



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 29 2015

Ms. Renna Engel, Administrator
Presbyterian Homes Inc.
One Trinity Drive East, Suite 201
Dillsburg, Pennsylvania 17019

RE: Presbyterian Home at Williamsport
810 Louisa Street
Williamsport, Pennsylvania 17701
License #: 200540


Dear Ms. Engel:

As a result of the Department of Human Services' licensing inspection on April 10, 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 22, 2015 to June 22, 2016 was issued on April 29, 2015. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director *MSH*

Enclosure
License Inspection Summary

Violation Report: 20054 - 04/10/2015 - Dumas, Gerald PCH Name: PRESBYTERIAN HOME AT WILLIAMSPORT	
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 On 4/7/2015 at 8:00 p.m. the medication administration record for resident # 1 indicated the resident's blood glucose as 323 however, the resident's glucometer reading indicated the blood glucose reading as 310.	
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.	
1. Medication administration record is critical to provide accurate information for care and services for the individual resident served. It is imperative that documentation on the MAR be correct. 2. The documentation for the glucometer for resident #1 was incorrectly documented on the MAR- no medication error occurred; the resident HS insulin dose was a routine order, no sliding scale insulin ordered for HS. 3. The PCA incorrectly documented the glucometer reading. All nursing staff are responsible for correct documentation. 4. Employee counseling completed, Nursing department education provided to re-educated on glucometer monitoring and documentation to maintain the 5 rights of medication administration 5. Glucometer log initiated and will be checked by the charge nurse on Mondays, Wednesday's and Friday's to ensure correct reading for the glucometer to match the MAR. The 11-7 shift PCA will check the 24-hr glucometer reading against the MAR to ensure accurate documentation. 6. The charge nurse will maintain the glucometer log on a monthly basis. The administrator will monitor the medication / glucometer log to maintain the highest level of care and service to prevent future occurrences.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Rena Engel</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rena Engel, Administrator</i>	Date <i>4/10/15</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>4-22-15</u> (Date)	Plan of correction implementation status as of <u>6-22-15</u> (Date)
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: 20064 - 04/10/2015 - Dumas, Gerald
 PCH Name: PRESBYTERIAN HOME AT WILLIAMSPORT

1. REGULATION 55 Pa. Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 Resident # 2 was admitted to the home on 1/19/15, the pre-admission screening was completed on 11/13/14.

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.

1. Pre-admission screening are imperative to ensure that the personal care home can safely meet the needs of the individual prior to admission
2. Resident #2's preadmission screen was completed on 11/13/14 - admission date was set for 12/1/15.
3. The admission was set for 12/1/14 and the admission date was post-poned.
4. The preadmission screen should have been re-complete to meet the 30 day requirement to ensure the facility would be able to meet the care and services needed by the resident
5. All preadmission screens will be completed within 30 days prior to the admission date or on the admission date.
6. The administrator will ensure that the home completes all pre-admission screening within 30 day prior to an admission or on the admission date in the event of an admission being postponed.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Renna Engel, Administrator</i>	Date <i>1/24/15</i>
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The above plan of correction is approved as of <u>6-22-15</u> (Date)	Plan of correction implementation status as of <u>6-22-15</u> (Date)
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 checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20054 - 04/10/2015 - Dumas, Gerald
 PCH Name: PRESBYTERIAN HOME AT WILLIAMSPORT

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
 Resident # 2 was admitted to the home on 1/19/15, the assessment portion of the RASP was completed on 2/5/14.

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.

1. A resident will have a written initial assessment that is documented on the RASP within 15 days of admission.
2. Resident # 2 was admitted on 1/19/15 and the assessment portion was completed on 2/5/15 - which was day 16 - 1 day late.
3. The facility transitioned to a new company wide computerized RASP form. The initial assessment was completed within the 15 days of admission - the computerized effective date was 1/19/15. The form then signed and dated on day 16 - 1 day late.
4. The facility nurse and administrator have been re-educated on the new assessment form to ensure that the assessment is completed within the 15 days of admission.
5. The charge nurse and/ or administrator will complete the assessment within 15 days of admission. The due date will be added to the outlook computer calendar to assure completion within the 15 day of admission.
6. The administrator will ensure that all assessments are completed within 15 days of admission to meet the needs and services of each individual.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Anna Engel*

Printed Name and Title of Legal Entity Representative *Presbyterian Home*
 (Required on EVERY Page) *Anna Engel, Administrator* Date *4/24/15*

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The above plan of correction is approved as of 6-22-15
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of 6-22-15
 (Date)

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