



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 30 2015

Mr. Stanley P. Pilat, President
Stabon Manor Personal Care Home, Inc.
1555 Haak Street
Reading, Pennsylvania 19602

RE: Stabon Manor Personal Care Home
License #: 205120

Dear Mr. Pilat:

As a result of the Department of Human Services' licensing inspection on June 23, 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 27, 2015 to August 27, 2016 was issued on May 20, 2015. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 20512 - 06/23/2015 - Novak, Ryan
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Resident #6 did not receive the prescribed ferrous sulfate at 2pm on 5/13/15; the home did not submit an incident report to the Department regarding the medication error.

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.

This resident is non-compliant with his medications and frequently refuses them.

The Doctor is aware.

The supervisor staff has been re-educated on what is a reportable incident. Any and all incidents written up by the staff or supervisors must be reviewed by the Administrator in an effort to avoid a violation of this regulation in the future.

Proof of re-education is attached.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/25/2014
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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) <u>Bonnie Pital, Administrator</u>	Date <u>8/17/15</u>
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The above plan of correction is approved as of 8/26/15
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 8/26/15
 (Date)

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

Violation Report: 20512 - 06/23/2015 - Novak, Ryan
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

2a. DESCRIPTION OF VIOLATION

On 6/6/15, there were 103 residents in the home. On this day, only 86 hours of direct care staffing was provided; a minimum of 104 hours of direct care was required to serve the 103 residents that day.

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.

The facility utilizes Tabula Pro to schedule the employee's hours. On the day after the inspection I found out that the program was deleting hours worked by the direct care staff. On the day that the work schedule is completed it is printed out and posted. It is accurate and meets the direct care hours required. On the day of inspection we printed out a copy of that schedule and gave that to the inspector. On the day after the inspection the employee supervisor went to enter changes in the schedule and noticed that there were hours missing. As a result of these findings I printed out the payroll time sheets and found that several of the hours were indeed missing. I contacted Ryan and notified her of the error and was instructed to fax the time sheets to her for review. (Please know that all employees must clock in and clock out using their finger.)

When we added up all the hours according to their time sheets the total direct care hours worked on 6/6/15 was 109.75 hours. This was more than enough hours to cover the 103 residents in the facility at the time.

I have contacted Tabula Pro and made them aware of the situation. The programming was corrected. Now that we are aware that this is something that can occur the employee supervisor will continue to monitor the staff schedules for any other computer programming errors that may occur in the future.

The Administrator will review all completed schedules before posting to ensure that all hours requirements are met.

Payroll time sheets are attached for verification of hours


Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/24/2014
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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) *Bonnie Pilot, Administrator* Date *8/17/15*

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Violation Report: 20512 - 06/23/2015 - Novak, Ryan
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION
 On 6/6/15, there were 103 residents in the home. On this day, only 62.75 hours of direct care staffing was provided during waking hours, from 7 am to 11 pm; a minimum of 78 hours of direct care for that time frame was required based on the 103 residents in the home on that day.

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.

Due to the computer errors that occurred as described on page 3 the new percentage rate is 81% personal care service hours of direct care staffing provided during waking hours.
 Now that we are aware of programming errors that caused the lost of hours on the schedule, the employee supervisor will continue to monitor the staff schedules for any other computer errors that may occur in the future.

The Adm/Designee will periodically run a schedule to ensure that the home maintains ongoing compliance. CP 8/26/15

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/24/2014
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
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Violation Report: 20512 - 06/23/2015 - Novak, Ryan
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION
 On 6/6/15 & 6/12/15 103 residents were present in the home. Based on that census, the home is required to have a minimum of three (3) direct care staff trained in First Aid and CPR in the home at all times.
 On 6/6/15 from 5:45 am to 10 pm, only 2 staff persons were certified in first aid and CPR; from 10 pm to 12 am only 1 staff person was certified in first aid and CPR. On 6/7/15 from 12 am to 5:45 am only 1 staff person was certified in first aid and CPR. On 6/12/15 from 5:45 am to 9 am only 1 staff person was certified in first aid and CPR and from 5:00 pm to 12 am 2 staff persons were certified in first aid and CPR. On 6/13/15 from 12 am to 5:45 am 2 staff persons were certified in first aid and CPR.

