



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 21, 2014

Ms. Loriann Putzier, C.O.O.
VS Woods, LLC
d/b/a The Woods at Cedar Run
c/o IntegraCare Corporation
6600 Brooktree Court, Suite 1000
Wexford, Pennsylvania 15090

RE: The Woods at Cedar Run
824 Lisburn Road
Camp Hill, Pennsylvania 17011
331321

Dear Ms. Putzier:

As a result of the Department of Public Welfare's Human Services licensing inspection on September 16, 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.

Sincerely,

A handwritten signature in black ink that reads "Jaime Erb".

Jaime Erb
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 33132 - 09/16/2014 - Riel, Becky
 PCH Name: THE WOODS AT CEDAR RUN

1. REGULATION 55 Pa.Code §2600

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION

A tube of Triamcinolone Acetonide 0.1% Cream was located in Resident #1's bathroom. Resident #1 is not assessed by a physician, physician's assistant or certified, registered nurse practitioner to self-administer 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.

* Please see pages 2A & 2B of 8. JE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

KEVIN CASHK REGIONAL DIRECTOR OF OPERATIONS

Date 10/20/14

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

The above plan of correction is approved as of

10/21/14
 (Date)

Plan of correction implementation status as of

10/21/14
 (Date)

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

The above plan of correction was approved by

JE
 (Initials)

PLAN OF CORRECTION

Page 2A of 8.
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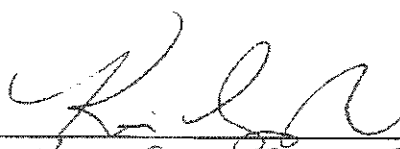
Community Name: The Woods at Cedar Run

License Number: 331321

Date of Visit: September 16, 2014


Date of Submission: October 20, 2014

1. **Violation Review: 2600.181(c)** – A resident who desires to self-administer shall be assessed by a physician, physician’s assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.
2. **Violation Interpretative Statement:** A tube of Triamcinolone Acetonide 0.1% Cream was located in Resident #1’s bathroom. Resident #1 is not assessed by a physician, physician’s assistant or certified, registered nurse practitioner to self-administer this medication.
3. **Review the benefit of the Regulation, per RCG:** Ensures that residents who wish to self-administer medications are able to do so safely.
4. **Description of the Repair of the Immediate Problem:** Triamcinole cream removed from Resident #1’s room.
5. **Determine / document the Root Cause of the Violation:** Staff did not ensure that the apartment for Resident #1 was free from any medications.
6. **Detail Action Steps / System Developed to prevent future occurrence:**
 - a. New residents and families will be reminded of this regulation during the move in process effective immediately. New staff will be informed of this regulation during the orientation process effective immediately.
 - b. All staff, including Resident Care and Housekeeping have been instructed to immediately report to supervisor any medications found for any resident who has not been determined to safely self administer medications. Residents will be reminded of this regulation at the November Senior Living meeting.
 - c. Resident apartments will be checked weekly to insure compliance. If any items are found, the Senior Living Director, or designee, will remove any such item and discuss the importance of this regulation with resident. Family/ Responsible party and physician will be notified following conversation and removal of medication. Based on the PCP assessment, an order for the resident to self medicate may be obtained.

Authorized Signature 

Date: 10/20/14

- 7. Designated position responsible and specify target date for correction.
Senior Living Director will be responsible for training and compliance.
Weekly apartment checks were instituted beginning September 17, 2014.
Staff instructed as of September 17, 2014.
Family/Responsible Party notifications in writing to be sent November 1, 2014.
Resident reminder/instruction to occur at Resident Meeting on November 10, 2014.

Authorized Signature 
Plan of Correction Template KEVIN CYSIK, REG. DIR. of OPERATIONS

Date: 10/20/14

Violation Report: 33132 - 09/16/2014 - Riel, Becky
 PCH Name: THE WOODS AT CEDAR RUN

1. REGULATION 55 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

- On 9/16/2014, a bottle of Advil Liqui-Gels, belonging to Resident #2 was located in the East medication cart. The expiration date on the bottle is 6/2014.
- On 9/16/2014, a tube of Hydrocortisone 0.2% Cream belonging to Resident #3 was located in the West medication cart. The expiration date on the tube is 5/2014.

