



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 13 2015

Ms. Wendy Vennard, Nurse Administrator
Presbyterian Homes, Inc.
1155 Indian Springs Road
Indiana, Pennsylvania 15701

RE: The Village House
License #: 427290

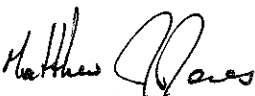
Dear Ms. Vennard:

As a result of the Department of Human Services' licensing inspection on December 17, 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 February 5, 2015 to February 5, 2016 was issued on October 24, 2014. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director *MSH*

Enclosure
License Inspection Summary

Violation Report: 42729 - 12/17/2014 - Marini, Michael
PCH Name: THE VILLAGE HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa Code §2600

2600 65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served. If applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A did not receive fire safety training by a fire safety expert during the 2013 training year.

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 staff will complete fire safety training as specified by regulation 55 Pa Code 2600.65 (g) during the month of April 2015. Our training will be provided by our Fire Safety Expert.

We implemented an annual in-service attendance tracker for all Personal Care Staff on 3/23/15, and this will be maintained by the Administrator. Staff will sign and date the in-service attendance sheets with the training topic for each required training, and they will be maintained in a binder. There is an attendance sheet with each employee's name and department on the top of it. Then the Administrator will audit each attendance sheet monthly to ensure all employees are in compliance with required trainings. Staff will be educated on the proper completion of required trainings and documentation of the trainings during a staff meeting to be held April 10, 2015 to review all violations and the corrections made to ensure that the ongoing compliance is maintained. In-service tracking attendance sheets are provided with this plan of correction for your review.

Staff person A received fire safety training by a fire safety expert on 4/10/15.

WV
4/15/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Wendy Vennard Nurse/Admin.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy Vennard* Date *3/26/15*

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

The above plan of correction is approved as of <u>4/15/15</u> (Date)	Plan of correction implementation status as of <u>4/15/15</u> (Date)
The above plan of correction was approved by <u><i>WV</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>WV</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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MAR 28 2015

WEST REGION FIELD OFFICE
Human Services Licensing

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Violation Report: #2729 - 12/17/2014 - Marini, Michael
PCH Name: THE VILLAGE HOUSE

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
Resident #1's bedside lamp 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.

Resident #1's bedside lamp had been unplugged at the time of the inspection by the hospice staff to accommodate the resident's air mattress. This was fixed at the time of the inspection by plugging in the lamp, and all other rooms have been audited to ensure all residents bedside lamps are plugged in and functioning properly. Personal Care staff and housekeeping staff will inspect all resident rooms on a daily basis while in resident rooms going forward, and if a lamp is found not working then a work order for maintenance must be submitted immediately. The Administrator will audit resident rooms during environmental walk through of the Personal Care Home weekly for one month, and monthly thereafter to ensure that all resident bedside lamps are plugged in and operable. A staff meeting to be held April 10, 2015 will review this regulation and educate staff to ensure all residents have an operable bedside lamp and prevent recurrence.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Wendy Kennard Nurse Admin*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Wendy Kennard* Date *3/26/15*

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The above plan of correction is approved as of 4/15/15
(Date)

The above plan of correction was approved by *W*
(Initials)

Plan of correction implementation status as of 4/15/15
(Date)

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

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Violation Report: 42729 - 12/17/2014 - Marini, Michael
PCH Name: THE VILLAGE HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600 132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill records for the following fire drills do not include the number of residents that were evacuated:

- * 11/18/13 at 2:00pm
- * 12/28/13 at 1:50pm
- * 8/30/14 at 10:30am
- * 10/30/14 at 7:00pm

The fire drill records for the following fire drills do not indicate if the fire drills were conducted in the AM or PM:

- * 10/1/13 at 1:05
- * 11/28/14 at 1:30

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 fire drills will be conducted to ensure compliance with 55 Pa code 2600.132 (c), and a written fire drill record will be maintained that includes the date, time including Am or PM, the amount of time it took for the evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff participating, problems encountered and whether the fire alarm or smoke detector was operative. This written record will be completed by maintenance and personal care staff and audited by the Administrator on a monthly basis to ensure compliance.

All staff have reviewed the fire safety log and have been educated on the proper completion of the log. A staff meeting April 10, 2015 will review the changes put into place to ensure compliance with this regulation to ensure that this violation will not occur again.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Wendy Kennard Nurse Admin</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Wendy Kennard</i>	<i>3/26/15</i>

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(Date)

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(Initials)

Plan of correction implementation status as of 4/15/15
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42729 - 12/17/2014 - Marini, Michael
PCH Name: THE VILLAGE HOUSE

1. REGULATION 55 Pa.Code §2600
2600.132(i) - A fire alarm or smoke detector shall be set off during each fire drill.

2a. DESCRIPTION OF VIOLATION

The home failed to activate the fire alarm during the fire drill on 12/28/13 at 1:50am.

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.

