



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 29 2015

Sr. Joachim Anne Ferenchak, Administrator/CEO
Garvey Manor Nursing Home
1037 South Logan Boulevard
Hollidaysburg, Pennsylvania 16648

RE: Our Lady of the Alleghenies Residence
License #: 316410

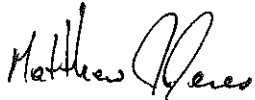
Dear Sister Ferenchak:

As a result of the Department of Human Services' licensing inspection on April 28, 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 August 29, 2015 to August 29, 2016 was issued on May 18, 2015. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director_{SH}

Enclosure.
License Inspection Summary

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

PCH Name: OUR LADY OF THE ALLEGHENIES RESIDENCE		License Number: 316410
Address: 1037 SOUTH LOGAN BOULEVARD, HOLLIDAYSBURG, PA 16648		County: Blair
Administrator: Linda Sell		Region: CENTRAL
Legal Entity Name: GARVEY MANOR NURSING HOME		
Legal Entity Address: 1037 SOUTH LOGAN BOULEVARD, HOLLIDAYSBURG, PA 16648		
Certificate(s) of Occupancy C-2 LP 06/03/2003 L&I		
Staffing Hours Resident Support: 64 Total Daily Staff: 101 Waking Staff: 76		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/28/2015: Springs, Israel		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>MAY 19 2015</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 54 Number of Residents Served: 37 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 37 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 31641 - 04/28/2015 - Springs, Israel
 PCH Name: OUR LADY OF THE ALLEGHENIES RESIDENCE

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

1. The medication administration record for resident #2 did not contain the diagnosis or purpose for the medication Azithromycon 500 mg tablet prescribed to be taken orally one tablet daily for 7 days.
2. The medication administration record for Resident #1 did not have a diagnosis or purpose for the Vitamin D3, 5000 U capsule prescribed to take 1 tablet orally once daily.

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.

Immediate Correction: On 4/28/15 the medication administration record for Resident #2 was amended to indicate the diagnosis of "respiratory infection" for the use of the medication Azithromycon. The medication administration record for Resident #1 was amended to indicate the purpose for the use of Vitamin D3 as a "vitamin/mineral prophylaxis".

Staff Training: On 4/29/15 all staff were re-educated on the items needed for medication entries in the medication administration records. Using the PA DPW Medication Administration Program an education packet was developed on "Record and Storage" step of the medication administration cycle. Staff was then required to complete documentation practice. This packet will be completed by all staff by 5/20/15.

Ongoing Compliance Monitoring: Beginning on 4/29/15 the Resident Services Coordinator began checking new entries in the medication administration record to ensure the diagnosis or purpose for medication is present. New entries into the MAR are noted by staff and indicated using green "Alert" sheets. Monthly MAR reviews will continue to be completed by the Resident Service Coordinator and/or the Director to ensure that all necessary items are present on the medication entries. The Director will compile the results of the reviews and monitor errors as part of the Quality Management Plan.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sister Joachim Anne Ferenczak
 Administrator

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Sister Joachim Anne Ferenczak

Date

05/15/15

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The above plan of correction is approved as of

6/1/15
 (Date)

Plan of correction implementation status as of

6/1/15
 (Date)

The above plan of correction was approved by

CB
 (Initials)

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

Violation Report: 31841 - 04/28/2015 - Springs, Israel
 PCH Name: OUR LADY OF THE ALLEGHENIES RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

- The following prescribed medications were not administered as prescribed on Wednesday, 4/11/15 for Resident #1:
 Calcium Citracal + D - take 1 tablet 2 times daily orally - 8:00 pm dose not administered
 Omeprazole - 20 mg - take 1 capsule orally twice daily - 4:00 pm dose not administered
 Rivastigmine - 3 mg - Take one capsule by mouth twice daily with meals - 5:00 pm dose not administered
 Venlafaxine ER - 75 mg - Take 1 capsule daily by mouth at bedtime - 8:00 pm dose not administered.
 Aspirin - 81 mg - Take one tablet orally daily at bedtime, 8:00 pm - 8:00 pm dose was not administered.
 Gabapentin - 100 mg - take one capsule orally twice daily 3:00 pm & bedtime - Both doses were not administered.
- The following prescribed medications were not administered as prescribed on Wednesday, 4/12/15 for Resident #1:
 Coenzyme - Q 10 - 100 mg - 1 capsule taken orally daily at 8:00 am - 8:00 am dose was not administered.
 Amlodipinel Benzaprep - 5/10 mg - take one capsule taken daily at 8:00 am - 8:00 am dose was not administered.
 Lutein - 6 mg - 1 capsule taken orally daily at 8:00 am - 8:00 am dose was not administered.
 Calcium Citracal + D - take 1 tablet 1 tablets 2 times daily orally - 8:00 am dose not administered
 Omeprazole - 20 mg - take 1 capsule orally twice daily - 8:00 am dose not administered
 Rivastigmine - 3 mg - Take one capsule by mouth twice daily with meals - 8:00 am dose not administered
 Gabapentin - 100 mg - take one capsule orally twice daily 3:00 pm & bedtime - 3:00 pm dose was not administered

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.

Immediate Correction: No correction can be made for this isolated incident.
Staff Training: Staff will remind resident and/or family member to return medications promptly at the time of return to the facility. If the medications are not available, staff will contact pharmacy to request a small supply for use until resident's medications are returned to the facility. Resident and/or family will be advised that the pharmacy may charge additional delivery fees to provide these medications timely. In the event the pharmacy is unable to provide medications within the allowable timeframe and a medication administration does not occur, staff will notify the resident's physician of these missed medications and follow physician's recommendations.
Ongoing Compliance Monitoring: Director and/or RSC will monitor for any further incidents and address with resident/family as needed.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sister Joachim Anne Ferenchak*

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) *Sister Joachim Anne Ferenchak Administrator* *05/15/2015*

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The above plan of correction is approved as of <u>4/11/15</u> (Date)	Plan of correction implementation status as of <u>4/16/15</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