



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Ms. Kelly Cook Andress, President  
Senior Living NP, LLC  
501 Plush Mill Road  
Second and Fourth Floors  
Wallingford, Pennsylvania 19086

DEC 10 2014

RE: Plush Mills  
License #: 131040

Dear Ms. Andress:

As a result of the Department of Human Services' licensing inspection on September 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.

Your regular license for the period December 9, 2014 to December 9, 2015 was issued on August 29, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones  
Director

SH

Enclosure  
License Inspection Summary



Violation Report: 13104 - 09/02/2014 - McHale, Christine  
PCH Name: PLUSH MILLS

1. REGULATION 55 Pa.Code §2600  
2800.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

- The lid for the red rimmed trash can in the main kitchen has a circular opening in its center.
- The lid to the gray trash can in the main kitchen was broken and could not be closed.

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.

What Specific change has been made:

The red rimmed trashcan has been replaced with a properly operating covered lid.

The broken trash can lid on gray can has been replaced.

Who has made the change:

The Dining Services Director, [redacted] was responsible for making the change.

System implemented:

All trashcans ordered for the kitchen will be cans with covered lids.

Trash Cans will be surveyed daily for damage by the supervisor.

Damaged lids will be replaced immediately.

Supported Documentation: Photo of Trash Cans attached.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Kristina W. Wilhelmsen*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) KRISTINA WILHELMSEN, Intern Exec Dir

Date 11/14/14

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The above plan of correction is approved as of 12/2/14 (Date)

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

- Plan of correction implementation status as of 12/2/14 (Date)
- Fully Implemented
  - Partially Implemented - Adequate Progress
  - Partially Implemented - Inadequate Progress
  - Not Implemented

Violation Report: 13104 - 09/02/2014 - McHale, Christine  
PCH Name: PLUSH MILLS

1. REGULATION 85 Pa.Code §2800  
2800.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F.  
Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION  
On 9/30/14, there was no thermometer in the ice cream freezer in the second floor kitchenette.

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.

What specific change has been made:  
Dining Services Director, [redacted] bought a new thermometer that has been placed in the Ice Cream Freezer.  
System implemented:  
The freezer temperatures are being recorded by the server on a written temperature log three times a day.  
The monthly log will be kept on the freezer and removed at the end of each month.  
Supportive Documentation:  
The most recent temperature log has been attached.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Kristina W. Willemssen*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) KRISTINA W. WILLEMSEN *Interim Exec. Dir.*      Date 11/14/14

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Violation Report: 13104 - 09/02/2014 - McHale, Christine  
PCH Name: PLUSH MILLS

1. REGULATION 55 Pa.Code §2800  
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION  
A box of biscuits, a box of pizza shells, a box of pie shells, and a large tub of ice cream were opened and unsealed in the walk-in freezer in the main kitchen.

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.

What specific change was made:

The contents of the opened and unsealed boxes were transferred into sealed containers.  
Ice cream containers without lids have been discarded.  
Re-useable/ Replaceable lids for ice cream have been provided in order to properly seal the container.

System implemented:

Kitchen staff was instructed by the Dining Services Director, [redacted] to transfer contents of opened items in freezer boxes into container with sealable lids.

Supportive documentation:

In-Service training document is attached.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Kristina W. Witeimssen*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *KRISTINA W. WITEIMSEN* *Interim EXEC. DIR.*      Date *11/14/14*

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(Date)

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(Initials)

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Violation Report: 13104 - 09/02/2014 - McHale, Christine  
PCH Name: PLUSH MILLS

1. REGULATION 55 Pa.Code §2600  
2600.163(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 9/30/14, two bottles of saline nasal spray was unlocked and accessible to residents in resident room #406. The resident who resides in this room has not been assessed to self-administer 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.

What Specific Change Will Be Made: All OTC medications will have a physician's orders.  
Who Will Make the Change: The nurses  
When Will The Change Be Made: The Personal Care Resident handbook has information about OTC medications.  
System Implemented & Supporting Documentation: Attached is a copy of the pages that contain information about the OTC medications.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Kristina W. Wilhelm*

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

KRISTINA W. WILHELM <sup>Interim</sup> EXEC. DIR.

Date

11/14/14

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(Initials)

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Violation Report: 13104 - 09/02/2014 - McHale, Christina  
PCH Name: PLUSH MILLS

1. REGULATION 66 Pa.Code §2800  
2800.183(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  
Resident #1's Timolol eye drops are labeled "discard 30 days after opening." On 9/30/14, resident #1's Timolol eye drops that were filled on 8/17/13 did not indicate what day the drops were opened.

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.