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.

* Please see Pages 3A & 3B of 8.
 JE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
KEVIN CYSYK REGIONAL DIRECTOR OF OPERATIONS	10/20/14

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

The above plan of correction is approved as of 10/21/14
 (Date)

Plan of correction implementation status as of 10/21/14
 (Date)

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

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

PLAN OF CORRECTION

Community Name: The Woods at Cedar Run

License Number: 331321

Date of Visit: September 16, 2014

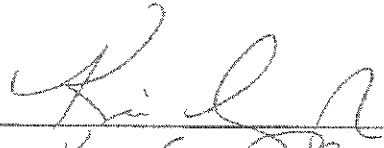
Date of Submission: October 20, 2014

1. **Violation Review: 2600.183(d)**- Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.
2. **Violation Interpretative Statement:** On 9/16/2014, a bottle of Advil Liqui-Gels, belonging to Resident #2 was located in the East medication cart. The expiration date on the bottle is 6/2014. On 9/16/2014, a tube of Hydrocortisone 0.2% Cream belonging to resident #3 was located in the West medication cart. The expiration date on the tube is 5/2014.
3. **Review the benefit of the Regulation, per RCG:** Ensures that resident's receive correct medications and that the medications are in date.
4. **Description of the Repair of the Immediate Problem:** Expired medications for Resident #2 and Resident #3 were immediately removed from the cart and new medication ordered.
5. **Determine / document the Root Cause of the Violation:** Staff responsible for medication administration did not ensure that all medications were current and unexpired.
6. **Detail Action Steps / System Developed to prevent future occurrence:**
 - a. The staff will check the dates on all medications prior to administration. Audit will be preformed weekly on the medication cart.
 - b. All staff will receive additional training and instruction regarding expired medication protocols.
 - c. Staff will check the medication carts weekly, and will dispose of and replace expired medications.
 - d. Senior Living Director will audit medication carts monthly to verify compliance.
7. **Designated position responsible and specify target date for correction.**
 - Senior Living Director is responsible for training and compliance.
 - Expired medications for Resident #2 and #3 were removed 9/16/14.
 - Weekly cart checks implemented as of 9/17/14, with ongoing monitoring by Senior Living Director.
 - Monthly cart audit implemented as of 9/17/14, with ongoing monitoring by Senior Living Director.

Authorized Signature Kevin Cysak

Date: 10/20/14

- Additional training and instruction for all staff responsible for medication administration to be completed by 11/1/14.

Authorized Signature 
Plan of Correction Template KEVIN CUSICK, Reg. Dir. of Operations

Date: 10/20/14

Violation Report: 33132 - 09/16/2014 - Riel, Becky
 PCH Name: THE WOODS AT CEDAR RUN

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

- Three Levemir Flexpens (100units/ml), belonging to Resident #4 were opened and located in the wellness office's fridge. One pen indicated that approximately 25 units was used but was not dated when it was opened. The second pen indicated that approximately 50 units were used and had an open date written on it, but the month was rubbed off, so it is unknown when the pen was opened. Due to not being able to tell when the pens were opened, staff are unable to follow the manufacturer's instructions for when the medication expires. The third pen indicated that approximately 125 units was used and had an open date of 7/23/14 written on it. The insulin was expired in this pen per the manufacturer's instructions.
- A Lantus Solostar pen (100units/ml), belonging to Resident #5 was located in the Wellness Office's fridge. The medication had been opened and indicated that approximately 40 units were used. There was no date on the pen to indicate when it was opened, so staff are unable to follow the manufacturer's instructions for when the medication expires.
- Two Lantus Solostar pens, belonging to Resident #6 were located in the West medication cart. Both pens were opened. One indicated that approximately 100 units was used, and the other indicated approximately 150 units was used. Neither pen had an open date on them, so staff are unable to follow the manufacturer's instructions for when the medication expires.
- A vial of Novolog 100ml, belonging to Resident #7 was found in the West medication cart. The vial was opened on 7/16/2014 and expired according to manufacturer's instructions.