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 a result of the tabula pro programming error (as described on pages 3 & 4), not all the employees were listed on the staff schedule that had worked the hours. The staff that worked the hours but did not appear on the schedule had CPR First Aid. There were more staff then listed in the violation above.
 Now that we are aware of programming errors that caused the lost of hours on the schedule, the employee supervisor will continue to monitor the staff schedules for any other computer errors that may occur in the future.

Copies of CPR/First Aid Cards can be sent if needed to verify compliance


The Adm/Designee will use periodic schedules w/ a notation of 1st Aid/CPR trained staff noted or identified. This will be reviewed to ensure that the home maintains ongoing compliance. 8/26/15

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Bonnie Pilot, Administrator* Date *8/17/15*

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Violation Report: 20512 - 06/23/2015 - Novak, Ryan
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on 3/17/15, provided unsupervised care prior to completing the Department approved direct care training course on 5/27/15.

Direct care staff person B, hired on 3/27/15, provided unsupervised care prior to completing the Department approved direct care training course on 5/6/15.

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.

Upon training a new employee supervisor, the employee supervisor failed to have the aides complete this part of their orientation. As soon as the Administration reviewed the files and noticed this was not completed the employees were immediately called into the office to complete this direct care training course.

This was reviewed with the employee supervisor in May of this year and since that time all files reviewed have shown that all new hires have completed this requirement before being allowed to provide resident care.

The Administrator will continue to review all employee files to ensure compliance.

Anne Novak 8/24/15


Violation Report: 20512 - 06/23/2015 - Novak, Ryan
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:


- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/24/2014
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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) Bonnie Pilot, Administrator Date 8/17/15

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Violation Report: 20512 - 06/23/2015 - Novak, Ryan
 PCH Name: STABON MANOR PERSONAL CARE HOME


1. REGULATION 55 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person C hired 12/2/10 only completed 11.5 of the required 12 hours of annual training for 2014.

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.

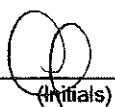
Due to our use of computer files, the initial entries into the program onto this employees file was not calculated appropriately.
 The Administrator contacted the programmers at Tabula Pro and have since corrected the error.
 The Administrator re-trained the office staff on how the entries need to be done in order for the hours to calculate correctly.
 The Administrator will review the employee computer files after each training entry to assure that the hours are being calculated and entered correctly in an effort to maintain compliance.

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

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 (Required on EVERY Page) Bonnie Pilot, Administrator Date 8/17/15

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Violation Report: 20512 - 06/23/2015 - Novak, Ryan
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 The walk-in refrigerator located to the right of the entrance to the kitchen had an external thermostat reading fluctuating between 55 to 57 degrees Fahrenheit. An internal reading was taken at time of inspection and indicated that the food requiring refrigeration was stored at 53.9 degrees Fahrenheit and not stored as required at or below 40 degrees Fahrenheit.

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.

Due to the extreme heat, the walk in refrigerator/freezer had a hard time keeping up to temp during the day. Staff is constantly opening the door during cooking hours which causes the temperature to rise. The inspector was there inspecting during the cooking hours.

As a precaution, the maintenance man called our refrigeration company to check the unit out for any need of repair. He also informed us that this is an issue everywhere during the extreme heat of the summer.

The maintenance man and the cook supervisor will check the temps in order to report any drop or rise in temps and schedule repair if needed.

The Adm Designee will perform periodic walk throughs of the kitchen before & after meal prep periods in order to ensure ongoing compliance. Q. 8/26/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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) *Bonnie Pilot, Administrator* Date *8/17/15*

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Violation Report: 20512 - 06/23/2015 - Novak, Ryan
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
 The home's fire drill log for the drill conducted on 6/11/15 at 5:06 does not indicate am/pm.

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.

Upon documenting the fire drill conducted, all information was completed except for the AM. I informed the inspector that while that was missing the yearly schedule showed the time to be in the AM, the information could be verified the fire monitoring station, and in addition the payroll time sheet would show that the maintenance man punched in earlier than normal for that day. I brought this to the attention of the inspector and was told to provide them with this information and it would be taken into consideration. I have attached a copy of the yearly schedule to show that it was scheduled for AM.

The Administrator will review for completion of all areas in the future. *by reviewing the home's fire drill monthly in order to ensure ongoing compliance. Cf. 8/26/15*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/24/2014	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Bonnie Pilot, Administrator</i>	Date <i>8/7/15</i>
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Violation Report: 20512 - 06/23/2015 - Novak, Ryan
 PCH Name: STABON MANOR PERSONAL CARE HOME


1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 The fire drill conducted on 6/11/15 at 5:06 took 6 minutes for evacuation. The letter from the fire safety expert dated 5/29/15 notes a safe evacuation time as 5 minutes and 45 seconds.

