 (Date)

Plan of correction implementation status as of

8.25.14
 (Date)

The above plan of correction was approved by


 (Initials)

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

Violation Report: 30938 - 07/31/2014 - Minnich, Ron
 PCH Name: ORRSTOWN PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The pre-admission screening form for resident #4, admitted 10/04/13, which determines the home can meet the resident's service needs, is dated 7/08/13.

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.

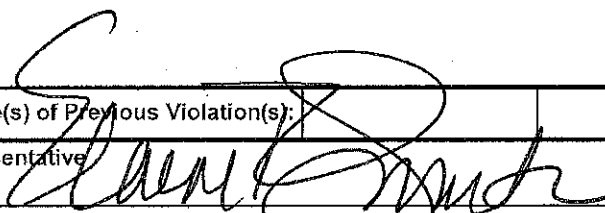
In this particular instance this was due to a residents move in date changing + human error. All other admission files were reviewed and all admission screening with the exception of this one were in regulatory compliance.

This has been added to my admission checklist as a reminder that I am using the correct date. As this is my sole responsibility I will be certain this is completed in the regulation time frame

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)

Elaine R Swartz Administrator Date 8/19/14

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

The above plan of correction is approved as of 8.25.14
 (Date)

Plan of correction implementation status as of 8.25.14
 (Date)

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

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