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.

* Please see Pages 4A & 4B of 8.
 JE

Repeat Violation: No	Date(s) of Previous Violation(s):	01/14/2014
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Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Kevin Conry Regional Director of Operations	10/20/14

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

The above plan of correction is approved as of 10/21/14
 (Date)

Plan of correction implementation status as of 10/21/14
 (Date)

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

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

PLAN OF CORRECTION

Community Name: The Woods of Cedar Run

License Number: 331321

Date of Visit: September 16, 2014

Date of Submission: October 20, 2014

1. **Violation Review: 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.

2. **Violation Interpretative Statement:**

- Three Levemir Flex pens (100units/ml) belonging to Resident #4 were opened and located in the wellness office's fridge. One pen indicated that approximately 25 units was used but was not dated when it was opened. The second pen indicated that approximately 50 units were used an open date written on it, but the month was rubbed off, so it is unknown when the pen was opened. Due to not being able to tell when the pen was opened, staff is unable to follow manufacturer's instructions for when the medication expires. The third pen indicated that approximately 125 units were used and had a date of 7/23/14 written on it. The insulin was expired in this pen per manufacturer's instructions.
- A Lantus Solostar pen (100units/ml), belonging to Resident #5 was located in the wellness office fridge. The medication had been opened and indicated that approximately 40 units were used. There was no date on the pen to indicate when it was opened, so staff are unable to follow manufacturer's instructions for when the medication expires.
- Two Lantus Solostar pens, belonging to Resident #6 were located in the West medication cart. Both pens were opened. One indicated approximately 100 units were used; the other indicated approximately 150 units were used. Neither pen had an open date on them, so the staff are unable to follow manufacturer's instructions for when medication expires.
- A vial of Novolg 100ml, belonging to Resident #7 was found in the West medication cart. The vial was opened on 7/16/2014 and expired according to the manufacturer's instructions.

3. **Review the benefit of the Regulation, per RCG:** Ensures that medications will be stored in a manner that prevents damage and loss.

4. **Description of the Repair of the Immediate Problem:** Staff disposed of all undated and/or outdated insulin.

Authorized Signature  Date: 10/20/14

Plan of Correction Template Kevin Cysyk, Reg. Dir. of Operations

5. **Determine / document the Root Cause of the Violation:** Staff did not ensure that all insulin was dated. Staff did not remove expired insulin. Weekly monitoring protocol was not completed.
6. **Detail Action Steps / System Developed to prevent future occurrence:**
 - a. Undated insulin will not be accepted upon resident move-in.
 - b. Staff will be instructed to date insulin upon opening. Staff will be instructed to identify when an insulin pen has been opened.
 - c. Staff will audit insulin supply for dates weekly. Senior Living Director will audit insulin supply at least weekly to ensure compliance.
7. **Designated position responsible and specify target date for correction.**
 - Senior Living Director will ensure compliance.
 - All undated/expired insulin was removed and destroyed 9/16/2014.
 - All staff responsible for medication administration will receive additional training and instruction by 10/24/2014.
 - Compliance will be monitored with a written weekly medication audit form which will be reviewed weekly by Executive Director and Senior Living Director, effective 10/20/14.

Authorized Signature 

Date: 10/20/14

Plan of Correction Template

Kevin Cysyk, Reg. Dir. of CP Services

ADM040

Violation Report: 33132 - 09/16/2014 - Riel, Becky
 PCH Name: THE WOODS AT CEDAR RUN

1. REGULATION 55 Pa.Code §2600

2600.186(a) - Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

2a. DESCRIPTION OF VIOLATION

The home is administering Novolog Flexpen to Resident #4 four times a day according to a sliding scale as directed on the Medication Administration Record. The prescription label on the medication has instructions to inject 10 units before all meals. The home does not have a current order to reflect the medication change.

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.

