



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 23 2015

Mr. Robert B. Hayward Jr., President/CEO
Quarryville Presbyterian Retirement Community
625 Robert Fulton Highway
Long and Thompson Buildings
Quarryville, Pennsylvania 17566

RE: Quarryville Presbyterian Retirement Community
License #: 321800

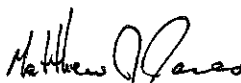
Dear Mr. Hayward:

As a result of the Department of Human Services' licensing inspection on November 18, 2014 and November 19, 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 October 7, 2014 to October 7, 2015 was issued on July 2, 2014. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director */s/*

Enclosure
License Inspection Summary

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

PCH Name: QUARRYVILLE PRESBYTERIAN RETIREMENT COMMUNITY		License Number: 32180
Address: LONG AND THOMPSON BUILDINGS, QUARRYVILLE, PA 17566		County: Lancaster
Administrator: Lori Lavin		Region: CENTRAL
Legal Entity Name: QUARRYVILLE PRESBYTERIAN RETIREMENT COMMUNITY		
Legal Entity Address: 625 ROBERT FULTON HIGHWAY, QUARRYVILLE, PA 17566		
Certificate(s) of Occupancy		
C-2 LP 07/16/2002 L&I	C-2 LP 05/02/2001 L&I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 94	Waking Staff: 71
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
11/18/2014: Rouse, McKinley; Gensil, Lori		
11/19/2014: Rouse, McKinley; Gensil, Lori		
Off-Site Inspection Dates and Inspectors, If Applicable		
<p>RECEIVED</p> <p>DEC 23 2014</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 100 Number of Residents Served: 67 Secured Dementia Care Unit in Home: Yes Area: Memory Care Secured Dementia Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 23 Number of Current Hospice Residents: 0 Number of Hospice Residents In past year: 1	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 67 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 27 Have a Physical Disability: 2	

Violation Report: 32180 - 11/18/2014 - Rouse, McKinley
 PCH Name: QUARRYVILLE PRESBYTERIAN RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
 Staff person A, hired 07/21/2014, did not receive training in resident rights and reporting of reportable incidents.

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 Human Resource Department has created a new orientation check list for all new hires. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers will have an orientation that includes the following:

1. Resident Rights
2. Emergency medical plan
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act
4. Reporting of reportable incidents and conditions

Attached is the new check list that Human Resources has implemented to use during orientation for all new hires.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Lorie Lavin LPN PCNA</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Lorie Lavin LPN PCNA</i>	<i>12/22/2014</i>

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

The above plan of correction is approved as of <u>1-2-15</u> (Date)	Plan of correction implementation status as of <u>1-2-15</u> (Date)
The above plan of correction was approved by <u><i>LL</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: 32180 - 11/18/2014 - Rouse, McKinley
 PCH Name: QUARRYVILLE PRESBYTERIAN RETIREMENT COMMUNITY

1. REGULATION 55 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

Resident Room #T017 does not have the emergency phone numbers posted on or near the phone. Resident Room #T016 does not have the correct personal care home complaint hotline number posted on or 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.

All residents' phones were checked and 911 stickers were placed on phones that did not have the correct personal care home complaint hotline number. Attached is a copy of the current 911 sticker being used.

A 911 sticker must be placed on all residents phones upon admission, anytime a resident receives a new phone or the current phone numbers are changed.

Staff members will receive a 911 sticker from the Personal Care Administrator the day of admission to place on their phone. During monthly chart audits, the Clinical Coordinator will ensure a 911 sticker was placed on the phone.

The Personal Care Administrator will review the phone numbers to ensure all phone numbers on the sticker are correct and have not changed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Lorie Lavin LPD PCNA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lorie Lavin LPD PCNA</i>	Date <i>12/22/2014</i>
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 (Initials)

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

Violation Report: 32180 - 11/18/2014 - Rouse, McKinley
 PCH Name: QUARRYVILLE PRESBYTERIAN RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.103(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 11/19/2014, the third floor pantry reach-in freezer had a temperature of 10 degrees Farenheit at 2:25 PM and at 3:20 PM.

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 refrigerator that was not holding temperatures correctly was replaced with another refrigerator. Attached is the refrigerator log that will be used on a daily basis and a mandatory staff inservice was held for all staff for instructions of the policy that follows.

The nightshift staff is responsible to check and log all refrigerator/freezers temperatures located in the Personal Care and Memory Support.

The refrigerator temperature must be 40 degrees or below. If the temperature is over 40 degrees, please recheck in one hour. If the it remains over 40 degrees, place a work order and notify Maintenance and the Personal Care Administrator.

The freezer temperature must be 0 degrees or below. If the temperature is over 0 degrees, please recheck the temperature in one hour. If it remains over 0 degrees, place a work order and notify Maintenance and the Personal Care Administrator.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Lorie Lawin LPN PCNA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lorie Lawin LPN PCNA</i>	Date <i>12/22/2014</i>
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Violation Report: 32180 - 11/18/2014 - Rouse, McKinley
 PCH Name: QUARRYVILLE PRESBYTERIAN RETIREMENT 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

Resident #2's Protonix 40 mg tablet, take 1 tablet by mouth twice daily, was administered to the resident on 11/19/2014 at 6:00 AM, but the medication administration record was not initialed at that time.

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 nurse or medication tech will complete the three checks for each medication to be given to a resident.
 After the three checks are completed, then the medication is to be administered and the resident observed taking the medication.
 Each medication will be checked a fourth time after the medication is given and documented on the MAR with the staff initials the medication was given.
 Documentation of each medication communicates to other staff members that the medication was given and not missed.
 If another staff member finds a initial missing in the MAR, the staff member will notify the Administrator or designated person and they will investigate to see if the medication was given or the dose was missed.
 If it is determined the medication was missed, the Administrator will follow the policy for missed medications. (Medication Error).
 If it was determined the medication was given but not documented in the MAR, the Administrator will have the medication tech review and complete the module on line for missed medication and will also observe medication administrations before the med tech may give medications independently.

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	Lorie Lawin, LPN PCNA
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
Lorie Lawin LPN PCNA	12/22/2014

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