



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 24 2014

Ms. Paula Sagan-Hahn, Administrator
Lakewood Senior Living-Drums LLC
159 South Old Turnpike Road
Drums, Pennsylvania 18222

RE: Fritzingertown Senior Living Community
License #: 201660

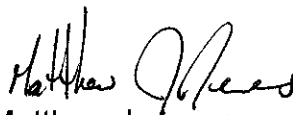
Dear Ms. Sagan-Hahn:

As a result of the Department of Human Services' licensing inspection on November 5, 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 19, 2014 to December 19, 2015 was issued on September 5, 2014. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director
SH

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY		License Number: 20166
Address: 159 SOUTH OLD TURNPIKE ROAD, DRUMS, PA 18222		County: Luzerne
Administrator: Paula Hahn		Region: NORTHEAST
Legal Entity Name: LAKEWOOD SENIOR LIVING DRUMS LLC		
Legal Entity Address: 159 SOUTH OLD TURNPIKE ROAD, DRUMS, PA 18222		
Certificate(s) of Occupancy		
I-2 02/04/2011 Butler Township	I-2 03/24/2011 Butler Township	C-2 LP 05/22/2006 L&I
Staffing Hours		
Resident Support: 0	Total Daily Staff: 189	Waking Staff: 142
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
11/05/2014: Harvey, Jason; O'Haire, Anne		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 164	Number of Residents who:	
Number of Residents Served: 137	Receive Supplemental Security Income: 4	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 140	
Area: 1st floor	Have Mental Illness: 1	
Secured Dementia Unit Capacity, if Applicable: 60	Have an Intellectual Disability: 1	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 44	Have a Mobility Need: 52	
Number of Current Hospice Residents: 6	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 42		

Violation Report: 20186 - 11/05/2014 - Harvey, Jason
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa. Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The bathroom ventilation fan located in the bathroom serving room #13 was inoperable.

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.

FAN REPAIRED AT TIME ON INSPECTION

MAINTENANCE SUPERVISOR WILL MONITOR OPERATIONS
 OF ALL VENTILATION FANS WEEKLY AND WITH ANY REPORT OF NON-FUNCTION
 REPAIRS WILL BE MADE IMMEDIATELY IF NEEDED
 ADMINISTRATOR WILL MONITOR MONTHLY TO ASSURE ONGOING COMPLIANCE TO
 THIS REGULATION

*The administrator shall monitor and
 assure ongoing compliance*

*MJ
 12/5/14*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Paula Susan DeKoe*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Paula Susan DeKoe - Administrator* Date *11/28/14*

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

The above plan of correction is approved as of 10/5/14 (Date) Plan of correction implementation status as of 12/5/14 (Date)

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

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

Violation Report: 20166 - 11/05/2014 - Harvey, Jason
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 The current medical evaluation in the record of resident #1 (dated 8/19/14) was completed more than 12 months and 15-day flex or grace period after the previous medical evaluation completed on 8/3/13 and was therefore not completed in a timely manner.

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.

ADMINISTRATOR WILL AUDIT EACH EACH MEDICAL EVALUATION RECEIVED FOR
 TIMELINESS

ADMINISTRATOR AND DIRECTOR OF WELLNESS WILL RE-EDUCATE PHYSICIANS OF THE
 TIME LIMIT REQUIREMENTS OF THIS REGULATION

ADMINISTRATOR WILL MONITOR MONTHLY TO ASSURE ONGOING COMPLIANCE TO
 THIS REGULATION

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Paula Susan Dahn*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Paula Susan Dahn, CO-Administrator* Date *11/25/14*

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

The above plan of correction is approved as of <u>12/5/14</u> (Date)	Plan of correction implementation status as of <u>12/5/14</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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

Violation Report: 20188 - 11/05/2014 - Harvey, Jason
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

- 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 #2 did not indicate a diagnosis or purpose for Zymaxid eye drops.
 Resident # 3 has a Diagnosis for Breakthrough Agitation. This is a behavior, not a diagnosis.

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.

DIRECTOR OF WELLNESS HAS RE-INSERVICED ALL LICENSED STAFF AND MED-TECHS IN THE REQUIREMENT OF THIS REGULATION

PHYSICIAN FOR RESIDENT #3 HAS BEEN RE-EDUCATED ON THE REQUIREMENT FOR AN APPROPRIATE DIAGNOSIS TO CORRESPOND WITH EACH MEDICATION /TREATMENT PRESCRIBED

• DIRECTOR OF WELLNESS AND ADMINISTRATOR WILL MONITOR MONTHLY TO ASSURE ONGOING COMPLIANCE TO THIS REGULATION

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
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The above plan of correction is approved as of <u>12/5/14</u> (Date)	Plan of correction implementation status as of <u>12/5/14</u> (Date)
The above plan of correction was approved by <u>M</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

Violation Report: 20166 - 11/05/2014 - Harvey, Jason
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2606
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the Initial assessment.

2a. DESCRIPTION OF VIOLATION
 The initial assessment in the record of resident #4 (DOA 10/6/2014) was completed 9/29/2014 before being admitted to the homes personal care home from the home's independent living section.


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.

DIRECTOR OF WELLNESS AND ADMINISTRATOR WILL REVISE RECORDKEEPING CHECKLIST TO RE-ASSESS ANY RESIDENT HOSPITALIZED IN THE INTERIM BETWEEN INITIAL ASSESSMENT AND ADMISSION TO FACILITY

- ◆ DIRECTOR OF WELLNESS AND ADMINISTRATOR WILL MONITOR MONTHLY TO ASSURE ONGOING COMPLIANCE TO THIS REGULATION

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
Julia Sagan Mahew - Administrator		11/28/14

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