** Please see Pages SA & 5B of 8*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kevin Cusyk, Regional Director of Operations* Date *10/20/14*

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

The above plan of correction is approved as of 10/21/14
 (Date)

Plan of correction implementation status as of 10/21/14
 (Date)

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

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

PLAN OF CORRECTION


Community Name: The Woods of Cedar Run

License Number: 331321

Date of Visit: September 16, 2014


Date of Submission: October 20, 2014

1. **Violation Review: 2600.186 (a)**- Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.
2. **Violation Interpretative Statement:** The home is administering Novolog Flexpen to resident #4 four times a day according to the sliding scale as directed on the Medication Administration record. The prescription label on the medication has instructions to inject 10 units before all meals. The home does not have a current order to reflect the medication change.
3. **Review the benefit of the Regulation, per RCG:** Ensures that medications are prescribed by a person authorized to do so, and that the resident receive medications in accordance with current orders.
4. **Description of the Repair of the Immediate Problem:** Order for insulin for Resident #4 was obtain from PCP. Order for insulin for Resident #4 was faxed to DPW. Insulin label was marked with a "direction has changed see MAR" sticker.
5. **Determine / document the Root Cause of the Violation:** Staff did not obtain and verify current insulin orders from PCP prior to administering medication.
6. **Detail Action Steps / System Developed to prevent future occurrence:**
 - a. Two staff persons will verify orders as they are received and monitor daily.
 - b. All staff responsible for medication administration will receive further training and instruction regarding the correct procedure for processing orders.
 - c. LPN will check two orders daily to insure they are processed correctly. Senior Living Director will check at least two orders weekly to insure compliance, verified by initials.
7. **Designated position responsible and specify target date for correction.**
 - Senior Living Director will be responsible to ensure compliance.
 - Order for insulin for Resident #4 was obtain on 9/16/2014.
 - Order for insulin for Resident #4 was faxed to DPW on 9/17/2014.
 - Insulin label was immediately marked with a "direction has changed see MAR" sticker on 9/16/2014.

Authorized Signature 

Date: 10/20/14

- All staff responsible for medication administration will receive additional instruction and training regarding this regulation and implemented procedures by November 1, 2014.
- Audit will start the week of 10/20/14.

Authorized Signature  Date: 10/20/14
Plan of Correction Template KEVIN CYSYK, REG. DIR. OF OPERATIONS ADM040

Violation Report: 33132 - 09/16/2014 - Riel, Becky
 PCH Name: THE WOODS AT CEDAR RUN

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 Medication Administration Record for Resident #8 does not include the purposes/diagnoses for the following medications: Lisinopril/40mg, Amlodipine/10mg, Aspirin/325mg, Hydralazine/10mg, Metoprolol Succ ER/25mg, and Donepezil/10mg.
- The Medication Administration Record for Resident #9 does not include the purposes/diagnoses for the following medications: Sulfamethoxazole-TMP DS, Silver Sulfadiazine 1% Cream, and Florastor/250mg. In addition, staff initials are missing to show administration of Sulfamethoxazole-TMP DS on 9/15/14 @ 8am.

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.

** please see pages 6A & 6B of 8.
 JE*

Repeat Violation: No	Date(s) of Previous Violation(s):	01/14/2014	04/07/2014
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kevin Casik REGIONAL DIRECTOR of OPERATIONS* Date *10/20/14*

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

The above plan of correction is approved as of 10/21/14
 (Date)

Plan of correction implementation status as of 10/21/14
 (Date)

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

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

PLAN OF CORRECTION

Community Name: The Woods of Cedar Run

License Number :331321

Date of Visit: September 16, 2014

Date of Submission: October 20, 2014

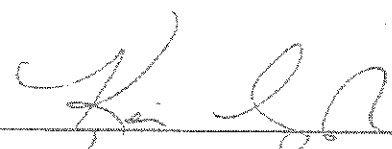
1. **Violation Review: 2600.187(a)**- A medication record shall be kept to include the following on each resident for whom medications are administered.

- (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 medication, including pro re nata (PRN)
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering medication.

