



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: November 6, 2014

Mr. Jeffrey S. Truhan, Administrator/ CEO
The Shook Home
55 South Second Street
Chambersburg, Pennsylvania 17201

RE: Quarters at the Shook
355540

Dear Mr. Truhan:

As a result of the Department of Public Welfare's licensing inspection on September 30, 2014 of the above facility, a violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary was found.

The violation 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 cursive script that reads "Gloria Emick".

Gloria Emick
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 35554 - 09/30/2014 - Rouse, McKinley

PCH Name: QUARTERS AT THE SHOOK

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

-The home administered Valsartan/ Hydrochlorothiazide 160/12.5 mg to Resident #1 each morning, afternoon, and evening from 06/12/2014 through 06/17/2014. The physician's orders state that the medication was only to be given once a day.

-Forteo 20 mg daily had been ordered for Resident #2 on 09/03/2014, but the resident did not receive the medication until 09/23/2014.

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.

See Attached Pages 2A + 2B of 2

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature] PCHA

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

Lehoma Thimer UPN PCHA

Date

11-6-2014

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

The above plan of correction is approved as of 11-6-14
(Date)

Plan of correction implementation status as of 11-6-14
(Date)

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

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

**The Quarters at The Shook Home
Violation Report 355540
Plan of Correction**

De

Regulation 55 Pa. Code 2600.187(d)

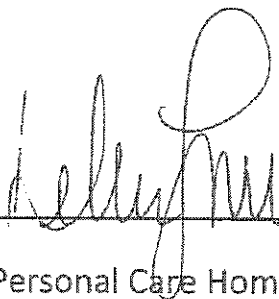
1. The facility conducted an immediate review of Resident #1's medication regimen for accuracy.
2. The facility processed the physician's order for Resident #2 after obtaining the necessary preauthorization information.
3. An investigation of the incident involving Resident #1 resulted in one Licensed Practical Nurse (hereinafter referred to as LPN) being terminated and three others were disciplined according to the facility progressive disciplinary action process.

As the result of both incidents, the Personal Care Home Administrator provided immediate 1:1 verbal education to all the LPNs. In addition, all LPNs have been provided with multiple extensive trainings including, but not limited to, Medication Administration (30 min.), Medication Administration Fundamental Principles (1 hour), Regulations and Ethics (1 hour), and Defensive Documentation (1 hour). Three of these trainings were given by [REDACTED] MSN, RN, PN Nurse Educator

DE

4. The Personal Care Home Administrator (or designee) will conduct monthly audits on Medication Passes, Medication Cart and Medication Administration Records. The frequency of the audits will be increased if deemed necessary. The Personal Care Home Administrator (or designee) will report the results of the audits to the Quality Assurance Committee monthly to ensure the solutions are sustained over time. The audits will continue until no longer deemed necessary by the Committee but no less than 12 months.

5. The Personal Care Home Administrator (or designee) will educate all staff on the Violation Report and subsequent Plan of Correction at the regularly scheduled staff meeting on November 13, 2014


Kelly Munn, ACHA

Personal Care Home Administrator

11-16-2014

Date