



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 13 2015

Mr. Walter J. Kielar, Sr. VP Centers Operations  
450 East Philadelphia Avenue Operations LLC  
450 East Philadelphia Avenue  
Shillington, Pennsylvania 19607

RE: Mifflin Court  
License #: 222060


Dear Mr. Kielar:

As a result of the Department of Human Services' licensing inspection on February 11, 2015 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.

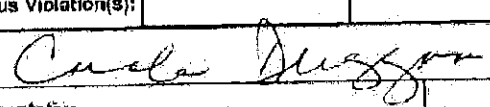

Your regular license for the period April 2, 2015 to April 2, 2016 was issued on December 17, 2014. Your regular license remains in good standing.

Sincerely,

  
Matthew J. Jones  
Director  
*/SM*

Enclosure  
License Inspection Summary



Violation Report: 22208 - 02/11/2015 - Harvey, Jason PCH Name: MIFFLIN COURT	
<b>1. REGULATION 55 Pa. Code §2600</b> 2600.16(b) - The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	
<b>2a. DESCRIPTION OF VIOLATION</b> The facility's reportable incident policy does not include reporting or notification procedures for a reportable incident and or condition.	
<b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
2600.16B see attached inservice to reflect reportable incidents and procedures.	
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
CAROLE DUGGAN ED	3/6/15
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>3-17-15</u> (Date)	Plan of correction implementation status as of <u>3-17-15</u> (Date)
The above plan of correction was approved by  (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

Page 11

TITLE:	Policies and Procedures
POLICY TITLE:	1.1A Reportable Incidents and Conditions
APPLICATION:	Genesis HealthCare® Assisted Living Communities - Pennsylvania
EFFECTIVE DATE:	03/01/02
REVISION DATE:	AL 8/2005 UPDATED 1/2007 updated 8/5/11

The Department of Public Welfare has requested that the following issues be reported on the Hotline/written faxed report within 24 hours and followed up with a written report upon the conclusion of the investigation.

**Management/Prevention of Reportable Incidents and Conditions:**

The RCD/ Shift Leader/Designee will report all reportable incidents to DPW.

- (a) The RCD/Designee will be responsible for the review of all reportable incidents during the Quality Improvement/Safety Committee meeting.
- (b) ED/Designee will review final investigation reports and appropriate notifications of all reportable incidents to assure compliance
- (c) Q.I./safety Committees/ including RCD/ED will track and trend reportable incidents
- (d) Q.I./Safety Committee/ED/RCD will develop remedial plans for preventing recurrence of controllable reportable incidents.

The below mentioned incidents are reportable to DPW. The Executive Director or Designee is responsible for coordinating the investigation and assuring that appropriate action is taken.

**3. The Executive Director or designee is responsible for notification of the following:**

- (a) DPW (Form or Telephone)
- (b) Resident/designee/family member
- (c) Physician
- (d) Local Office of the Aging if abuse or suspected abuse
- (E) Ombudsman
- (F) Police or Fire if appropriate

*Carol Duggan* Exec Dir 3/6/15  
*Dune Graziano* RLA 3-17-15

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4. The Resident Care Director/Executive Director of Designee will conduct interviews and collect written statement from all staff or visitors involved in the situation and see that all documentation should be completed.

1. Reportable incidents may include but are not limited to:

- A physical act by a resident to commit suicide
- The death of a resident
- A serious bodily injury or trauma requiring treatment at a hospital or Medical facility (this does not include minor injuries such as sprain or cuts)
- An unexplained absence of a resident for 24 hours or more or when the support plan provides less than 24 hours; or the absence of a Resident form a secured Dementia Unit
- Misuse of a resident's funds by the facility staff or legal entity
- The outbreak of a serious communicable disease – (28 Pa. Code 27.21) (These are also reportable to DOH on the appropriate forms)
- Food poisoning of residents
- A physical or sexual assault by or against a resident
- Fire or structural damage to the home, or withdraw or restriction of the fire safety approval
- An incident requiring the services of an emergency management agency, fire department or law enforcement agency except false alarms
- A complaint of resident abuse, suspected resident abuse or referral of a complaint of resident abuse to a local authority (refer to abuse policy)
- A prescription medication error (Prescribed Medications Only)
- An unscheduled closure of the facility
- Bankruptcy filed by the legal entity
- A criminal conviction against the legal entity, administrator or staff that are subsequent to the reporting under the criminal history check

Carol Jozson Exec Dir 3/4/15  
Q. 3-17-15

p2c 9/11

- An emergency in which any part of the emergency preparedness plan is utilized
- A termination notice from a utility service
- Violation of health or safety laws
- Violation of Resident's Rights


The Resident Care Director/Executive Director or Designee will report by telephone within 24 hours to the Department's personal care home regional office or to the personal care home hotline

- Unexpected death of a resident
- An unexplained absence of a resident for 24 hours or more or any absence of a resident from a secure dementia unit.
- Fire or structural damage to the home making it uninhabitable overnight
- An emergency in which the procedures relating to emergency preparedness are implemented.
- Unscheduled closure of a home or relocation of the residents
- Termination of the heat during winter months or the termination of water or electricity (actual termination, not notice of termination)

2. The Resident Care Director/Executive Director or Designee will report Complaints of abuse or suspected abuse which will result in the immediate suspension of the employee pending the investigation.