2. **Violation Interpretative Statement:** The Medication Administration Record for Resident #8 does not include the purposes/diagnoses for the following medications: Lisinopril/40mg, Amlopine/10mg, aspirin/325mg, Hydralazine/10mg, Metoprolol Succ ER/25mg, and Donepezil/10mg.

The Medication Administration Record for Resident #9 does not include the purpose/diagnoses for the following medications: Sulfamethoxazole-TMP DS, Silver Sulfadiazine 1% Cream, and Florastor/250mg. In addition staff initials are missing to show administration of Sulfamethoxazole- TMP DS on 9/14/2014 at 8am.

3. **Review the benefit of the Regulation, per RCG:** The home's staff person will be able to track all medications a resident receives and to ensure all medications are administered as prescribed.

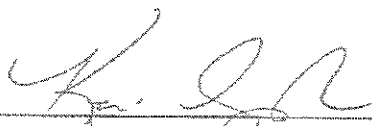
Authorized Signature 

Date: 10/20/14

Plan of Correction Template KEVIN CYSYK REG. DIR. of OPERATIONS

4. **Description of the Repair of the Immediate Problem:** The missing diagnoses for Resident #8 and Resident #9 were immediately added to MAR.
5. **Determine / document the Root Cause of the Violation:** Staff did not verify that a current diagnosis and purpose for each medication was on MAR.
6. **Detail Action Steps / System Developed to prevent future occurrence:**
 - Staff will review all current MARs to verify that current diagnosis and purpose are recorded for each medication on the MAR.
 - Staff will review all MARs at beginning of month to verify that current diagnosis and purpose are recorded for each medication, to be monitored by Senior Living Director.
 - Staff will verify that current diagnosis and purpose are recorded whenever a medication is added to the MAR, to be monitored by Senior Living Director.
 - All staff responsible for medication administration will receive further instruction and training regarding proper documentation on MARs.
7. **Designated position responsible and specify target date for correction.**
 - Senior Living Director is responsible for ongoing compliance.
 - The missing diagnoses for Resident #8 and Resident #9 were added to MAR on 9/16/14.
 - Staff review of current MARs was completed by 9/30/14.
 - Further instruction regarding proper MAR documentation to be completed by 11/1/14.

Authorized Signature



Date: 10/20/14

Plan of Correction Template

KEVIN CYSYK REG. DIR. of OPERATIONS

ADM040

Violation Report: 33132 - 09/16/2014 - Riel, Becky
 PCH Name: THE WOODS AT CEDAR RUN

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

2a. DESCRIPTION OF VIOLATION

The medication administration record for Resident #4 shows that the resident is to receive Novolog Flexpen 4 times daily based on a sliding scale.
 - On 9/9/2014 @ 12pm, the resident's blood sugar was 339. The resident received 8 units instead of the prescribed 10 units.
 - On 9/13/2014 @ 12pm, the resident's blood sugar was 419. The resident received 12 units instead of the prescribed 14 units.

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.

* please see Page 7A of 8.
 JE

Repeat Violation: No	Date(s) of Previous Violation(s):	01/14/2014	04/07/2014
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kevin Cronk Regional Director of Operations* Date *10/26/14*

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

The above plan of correction is approved as of 10/21/14
 (Date)

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

Plan of correction implementation status as of 10/26/14
 (Date)

