



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 23 2015

Ms. Deborah M. Sprague, Executive Director  
The Alliance Home of Carlisle, PA, Inc.  
770 South Hanover Street  
Carlisle, Pennsylvania 17013

RE: Chapel Pointe at Carlisle  
License #: 343370

Dear Ms. Sprague:

As a result of the Department of Human Services' licensing inspection on March 12, 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 June 3, 2015 to June 3, 2016 was issued on March 18, 2015. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



Violation Report: 34337 - 03/12/2015 - Minnich, Ron  
 PCH Name: Chapel Pointe

**1. REGULATION 55 Pa.Code §2600**

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**2a. DESCRIPTION OF VIOLATION**

Staff person A, whose first day of work was 2/08/15, did not receive orientation in general fire safety and emergency preparedness.

**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.*

2600.65 (a)

Staff Person A received general orientation, including fire safety & emergency preparedness, when she began working in skilled care on 10/21/14. When she transferred to begin working in Personal Care on 2/8/15, additional orientation specific to Personal Care was missed. That orientation was provided on 3/13/15.

All new staff hired to work in Personal Care will continue to receive the required orientation. Extra attention will be given to any staff who transfer internally from another area on campus to ensure that they receive the orientation.

The Human Resources Coordinator and Director of Development and Outreach will be responsible to ensure that all staff receive the proper orientation including fire safety & emergency preparedness.

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) Deborah M. Sprague, Executive Director

Date 4/6/15

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

The above plan of correction is approved as of <u>4/7/15</u> (Date)	Plan of correction Implementation status as of <u>4/7/15</u> (Date)
The above plan of correction was approved by <u>CB</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: 34337 - 03/12/2015 - Minnich, Ron  
 PCH Name: Chapel Pointe

**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 on 2/08/15, did not receive the required training in the following topics:  
 -Resident Rights  
 -Emergency medical plan  
 -OAPSA  
 -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.

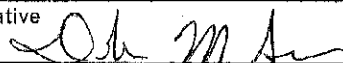
2600.65 (b)

Staff Person A received general orientation when she began working in skilled care on 10/21/14. When she transferred to begin working in Personal Care on 2/8/15, additional orientation specific to Personal Care was missed. That orientation was provided on 3/13/15.

All new staff hired to work in Personal Care will continue to receive the required orientation. Extra attention will be given to any staff who transfer internally from another area on campus to ensure that they receive the orientation.

The Human Resources Coordinator and Director of Development and Outreach will be responsible to ensure that all staff receive the proper orientation including resident rights, emergency medical plan, QAPSA, and reportable incidents.

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) Deborah M. Sprague, Executive Director	Date 4/6/15
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 (Date)

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

Plan of correction implementation status as of 4/7/15  
 (Date)

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

Violation Report: 34337 - 03/12/2015 - Minnich, Ron  
 PCH Name: Chapel Pointe

**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**  
 There was a partially used insulin "Novolog FlexPen" for resident #1 in the medication cart that was undated, it could not be determined when the insulin was first opened or the correct expiration date.

**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.

2600.183 (e)  
 This medication for Resident #1 was disposed of since it was not dated. Medications will be properly cared for according to regulation. Medications that require dating will be properly dated.  
 The Personal Care Nursing Coordinator and other nurses will be responsible to monitor medications to ensure dating.

*Additional training will be provided to staff to ensure proper storage and dating of medications.  
 CB 4/7/15*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/07/2014
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Deborah M Spreague, Executive Director* Date *4/6/15*

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Violation Report: 34337 - 03/12/2015 - Minnich, Ron  
 PCH Name: Chapel Pointe

**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 does not include the diagnosis for prescribed Carmol 40 cream.

**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.*

2600.187 (a)

A diagnosis for Resident 2 was added for the cream. A diagnosis will be present for all medications prescribed for all residents.

The Personal Care Nursing Coordinator and other nurses will ensure that a diagnosis is present for all medications.

*The MAX's will be received when received by the PC Nursing Coordinator or designee to ensure completeness. 03/11/15*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/07/2014
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Deborah M Sprague, Executive Director</i>	Date <i>4/10/15</i>
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Violation Report: 34337 - 03/12/2015 - Minnich, Ron  
 PCH Name: Chapel Pointe

**1. REGULATION 55 Pa.Code §2600**

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 home has not completed an initial assessment for resident #2, admitted to the secure dementia unit on 10/08/14.  
 The home has not completed an initial assessment for resident #3, admitted to the secure dementia unit on 10/08/14.

**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.*

2600.225 (a)

The resident assessment support plan (RASP) was completed for resident # 2 on 2/6/14 and for resident # 3 on 8/30/14 based on their admissions/annual dates for the Personal Care Unit. Resident #3 was admitted to the SDCU from the Personal Care Unit on 11/4/14. An additional RASP was not completed upon their admission into the SDCU.

The Garden View Secured Dementia Care Unit was opened by permission of the Department of Human Services on 10/8/14 following an inspection by the Department on 9/22/14. On 9/22/14 all SDCU paperwork was reviewed by the Department including documentation from the resident, responsible party, and physician, acknowledging admission to a secured unit. All residents were residing in the unit at the time of inspection. No medical record deficiencies were cited at that time nor was there instruction that the opening (locking down) of the unit would be viewed by the Department as newly admitted residents. Therefore, the admission paperwork was not redone for the residents.

