



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 05 2015

Mr. Benjamin J. Hoyle, CEO
Pennswood Village
1382 Newtown-Langhorne Road
Newtown, Pennsylvania 18940

RE: Pennswood Village Personal Care Home
License #: 126750

Dear Mr. Hoyle:

As a result of the Department of Human Services' licensing inspection on October 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 January 20, 2015 to January 20, 2016 was issued on October 8, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones".

Matthew J. Jones
Director

MSH

Enclosure
License Inspection Summary

Violation Report: 12876 - 10/30/2014 - Kazimer, Lauren
PCH Name: PENNSWOOD VILLAGE PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

Room #8 did not have emergency service numbers posted near the phone.

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.

The emergency number was posted on the phone immediately. The administrator or designee will audit all residents' phones on a quarterly basis to ensure compliance. A written record of the audit, signed by the PCA, will be added to the QAPI reporting. The home is in compliance with regulation 2600.91

- All Residents will be reminded that we are required to place the emergency numbers on their phones per this regulation.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Daniella Pantal*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Daniella Pantal* Date *12/19/14*

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

The above plan of correction is approved as of *12/22/14* (Date)

Plan of correction implementation status as of *12/22/14* (Date)

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

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

Violation Report: 12676 - 10/30/2014 - Kazimer, Lauren
PCH Name: PENNSWOOD VILLAGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.96(c) - The first aid kit must be in a location that is easily accessible to staff persons.

2a. DESCRIPTION OF VIOLATION
The home's first aid kit located in the employee locker and linen storage room, was not easily accessible because it was tied with two thick zip ties that were unable to be opened by hand.

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.

The zip tie was replaced immediately. A more flexible zip tie is in use. Staff has been instructed. The administrator or designee will continue to monitor to ensure compliance. The home is in compliance with regulation 2600.96 (c)

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

Signature of Legal Entity Representative (Required on EVERY Page) *Daniella Pantaleo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Daniella Pantaleo* Date *12/19/14*

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The above plan of correction is approved as of *1/14/15*
(Date)

Plan of correction implementation status as of *1/14/15*
(Date)

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

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Violation Report: 12675 - 10/30/2014 - Kazimer, Lauren
 PCH Name: PENNSWOOD VILLAGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

On 10/30/2014, staff person A administered medications in the home. Staff person A has not completed the annual practicum for the Department's medication administration training since 2012.

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.

Staff person A is current on her annual practicum. The administrator or designee will regularly audit the Medtechs files to ensure compliance. A written audit of the records will be added to the QAPI process and reported bi-annually. The home is in compliance with regulation 2600.182(b)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Daniella Pantaleo* Date *12/19/14*

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Violation Report: 12676 - 10/30/2014 - Kazlmer, Lauren
PCH Name: PENNSWOOD VILLAGE PERSONAL CARE HOME

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

- Nyastatin/Triamcinolone cream prescribed for resident # 1 was discontinued on 10/20/2014. On 10/30/2014, the cream was located in the medicine cabinet.
- PRN Acetaminophen 325mg prescribed for resident # 2 was discontinued on 9/25/2014. On 10/30/2014, the medication was located in the medicine cabinet.

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.

2600.183 (d) The Medtech and charge nurses have been instructed. The administrator or designee will monitor to ensure compliance. Weekly audits of the medication drawers will be utilized to assure only medications ordered by the attending physician, or their designee, are present. Charge nurse will sign off on the audit sheet. The PCA will randomly monitor compliance. The home is in compliance with regulation 2600.183(d)

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Daniella Pantal* Date *12/19/14*

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Violation Report: 12675 - 10/30/2014 - Kazimer, Lauren
PCH Name: PENNSWOOD VILLAGE PERSONAL CARE HOME

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 # 3 does not include Docusate/Senna tab 50/8.6mg, take 2 tabs at 9pm.

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.

The medication record was updated immediately. Medtechs and charge nurses have been instructed. The administrator or designee will monitor to ensure compliance. The home is in compliance with regulation 2600.187(a)

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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Daniella Pantal</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Daniella Pantal</i>	Date	<i>12/19/14</i>
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Violation Report: 12675 - 10/30/2014 - Kazimer, Lauren
PCH Name: PENNSWOOD VILLAGE PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

Resident # 1 was prescribed Nyastatin/Triamcinolone cream on 10/13/14 to apply twice a day for seven days. The medication was not available in the home on 10/13, 10/14, and 10/15 and not administered as ordered.

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.

2600.187(d) the Charge nurses and Medtechs have been instructed to follow up daily during their med pass on all orders received from pharmacy to ensure accuracy. The night shift will also follow up with pharmacy during their nightly physician order checks. The administrator or designee will monitor to ensure compliance. The home is in compliance with regulation 2600.187(d)

Repeat Violation; No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Daniella Pantal

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

Daniella Pantal

Date 12/19/14

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