



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 27 2015

Ms. Crystal Altland, Administrator
Mr. Richard Ibberson, Board Member
Charles P. & Margaret E. Polk Foundation
301 North Street
Millersburg, Pennsylvania 17061

RE: Polk Personal Care
License #: 306870

Dear Ms. Altland and Mr. Ibberson:

As a result of the Department of Human Services' licensing inspection on December 23, 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 March 26, 2015 to March 26, 2016 was issued on December 3, 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

Enclosure
License Inspection Summary

Violation Report: 30687 - 12/23/2014 - Minnich, Ron
 PCH Name: POLK PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION
 On 12/05/14, from 12:16 am TO 12:20 am, 65 residents were present in the home. During this time 1 staff person was present in the home who was certified in cpr and 1st-aid.

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.

Effective immediately on 1/23/15, the night shift schedule was revised to be adequately staffed with 2 staff persons certified in CPR and 1st Aid. The newly hired staff person on night shift became certified in CPR and 1st Aid on 1/21/15.

A policy has been created to ensure that appropriate trained staff in CPR and 1st Aid will be scheduled to meet the requirements of Regulation 55 Pa. Code 2600.63(a). This policy is effective immediately. (See attachment A)

To prevent future violations of this regulation, the administrator or administrator designee will confirm that 2 staff persons certified in CPR and 1st Aid will be scheduled at all times when census is above 50.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Crystal Altland*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CRYSTAL ALTLAND, Administrator* Date *2/3/15*

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

The above plan of correction is approved as of 2/11/15 (Date) Plan of correction implementation status as of 2/11/15 (Date)

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

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

Violation Report: 30687 - 12/23/2014 - Minnich, Ron
 PCH Name: POLK PERSONAL CARE

1. REGULATION 55 Pa. Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The last drill conducted during sleeping hours was on 7/25/14, the night time drill prior to the most recent one was conducted in December 2013 - more than 6 months apart.

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.

A policy has been created to ensure that a fire drill shall be held during sleeping hours once every six months. This policy is effective immediately. (see Attachment B)

To prevent future violation of regulation 2600.132(e) the Administrator or Administrator designee will schedule sleeping hours fire drills directly with maintenance staff to verify compliance of said policy and regulation.

An additional sleeping hours fire drill was conducted on 12/30/14. Maintenance staff that are responsible for scheduling drills with the administrator conduct the drill, pull the alarm but do not participate. There will be no notice to any staff that participate in fire drills in advance of drills. CB 2/11/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Crystal Axtand*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CRYSTAL AXTAND, Administrator* Date *2/3/15*

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The above plan of correction is approved as of 2/11/15 (Date)

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

Plan of correction implementation status as of 2/11/15 (Date)

Fully implemented

Partially implemented - Adequate Progress

Partially implemented - Inadequate Progress

Not Implemented

Violation Report: 30587 - 12/23/2014 - Minnich, Ron
 PCH Name: POLK PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

Resident #1 had a 100 unit Lantus solostar pen that was opened and not dated to indicate when it was opened.

Resident #2 had a 100 unit Lantus solostar pen and a Novolog flex pen, both pens were opened and not dated to indicate when it was opened.

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.

Effective immediately, all staff persons who have participated in the medication administration training program have been re-educated on dating all insulin bottles and pens and to discard them when expired.

To prevent a similar violation from occurring again, weekly checks are being done by med-trained staff to check the insulin bottles and pens for dates. The dates of these weekly checks are as follows: 2/9/15, 2/16/15, 2/23/15, 3/2/15, 3/9/15, 3/16/15, 3/23/15, and 3/30/15. The nurses will be validating that the insulin bottles and pens are being dated (or the designee).

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CRYSTAL ALLREAD, Administrator* Date *2/3/15*

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The above plan of correction is approved as of 2/11/15
 (Date)

Plan of correction implementation status as of 2/11/15
 (Date)

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

- Fully Implemented
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Violation Report: 30687 - 12/23/2014 - Minnich, Ron
 PCH Name: POLK PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

From 12/01/14 through 12/23/14, resident #3 has refused to take the scheduled dose of Ultram 50mg dose at 6:00am. The home did not report the refusal to the resident's doctor as required.

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.

Effective immediately, a "Medication Incident Report" will be completed every time a resident refuses a medication. This report will be faxed to the resident's physician within 24 hours. (see Attachment C & D). All med-trained staff have been educated on this document and process.

To prevent a similar violation from occurring again, the nurse will be auditing resident charts and MARs on a continual basis. (or her designee).

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Crystal Bufand</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CRYSTAL BUFAND, Administrator</i>			Date <i>2/3/15</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
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Violation Report: 30687 - 12/23/2014 - Minnich, Ron
 PCH Name: POLK PERSONAL CARE

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

2a. DESCRIPTION OF VIOLATION

The home did not have the prescribed medication of *Calcium Citrate* available for resident #4 at the time of the inspection.

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.

Effective immediately, a "Medication Incident Report" will be completed when a medication is unavailable to give to a resident. (See Attachment E). This document will be faxed to the resident's physician at the time of the occurrence, for his signature. All med-trained staff have been educated on this process.

To prevent a similar violation from occurring again, the nurse will be auditing resident charts and MARs on a continual basis (or her designee).

The administrator or designee will also audit medications to assure that they are available in the home for administration to the residents. *CP 1/15*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CRYSTAL ALFORD, Administrator* Date *2/3/15*

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Violation Report: 30687 - 12/23/2014 - Minnich, Ron
 PCH Name: POLK PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

2a. DESCRIPTION OF VIOLATION
 According to staff person A, he/she did not complete the annual practicums in 2014 for any of the staff who administer medications. Staff person A is the home's medication trainer.

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 persons who administer medications have all been re-educated and have participated in the medication administration training program as of 2/2/15.
 To prevent future violations of regulation 2600.190(c), staff person A will not renew her medication trainer certificate which expires 12/30/15. The nurse who was hired in November 2014, after her six months of employment with Polk Personal Care, will become the home's medication trainer by taking the new trainers course that will be offered at that time. This nurse will then be certified to complete all trainings and annual practicums for 2015 and beyond.
 Records will be maintained of all appropriate documentation and trainings for all staff persons who are medication trained by the Administrator or Administrators designee.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Crystal Heland*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CRYSTAL HELAND, Administrator* Date *2/3/15*

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