For future admissions to the SDCU, including transfers from the Personal Care unit, all new admission paperwork will be completed as required, including the RASP.

The Personal Care Nursing Coordinator and Director of Marketing and Admissions will ensure that all paperwork is completed as required. *Records of new admissions to the SDCU will be reviewed by the administrator or designee within one week of admission to ensure compliance. cs/HIS*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Deborah M. Sprague*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Deborah M. Sprague, Executive Director*      Date *4/6/15*

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Violation Report: 34337 - 03/12/2015 - Minnich, Ron  
 PCH Name: Chapel Pointe

**1. REGULATION 55 Pa.Code §2600**

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

**2a. DESCRIPTION OF VIOLATION**

Resident #3, admitted to the SDCU on 10/08/14, did not have a medical evaluation completed within 60 days prior to admission. The medical evaluations in the record of resident #3 are dated 2/4/14 and 2/12/15.

**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.

2600.231 (b)

The information for this deficiency applies to Resident # 2, not Resident # 3. Resident # 2 resided in the same bedroom and wing that became the SDCU since her admission on 2/1/07. Upon the locking of the SDCU, new admission paperwork was not completed other than the Pre Admission Screening which was completed 9/18/14.

The Garden View Secured Dementia Care Unit was opened by permission of the Department of Human Services on 10/8/14 following an inspection by the Department on 9/22/14. On 9/22/14 all SDCU paperwork was reviewed by the Department including documentation from the resident, responsible party, and physician. All residents were residing in the unit at the time of inspection. No deficiencies were cited at that time nor was there instruction that the opening (locking down) of the unit would be viewed by the Department as newly admitted residents. Therefore, the admission paperwork was not redone for the residents.

For future admissions to the SDCU, including transfers from the Personal Care unit, all new admission paperwork will be completed as required, including the DME.

The Personal Care Nursing Coordinator and Director of Marketing and Admissions will ensure that all paperwork is completed as required. *Records of new admissions to the SDCU will be reviewed by the administrator/designee within one week of admission to ensure compliance. CB 4/7/15*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Deborah M. Sprague*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deborah M. Sprague, Executive Director*      Date *4/6/15*

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Violation Report: 34337 - 03/12/2015 - Minnich, Ron  
 PCH Name: Chapel Pointe

**1. REGULATION 55 Pa.Code §2600**  
 2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #2 was admitted to the SDCU on 10/08/14, no initial support plan was developed within 72 hours of admission to the secure dementia care unit.  
 Resident #3 was admitted to the SDCU on 11/4/14, no initial support plan was developed within 72 hours of admission to the secure dementia care unit.

**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.*

2600.234 (a)  
 The resident assessment support plan was completed for resident # 2 on 2/6/14 and for resident # 3 on 8/30/14 based on their admissions/annual dates for the Personal Care Unit. Resident #3 was admitted to the SDCU from the Personal Care Unit on 11/4/14. An additional RASP was not completed upon their admission into the SDCU within 72 hours of admission.

The Garden View Secured Dementia Care Unit was opened by permission of the Department of Human Services on 10/8/14 following an inspection by the Department on 9/22/14. On 9/22/14 all SDCU paperwork was reviewed by the Department including documentation from the resident, responsible party, and physician, acknowledging admission to a secured unit. All residents were residing in the unit at the time of inspection. No medical record deficiencies were cited at that time nor was there instruction that the opening (locking down) of the unit would be viewed by the Department as newly admitted residents. Therefore, the admission paperwork was not redone for the residents.

For future admissions to the SDCU, including transfers from the Personal Care unit, all new admission paperwork will be completed as required, including the RASP within 72 hours of admission or transfer.

The Personal Care Nursing Coordinator and Director of Marketing and Admissions will ensure that all paperwork is completed as required. *Records of new admissions to the SDCU will be reviewed by the administrator/designee within one week of admission to ensure compliance. JB 4/7/15*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Deborah M. Spague, Executive Director*      Date *4/10/15*

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Violation Report: 34337 - 03/12/2015 - Minnich, Ron  
 PCH Name: Chapel Pointe

**1. REGULATION 55 Pa.Code §2600**  
 2600.252 - Each resident's record must include the following information: (1) through (26)

**2a. DESCRIPTION OF VIOLATION**

The photograph in the record of Resident # 2 is more than 2 years old as it is from 2007.

**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.*

2600.252

All photographs of residents will be updated as needed so that each photo is current and less than 2 years old. This will be completed by April 15, 2015.

The Personal Care Nursing Coordinator and Director of Development and Outreach will be responsible to keep all photos current as required.

*all photographs will be reviewed annually to ensure compliance. CP 4/15/15*

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)

Deborah M. Sprague, Executive Director

Date 4/16/15

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4/7/15  
 (Date)

Plan of correction implementation status as of

4/7/15  
 (Date)

The above plan of correction was approved by

DS  
 (Initials)

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