As specified in Regulation 55 Pa code 2600.132 (i) A fire alarm or smoke detector will be set off during each fire drill. The Administrator will educate the maintenance department and all staff of the Personal Care Home that a fire alarm or smoke detector will be set off during each fire drill. The activation of the fire alarm or smoke detector will be documented on the fire safety log. The administrator will audit the fire safety log monthly to ensure compliance with this regulation to ensure compliance. This training will be included in the staff meeting to be held April 10, 2015 that will review violations and corrections made.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Wendy Vennard Nurse Admin.*

Printed Name and Title of Legal Entity Representative
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Violation Report: 42729 - 12/17/2014 - Manni, Michael
PCH Name: THE VILLAGE HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

The first aid kit in the home's van, which is used to transport residents, did not contain a thermometer or a breathing shield.

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.

As per Regulation 55 Pa code 2600.17 (b) (5) If staff persons or volunteers of the home provide transportation for the residents. The vehicle must have a first aid kit with the contents in 2600.96 (relating to the first aid kit). A printed regulation with the list of items required to be in the first aid kit will be given to the transportation department to educate them regarding this requirement. The transportation department will audit the first aid kit of the vehicles used to transport residents on a daily basis and once a week. All required items will be accounted for during the audit and replaced immediately if not available. This has been communicated by the administrator to the transportation department to ensure that compliance is maintained. The administrator will follow up with transportation monthly to ensure that the audit is completed and that all items are in the first aid kit.

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) *Wendy Vennard* Date *3/26/15*

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Violation Report: 42729 - 12/17/2014 - Marini, Michael
PCH Name: THE VILLAGE HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed, "Hydrocodone/Acetaminophen-5/325mg-Take 1 tablet by mouth 4 times a day as needed for pain." On 12/17/14, this medication was not available in the home.

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.

As per Regulation 55 Pa code 2600.185 (a) the home shall develop and implement procedures for the safe storage access, security, distribution and use of medications and medical equipment by trained staff persons. Resident #3 is prescribed Hydrocodone – 5/325mg – Take 1 tablet by mouth 4 times a day as needed for pain. On 12/17/14 this medication was not available in the home. This resident's medication has been discontinued by the physician on 12/17/14 for non-use.

A process will be implemented and reviewed at a staff meeting on April 10, 2015 to ensure this violation does not occur again.

Resident medications will be monitored by staff to ensure that each medication ordered is in the medication cart, and available for resident use. Each staff member will be assigned 3 residents to monitor monthly. Staff will check the resident medications against the physician's orders to ensure that all medications are available for each resident and that the medications are not expired. If a resident does not have a medication that is on the physician's orders or if it is due to expire then it will be ordered from the pharmacy immediately.

All C-II medications that require a hard copy script to the pharmacy will be monitored by all staff and when the prescription is 2 weeks from needing a new prescription/refill staff will fax the physician and request that a hard copy of the script be sent to the home so that the staff may send it securely in a sealed envelope secured in the delivery container with the delivery

driver to the pharmacy. (This procedure has been specified through the pharmacy so that the prescriptions are obtained in a timely manner.) This will ensure that each resident will have the medication available at all times as required by the regulation.

Resident #3's Hydrocodone/Acetaminophen was discontinued by the prescriber on 12/19/14.

R 4/15/15

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Violation Report: 42729 - 12/17/2014 - Marini, Michael
PCH Name: THE VILLAGE HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1 receives hospice services; however, resident #1's support plan, dated 7/22/14, does not include these services or the frequency of these services.

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.

As per Regulation 55 Pa code 2600.227 (d), All residents admitted under hospice services will have their support plan immediately updated with the reason for hospice care, date of hospice admission, evacuation plan, and a description of hospice services provided including the hospice schedule for the services provided and by job title of hospice caregiver. A description of PCH services that coincide with the hospice plan will be documented as well. This was completed for the resident in question at the time of the survey, and will be done by staff at the time of hospice admission for all other residents. At the time of admission to hospice all certificates of the Hospice agency will be obtained including license of the agency, license of the staff, and background checks of all staff that will be providing care for the hospice resident. The Administrator will audit the support plans for all hospice residents monthly to ensure that compliance is maintained. All staff will be trained during the staff meeting to be held April 10, 2015 to review the violations and corrections.

Resident #1 passed away on 2/2/15.

Immediately: The administrator or designated staff person shall review all resident records to ensure each resident has a completed, accurate and thorough support plan, to include hospice services.

Immediately: The administrator shall develop and implement a system to ensure resident support plans are updated as care needs change. All staff members who complete support plans shall be educated on the new system.

for 4/15/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wendy Wennard Nurse Admin

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

Wendy Wennard

Date *3/26/15*

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4/15/15
(Date)

Plan of correction implementation status as of

4/15/15
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

Fully Implemented

Partially Implemented - Adequate Progress *[Signature]*

Partially Implemented - Inadequate Progress

Not Implemented