4. Investigation must include at least the following criteria:
- (a) Description of the alleged incident/condition
  - (b) Affected resident(s)
  - (c) Witnesses

OR  
Cave Suggan Exec Director  
3-17-15  
3/16/15

Violation Report: 22206 - 02/11/2015 - Harvey, Jason	
PCH Name: MIFFLIN COURT	
<b>1. REGULATION 55 Pa.Code §2000</b> 2000.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	
<b>2a. DESCRIPTION OF VIOLATION</b> The contract for resident #1 was not signed by the payer or a representative of the home.	
<b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>2000.25(b) Please see attached contract with proper signature. On going basis ED/designee will audit the charts to ensure all signatures are present to be compliant.</p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 02/12/2014
Signature of Legal Entity Representative (Required on EVERY Page) <i>Carole Duggan</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CAROLE Duggan ED</i>	Date <i>3/6/15</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>3-17-15</u> (Date)	Plan of correction implementation status as of <u>3-17-15</u> (Date)
The above plan of correction was approved by  (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: 22208 - 02/11/2016 - Harvey, Jason  
 PCH Name: MIFFLIN COURT

1. REGULATION 55 Pa. Code §2800  
 2800.63(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 2/8/15 the facility had 56 residents residing at the facility. Based on the number of residents the facility is required to have at a minimum, two staff working at all times that has current training in First Aid and CPR. On 2/8/15 from 7:00am through 11:00pm the facility had only one staff person working who was trained in First Aid. On 2/8/15 from 11:00pm through 7:00am the following day the facility did not have any staff working with training in First Aid.  
 On 2/9/15 the facility had 58 residents residing at the facility. Based on the number of residents the facility is required to have at a minimum, two staff working at all times that has current training in First Aid and CPR. On 2/9/15 from 11:00pm through 7:00am the following day the facility did not have any staff working with training in First 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.

2800.63(a)  
 Staff attended a "First Aid" class on 2/9/15 to go along with their CPR training. Those who received the training received their First Aid cards which are attached with their CPR cards. All further training will include "First Aid" with CPR to ensure there are at least two staff members in the building with First Aid and CPR training at all times.  
 Adm/Designee will develop a system to track training expiration dates & make necessary re-training in a timely manner.  
 C. 3/17/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Carole Duggan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **CAROLE DUGGAN**      Date **3/16/15**

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The above plan of correction was approved by <i>[Signature]</i> (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: 22206 - 02/11/2015 - Harvey, Jason  
 PCH Name: MIFFLIN COURT

1. REGULATION 55 Pa.Code §2600  
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION  
 Located in the home's walk-in freezer was a box of sliced pepperoni and a box of turkey paddles unsealed.

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.

2600.103(g) Please see attached in-service on properly wrapping or sealing open bags in all areas of the kitchen.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CAROLE DUGGAN	Date 3/6/15
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

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The above plan of correction was approved by <i>CD</i> (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

p5A911

# IN-SERVICE TRAINING REPORT (PERSONNEL ATTENDANCE RECORD ON REVERSE)

Facility Mifflin Court Department: Dietary

Date 2/11/15 Inservice start time 3pm Inservice end time 4pm

Employee group(s) present at inservice: \_\_\_\_\_

Topic of inservice Properly wrapping or sealing open bags in freezer.

Contents or summary of training session (if related to OSHA standard bloodborne pathogens training indicate "See Below" and use the convenient check-off list below):

Stressing the importance of making sure that  
everything that is opened is wrapped or sealed  
Air tight.

