



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 17 2015

Mr. Michael B. Laign, President/CEO
Holy Redeemer Health System
1616 Huntingdon Pike
Meadowbrook, Pennsylvania 19046

RE: Holy Redeemer St. Joseph Manor
License #: 127940


Dear Mr. Laign:

As a result of the Department of Human Services' licensing inspection on April 27, 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 July 9, 2015 to July 9, 2016 was issued on April 29, 2015. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director ¹³⁴

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: Holy Redeemer-Saint Josephs/Manor		License Number: 12794
Address: 1616 Huntington Pike, Meadowbrook, PA 19046		County: Montgomery
Administrator: Julia Regan		Region: SOUTHEAST
Legal Entity Name: Holy Redeemer Health Systems		
Legal Entity Address: 1616 HUNTINGDON PIKE, MEADOWBROOK, PA 19046		
Certificate(s) of Occupancy C-1 12/23/1998 PA DOH		
Staffing Hours		
Resident Support:	Total Daily Staff: 59	Waking Staff: 44
Type of Inspection: Ind - 49 Indicators	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Indicator		
On-Site Inspections Dates and Department Representatives On-Site 04/27/2015: McIlvain, Shawn; McHale, Christine		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators: 105g/235b/90b/82a/233e
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 69	Number of Residents who:	
Number of Residents Served: 59	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit (in Home): No	Are 60 Years of Age or Older: 59	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 2		

Violation Report: 12794 - 04/27/2015 - McIlvain, Shawn
 PCH Name: Holy Redeemer-Saint Josephs/Manor

1. REGULATION 66 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 Resident #1 is prescribed Nitrostat Sub 0.3mg, PRN; on 4/27/15 it was not available for administration.

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.

Issue:

Team Leader notified Pharmacy at time of the discovery of the unavailable PRN medication. Pharmacy delivered prescribed PRN medication at 3pm. (April 27, 2015)

To Ensure this Violation Does Not Recur:

1. When a PRN medication is ordered, the order sheet will be retained in a "Pending Bin" until the medication is received from the Pharmacy. The incoming PRN medication will be compared to the original order to assure accuracy. Medication will then be placed in resident's medication drawer. (Personal Care Nursing Staff) (May, 2015 & Ongoing)
2. Bi-Weekly, PC Staff will be scheduled to verify the availability of the PRN medications by comparing MAR to medications in cart. (11-7 Shift) (May, 2015 & Ongoing)
3. Education provided to all staff who administer medications (May 5-7, 2015) (PRN Staff education to be completed by June 15, 2015)
4. Nurse Manager will audit medication carts monthly to assure compliance. (Nurse Manager) (May, 2015 & Ongoing)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Julia Regan, P.C. Administrator</i>	Date <i>5/29/2015</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/6/15</u> (Date)	Plan of correction implementation status as of <u>7/6/15</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</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