What Specific Change Will Be Made: All eye drops when opened, will be dated.  
Who Will Make The Change: Nurses and med techs.  
When Will The Change be made: Stickers were received by the pharmacy immediately. The stickers have Date Opened: \_\_\_\_\_  
How will the Change Be made: An audit of eye drops will be completed twice monthly by the nurses or med techs.  
System Implemented & Supporting documentation: Attached is the audit done for the eye drops.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Kristina W. Wilczewski*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *KRISTINA W. WILCZEWSKI Interni Exec. Dir.*      Date *11/14/14*

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Violation Report: 13104 - 09/02/2014 - McHale, Christine  
PCH Name: PLUSH MILLS

1. REGULATION 65 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 #1 does not list Betaxolol Solution 0.5%. This medication was filled on 7/28/14 and 9/2/14 and was in the medication cart with the resident's other medications. The resident's physician prescribed this medication as a substitute for Timolol.

- The medication administration record for resident #2 does not include Voltaren gel. This medication was filled on 9/25/14 and was present in the medication cart with the resident's other medications.

- The medication administration record for resident #3 does not include a diagnosis or purpose for Locoid Cream 0.2%.

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.

What Specific Change Will Be Made: All medication carts will be audited monthly by nursing.

Who Will Make The Change: Nurses

When Will The Change be Made: The medication carts were audited on 10/15/14 and the medications/MARS/Diagnosis were audited on 10/1/14. How Will The Change Be Made: All medication carts will be audited monthly by nursing. Medication carts will also be audited on a quarterly basis by the pharmacy. All MAR's are reviewed at the end of each month and again on the first of each month to ensure all medications have a diagnosis. System Implemented

Supporting Documentation: see attached & Hospice in-service to their staff.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/29/2013
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Signature of Legal Entity Representative (Required on EVERY Page) *Kristina W. Wilhelmsen*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KRISTINA W. WILHELMSSEN* *Interim Exec Dir.* Date *11/14/14*

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13104 - 08/02/2014 - McHale, Christine  
 PGH Name: PLUSH MILLS

1. REGULATION 56 Pa.Code §2800  
 2800.187(b) - The Information in § 2600.187(a)(13) and § 2800.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION  
 - On 9/12/14, at 9:00 am, resident #1's Aspirin Chew 81 mg and Carbamazepine Chew 100 mg were administered. On 9/12/14, at 5:00 pm and 9:00 pm, resident #1's Bromonide 0.16% solution was administered. The staff person who administered these medications did not initial the medication administration record.  
 - On 9/30/14, at 9:00 am, resident #2's Pepcid 20 mg, Lisinopril 2.5 mg, Aspirin 81 mg, Furosemide 40 mg, Toprol XL 50 mg, Saline Nasal Spray, and Senna Plus 8.6 - 50 mg were administered. The staff person who administered these medications did not initial the medication administration record.  
 - On 9/28/14, at 9:00 pm, resident #3's Bisacodyl 5 mg, Mirtazapine, Lidocaine 5% patch, Atorvastatin 10 mg, and Finasteride 5 mg were administered. On 9/29/14, at 9:00 pm, resident #3's Finasteride 5 mg was administered. On 9/30/14, at 8:30 am, resident #3's Provacid 30 mg was administered. On 9/30/14, resident #3's Vitamin B-12 1000 mcg, Aspirin 81 mg, and Fludrocortisone 0.1 mg were administered. The staff person who administered these medications did not initial the medication administration record.  
 - On 9/22/14, at 1:00 pm, resident #4's Baclofen 10 mg was administered. The staff person who administered this medication did not initial the medication administration record.  
 - On 9/22/14, at 1:00 pm, resident #6's multiple vitamin was administered. The staff person who administered this medication did not initial the medication administration record.

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.  
 What Specific Change Will Be Made: Med Tech's are reviewing their MAR's before the end of each each shift.  
 Who Will Make The Changes: The med Tech's  
 When Will The Change Be Made: The Med tech's are reviewing their MAR's on a daily basis.  
 How will the Change Be Made: Med Tech's are reviewing their MAR's before the end of each shift. each shift. Nurses are also checking the MAR's.  
 System Implemented/Supporting Documentation: Audit is attached.  
 The facility is currently looking into Electronic records.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/29/2013
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kristina W. Wilhelmsen*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) KRISTINA W. WILHELMSSEN <sup>Interim</sup> EXEC. DIR Date 11/14/14

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Violation Report: 13104 - 09/02/2014 - McHale, Christine  
PCH Name: PLUSH MILLS

**1. REGULATION 55 Pa.Code §2600**

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**2a. DESCRIPTION OF VIOLATION**

On 9/24/14 and 9/28/14, resident #1 refused to take a scheduled dose of Docusate Sodium 100 mg. The home did not document the refusal in the resident's record or report the refusal to the resident's doctor as required.

**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.*

**What Specific Change Will Be Made:** All medication refusals will be documented

**Who Will Make The Change:** An in-service was done by the DON to nurses and med techs on the importance of documenting when a medication is refused. Physician must be notified.

**When Will The Change Be Made:** The in-service was completed

**How Will The Change Be Made:** - In-service to all med techs and nurses.

**System Implemented/Supporting Documenting:** See attached in-service medication refusal in the beginning of October, 2014.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Kristina W. Wilhelmsen*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *KRISTINA W. WILHELMSEN, Interim Exec Dir*      Date *11/14/14*

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