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

PLAN OF CORRECTION

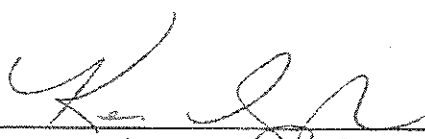
Community Name: The Woods at Cedar Run

License Number: 331321

Date of Visit: September 16, 2014

Date of Submission: October 20, 2014

1. **Violation Review: 2600.187(d)**- The home shall follow the directions of the prescriber.
2. **Violation Interpretative Statement:** The medication administration record for Resident # 4 shows that the resident is to receive Novolog Flexpen 4 times daily based on a sliding scale. On 9/9/2014 @ 12pm, the resident's blood sugar was 339. The resident received 8 units instead of the prescribed 10 units.
On 9/13/2014 @ 12pm, the resident's blood sugar was 419. The resident received 12 units instead of the prescribed 14 units.
3. **Review the benefit of the Regulation, per RCG:** Ensures the residents receive medications and treatments as ordered by a physician.
4. **Description of the Repair of the Immediate Problem:** Medication error reports completed and filed. Medication Assistant temporarily removed from medication administration duties pending retraining.
5. **Determine / document the Root Cause of the Violation:** Medication Assistant did not verify current order as listed on MAR prior to administering medication.
6. **Detail Action Steps / System Developed to prevent future occurrence:** Medication Assistant received additional diabetes training on 10/2/14. Medication Assistant received remedial medication administration training and testing from Medication Administration Trainer on 10/9/2014.
7. **Designated position responsible and specify target date for correction.**
 - o Senior Living Director is responsible to ensure ongoing compliance.
 - o Medication Assistant received additional diabetes training on 10/2/14.
 - o Medication Assistant received remedial medication administration training and testing from Medication Administration Trainer on 10/9/2014.

Authorized Signature  Date: 10/20/14

Plan of Correction Template Kevin Cusick Reg. Director of Operations ADM040

Violation Report: 33132 - 09/16/2014 - Riel, Becky
 PCH Name: THE WOODS AT CEDAR RUN

1. REGULATION 55 Pa.Code §2600
 2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 Resident #10, admitted to the SDCU on 9/3/2014 had a medical evaluation on 9/2/2014 that did not document the resident's diagnosis of dementia or Alzheimer's disease.

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.

* please see pages 8A & 8B of 8.
 JE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kevin Cysyk*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kevin Cysyk Regional Director of Operations* Date *10/20/14*

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

The above plan of correction is approved as of 10/21/14
 (Date)

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

Plan of correction implementation status as of 10/21/14
 (Date)

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

PLAN OF CORRECTION

Community Name: The Woods at Cedar Run

License Number: 331321

Date of Visit: September 16, 2014


Date of Submission: October 20, 2014

1. **Violation Review: 2600.231(b)**- A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in the secured dementia unit.
2. **Violation Interpretative Statement:** Resident #10, admitted to the SDCU on 9/3/2014 had a medical evaluation on 9/2/2014 that did not document the resident's diagnosis of dementia or Alzheimer's disease.
3. **Review the benefit of the Regulation, per RCG:** Accurate medical information helps homes decide whether a resident's needs can be met at the home, helps the home develop accurate assessments and support plans, and ensures that residents' medical needs will be met.
4. **Description of the Repair of the Immediate Problem:** The PCP office for Resident #10 was immediately notified of need for dementia diagnosis. Order obtained and faxed to DPW.
5. **Determine / document the Root Cause of the Violation:** Staff did not verify that Medical Evaluation was complete, including diagnosis of dementia.
6. **Detail Action Steps / System Developed to prevent future occurrence:**
 - a. Senior Living Director will check all medication evaluations prior to a resident moving in.
 - b. Staff received additional training and instruction regarding proper documentation on Medical Evaluation as of 9/30/14.
 - c. Marketing representative and Senior Living Director will review every Medication Evaluation to ensure proper documentation noting a diagnosis of dementia prior to any resident moving into memory care.
7. **Designated position responsible and specify target date for correction.**
 - Senior Living Director is responsible for ongoing compliance

Authorized Signature Kevin Cysyk Date: 10/20/14

- Documentation of dementia diagnosis for Resident #10 obtained 9/16/2014 and faxed to DPW on 9/17/2014.
- All Medical Evaluations for residents of Memory Care neighborhood have been reviewed and verified to include diagnosis as of 10/17/14.
- Marketing representatives received further instruction and training regarding proper documentation as of 9/30/14.
- Executive Director will monitor compliance by reviewing all Initial and Annual DMEs.

Authorized Signature _____



Date: 10/20/14

Plan of Correction Template

KEVIN CYSYK REG. DIR. of OPERATIONS

ADM040