**OSHA standard bloodborne training requirements. Check those topics covered. Use space above to clarify.**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Explanation of regs (1910.1030)                               | <input type="checkbox"/> Methods to prevent/reduce exposure   | <input type="checkbox"/> Reporting and responding to exposure occurrences; employer post-exposure evaluation and follow-up responsibilities                |
| <input type="checkbox"/> Epidemiology & symptoms                                       | <input type="checkbox"/> Engineering controls <input type="checkbox"/> Work practices   | <input type="checkbox"/> Signs & labels and/or color coding used to identify equipment used to store or transport blood or potentially infectious material |
| <input type="checkbox"/> Modes of transmission   | <input type="checkbox"/> Protective equipment   |  |
| <input type="checkbox"/> Exposure control plan   | <input type="checkbox"/> Personal protective equipment (must include types, use, removal, handling, decontamination, disposal, & selection) |  |
| <input type="checkbox"/> Recognizing tasks/activities that pose risk or risk potential | <input type="checkbox"/> Hepatitis B vaccine  |  |

Conducted by: \_\_\_\_\_  
Name(s), Title(s) and Qualification(s)

Evaluation, comments, suggestions: \_\_\_\_\_

Signature of person completing report: [Signature] Title: Director of Culinary Services  
Cathy B. Hill

Cecile Juggan Exec Dir 3/6/15  
Donna Morrison 3-17-15

Violation Report: 22206 - 02/11/2015 - Harvey, Jason  
 PCH Name: MIFFLIN COURT

1. REGULATION 55 Pa. Code §2600  
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION  
 The facility has not submitted their Emergency Procedures to the Emergency Management Agency annually 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.

2600.107(d) Chief of Fire services of Cumru Township - [redacted] CFPS reviewed emergency management to meet requirements of 2600.107(d). On ongoing basis the Maintenance Director, ED & designee will review Fire Safety to remain in compliance.

The home will also submit a copy of their Emergency Procedures to the Emergency Management Agency, (or entity) on an annual basis? Q. 3/17/15

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Carole Augustin ED</i>	Date <i>3/6/15</i>
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The above plan of correction was approved by <u><i>JP</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: 22206 - 02/11/2016 - Harvey, Jason  
 PCH Name: MIFFLIN COURT

1. REGULATION 55 Pa.Code §2600  
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION  
 The facility's most recent fire safety inspection completed by a fire safety expert was completed on 7/22/14. The prior fire safety inspection completed by a fire safety expert was completed on 6/6/13, which was more than 12 months prior.

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.

2600.132(b) Starting Jan. 2015 the facility has now begun using the services of [REDACTED] ICC Fire Inspector # 8117966. Commonwealth of PA ICC Fire Inspector # 005259 to ensure compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Carole Duggan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carole Duggan ED*      Date *3/10/15*

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The above plan of correction is approved as of 03-17-15 (Date)

Plan of correction implementation status as of 3-17-15 (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: 22208 - 02/11/2015 - Harvey, Jason  
 PCH Name: MIFFLIN COURT

**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**  
 Department Representatives reviewed the facility's fire drill records. It was determined that the fire drill log does not indicate the number of residents in the home when the alarm sounded or the exit routes utilized for the drill held on 7/18/14 at 2:00pm.  
 It was determined the fire drill log does not indicate the evacuation routes utilized for the drill held on 3/16/14 at 11:30pm.

**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.

2600.132(c) on ongoing fire safety will be audited to ensure compliance by maintenance Director, ED and designee.

Adm or Designee will review home's fire drill log monthly in order to maintain ongoing compliance. *of* 3-17-15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Carol Suggs*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carol Suggs ED*      Date *3/6/15*

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The above plan of correction is approved as of 3/17/15  
 (Date)

Plan of correction implementation status as of 3-17-15  
 (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: 22206 - 02/11/2015 - Harvey, Jason  
 PCH Name: MIFFLIN COURT

**1. REGULATION 55 Pa.Code §2600**  
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

**2a. DESCRIPTION OF VIOLATION**  
 The facility's letter from the fire safety expert dated 7/22/14 indicates that 4 minutes is a reasonable amount of time for residents to be safely evacuated from the facility in the event of an emergency. The facility held fire drills on the following dates and times, the evacuation times were all over 4 minutes.  
 8/10/2014 at 8:00pm - 5 minutes 21 seconds to evacuate  
 9/28/2014 at 12:00am - 5 minutes 59 seconds to evacuate  
 10/28/2014 at 1:00pm - 5 minutes 37 seconds to evacuate  
 11/19/2014 at 6:30pm - 6 minutes 3 seconds to evacuate  
 12/21/2014 at 11:30pm - 6 minutes 41 seconds to evacuate  
 01/11/2015 at 9:30am - 4 minutes 42 seconds to evacuate

**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.

2600.132(d) January 2015 Mifflin Court has started using [redacted] IFC Fire Inspector # 8117966 to ensure that proper fire safety is in compliance.

