



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 16 2014

Ms. Barbara Smith, NHA Administrator  
Senior Choice, Inc.  
495 Patriot Street  
Somerset, Pennsylvania 15501

RE: The Patriot A Choice Community  
License #: 321360

Dear Ms. Smith:

As a result of the Department of Human Services' licensing inspection on September 10, 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 November 9, 2014 to November 9, 2015 was issued on August 4, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones  
Director

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Enclosure  
License Inspection Summary



Violation Report: 32136 - 09/10/2014 - Whitney, Diane  
PCH Name: THE PATRIOT A CHOICE COMMUNITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION  
On 9-10-14, at approximately 9:52 A.M., the treatment cart containing antibiotic ointments/creams/lotions and over the counter pain medications was unlocked and accessible to residents located near room #259.

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.

PCHA and DRS will continue to ensure that all medication and treatment carts are properly locked at all times. Signs were posted on top of the cart to ensure the carts locked at all times.

Staff was in-serviced on the DPW regulation 2600.183 (b) and the facility's Expectation for properly securing all medications.

*By 12/15/14 the administrator or designee will monitor the home at least weekly, to ensure medications, including treatments, are locked.*

*LF*  
*11/24/14*

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

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

The above plan of correction is approved as of <u>11/24/14</u> (Date)	Plan of correction implementation status as of <u>11/24/14</u> (Date)
The above plan of correction was approved by <u>LF</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

NOV 17 2014

Violation Report: 32136 - 09/10/2014 - Whitney, Diane  
PCH Name: THE PATRIOT A CHOICE COMMUNITY

WEST REGION FIELD OFFICE  
Human Services Licensing

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

Resident #1 was prescribed Loperamide 2mg, 1 capsule twice daily as needed on 8-27-14. The medication administration record does not include this 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.

Medication Administration Record was corrected to reflect omitted medication for Resident #1.

An in-service was held for Medication Aides and Licenses Practical Nurses on proper documentation on Medication Administration Record by the Personal Care Home Administrator and Director of Resident Services.

Random monthly audits will be conducted by the Director of Resident Services or Designee to ensure on-going compliance with 2600.187(a).

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Lovi A. Fisher, DCHA	11/16/14

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

The above plan of correction is approved as of 11/24/14  
(Date)

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

Plan of correction implementation status as of 11/24/14  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress (2)
- Partially Implemented - Inadequate Progress
- Not Implemented