



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 23 2015

Mr. Michael Breslin, Special Assistant to the CEO
NHS Pennsylvania
4391 Sturbridge Drive
Harrisburg, Pennsylvania 17110

RE: NHS Capital Region
1071 Page Road
Harrisburg, Pennsylvania 17111
License #: 321000

Dear Mr. Breslin:

As a result of the Department of Human Services' licensing inspection on March 19, 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 2, 2015 to June 2, 2016 was issued on March 31, 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: 32100 - 03/19/2015 - McCloskey, Jason
 PCH Name: NHS CAPITAL REGION

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 home's medication administration record and master key did not include the name and signature of Staff Person A who administered medications to multiple residents in March of 2015.

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 of March 19, 2015, Staff Person A signed the Medication Administration Master Key (See Master Key Attachment). On April 1, 2015, the Assistant Director modified the Nurse's Orientation Checklist to include a line for signing the Medication Administration Master Key (See Orientation Checklist Attachment). By April 15, 2015, the Assistant Director will ensure that a new MAR Master Key is completed by all staff who administer medications. Starting April 1, 2015, the Assistant Director will monitor the MAR Master Key for all signatures during the monthly MAR Reviews. Every year on the workday closest to January 01 and July 01, the Assistant Director will have new MAR Master Key's completed.

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) Kayni A. Brindley Vice President of Operations Date 4.2.15

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

The above plan of correction is approved as of 4/8/15
 (Date)

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

Plan of correction implementation status as of 4/8/15
 (Date)

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