Until another designated time has been established by a fire safety expert, all drills must be successfully completed in the time currently on file.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Carole Suggan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carole Suggan ED*      Date *3/6/15*

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

The above plan of correction is approved as of <u>3-17-15</u> (Date)  The above plan of correction was approved by <i>[Signature]</i> (Initials)	Plan of correction implementation status as of <u>3-17-15</u> (Date) <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
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Violation Report: 22206 - 02/11/2015 - Harvey, Jason  
 PCH Name: MIFFLIN COURT

**1. REGULATION 55 Pa.Code §2600**  
 2600.143(a) - The home shall have a written emergency medical plan that includes the following:  
 (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.  
 (2) Emergency transportation to be used.  
 (3) An emergency-staffing plan.

**2a. DESCRIPTION OF VIOLATION**  
 The facility's emergency medical plan does not include the hospital or source of healthcare that will be used in an emergency, emergency transportation to be used, or an emergency staffing plan.

**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.

2600.143(a) see attached policy

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Carole Duggan*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Carole DUGGAN ED*      Date *3/6/15*

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

The above plan of correction is approved as of 3-17-15  
 (Date)

Plan of correction implementation status as of 3-17-15  
 (Date)

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

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

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**Emergency Medical Plan 143a**

**If a resident or several residents have a serious injury, illness or both; the designee/nurse manager will call 911 for immediate transport of residents to hospital of resident's choice. The emergency papers located in the back of each resident's charts will be sent with the resident. This include, face sheet with all resident vital information, copy of insurance cards, and POA if applicable.**

- 1. The hospital or source of health care that will be used in an emergency shall be the resident's choice if possible. This is located on the face sheet found in the emergency binder located at the front desk and also in resident chart.**
- 2. The emergency transportation to be used for individual resident medical emergency would be to call 911 for ambulance.**
- 3. The emergency transportation to be used if there are multiple medical emergencies would be 911 as first responder. If 911 is unable to accommodate the request due to a large disaster, the facility van may be used to transport. If additional transportation is needed your property manager shall be contacted in order to obtain additional Genesis facility busses or vans.**
- 4. The Resident Care Director/ Executive Director will use the "chain of command" telephone chart listed in the emergency binder and begin calling staff to help as needed.**

*Caree Suggan Exec Dir 3/6/15*  
*Anne Fitzgerald 3-17-15*

P106811

**Emergency medical plan (2600.143)**

(a) The community shall have a written emergency medical plan (transfer information) that includes the following:

- (1) The hospital or source of health care that will be used in an emergency will be included in the resident's face sheet information. This shall be the resident's choice, if possible.
- (2) Emergency transportation to be used.
- (3) An emergency-staffing plan – utilize Select care, private duty nursing or additional staff brought in to cover the resident.

(b) The following current emergency medical and health information shall be available at all times for each resident and shall accompany the resident when the resident needs emergency medical attention: the current transfer form will be amended to include the following information

- (1) The resident's name and birth date.
- (2) The resident's Social Security number.
- (3) The resident's medical diagnosis.
- (4) The resident's physician's name and telephone number.
- (5) Current medication, including the dosage and frequency.
- (6) A list of allergies.
- (7) Other relevant medical conditions.
- (8) Insurance or third party payer and identification number.
- (9) The power of attorney for health care or health care proxy, if applicable.
- (10) The resident's designated person with current address and telephone number.
- (11) Personal information and related instructions regarding advance directives, do not resuscitate orders or organ donation, if applicable.

Carole Duggan Exec Dir 3/6/15  
Anne [Signature] 3-17-15

Violation Report: 22208 - 02/11/2015 - Harvey, Jason  
 PCH Name: MIFFLIN COURT

**1. REGULATION 55 Pa.Code §2600**

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

**2a. DESCRIPTION OF VIOLATION**

Resident #2 is prescribed Tramadol 50mg tablet - 1 tablet by mouth every 8 hours as needed. The medication label incorrectly states; Tramadol 50 mg tablet - Take one tablet by mouth two times daily.

Resident #3 is prescribed Novolog 100 units/ml - Inject 1 unit extra at meal times for blood sugar greater than 250. The medication label incorrectly states; Novolog 100units/ml - Inject 6 units at breakfast and 5 units at lunch and dinner.

**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.*

2600.184(a)  
 The resident's medications were not labeled correctly on their original medication containers, due to being a standing order as well as a PRN order. The resident's physicians were notified to send the correct orders to the pharmacies to correct the labels. The pharmacies then sent the correct labels to attach to the medications. Staff will make sure all medication labels are correct and match orders exactly as stated when they are received from the pharmacy. The Resident Care director will monitor this daily - to insure ongoing compliance. *ep. 3-17-15*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Carole Duggan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carole Duggan ED*      Date *3/6/15*

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