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.


The fire safety expert came to the facility and conducted a fire drill. He then completed the paperwork and wrote the evacuation time onto the paper instead of the allowed evacuation time. Upon discovering this the fire safety expert came the very next morning and corrected the paperwork. A copy of the corrected form is attached.
 In the future the Administrator will verify that all paperwork is completed correctly before the fire expert leaves the building.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 20512 - 06/23/2015 - Novak, Ryan
PCH Name: STABON MANOR PERSONAL CARE HOME


1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
The medical evaluation for resident #2 dated 8/14/14 did not indicate body positioning, temp or medication regimen.
The medical evaluation for resident #3 dated 4/13/15 did not indicate height or weight.
The medical evaluation for resident #1 did not indicate pulse rate.

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 violallon from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

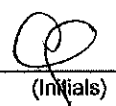
A new form has been generated as a way of creating a list of DME's that are due. This form will be completed by the office staff and given to the nurse to ensure that they are complete. Upon completion of the required information the nurse will return the list to the office staff so all the forms can be checked again for completion. In addition, the administrator contacted the programmers for Tabula Pro to create alerts for any incomplete areas.
With all of these steps in place future we expect to be in compliance in the future.
The Administrator will do periodic reviews to ensure compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/08/2014	
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Signature of Legal Entity Representative
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Violation Report: 20512 - 06/23/2015 - Novak, Ryan
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

Upon arrival for the home's annual renewal inspection, a resident was observed smoking a cigarette while seated in front of the front door entrance to the home. Cigarette butts were also found in two (2) urns/planters on the front porch. There is one urn/planter located on each side of the front doors to the home.


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.

Due to the Mental illness and memory loss of the residents that live in the facility this is always a challenge. As a result the Doctor has tried to provide nicotine patches for any resident that will agree to use them. The staff are trained to make periodic checks to all unauthorized smoking areas of the building and direct to them to the smoking areas. The furniture has been removed from all the porch areas and placed only in the authorized areas with the hopes that this will deter them from smoking on the porch areas. We will continue to monitor the porch areas and redirect the residents that are non compliant. For any resident that continues to be non-compliant on a consistant basis an eviction notice will be given.

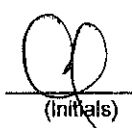
Adm/Designer will make periodic checks to ensure staff are following through on assignments to monitor the smoking areas. This will assist the home in their on-going efforts to attain compliance CP
 8/26/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 20512 - 06/23/2015 - Novak, Ryan
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.162(d) - Past menus of meals that were served, including changes, shall be kept for at least 1 month.

2a. DESCRIPTION OF VIOLATION

The home's Dietary Director stated that past menus of meals served are not kept. There was no past menu for the month of May, 2015 kept of meals served to verify for compliance.

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.

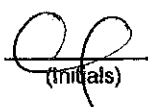
The cook had two weeks of the prior menus to give the inspector and thought the two previous weeks and the two weeks that were posted on the board counted as the four weeks required by regulation.
 The Cook Supervisor has started a binder that will keep all previous menus. The cook supervisor will perform this task personally to ensure compliance.
 The Administrator will verify that all menus required are being kept during the Administrators weekly kitchen walk throughs.

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) <u>Bonnie Pilot, Administrator</u>	Date <u>8/17/15</u>
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The above plan of correction is approved as of <u>8/26/15</u> (Date)	Plan of correction implementation status as of <u>8/26/15</u> (Date)
The above plan of correction was approved by  (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: 20512 - 06/23/2015 - Novak, Ryan
 PCH Name: STABON MANOR PERSONAL CARE HOME

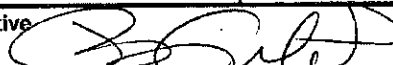
1. REGULATION 55 Pa.Code §2600
 2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION
 A medication cup labeled with Resident #4's name was located in the medication cart with a peach oblong pill located in the medication cup. The med tech was unable to identify the specific medication or the administration time frame associated with the medication.

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.

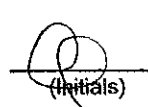
The resident in question was sent out to the hospital after the medication was pre pulled but before he was able to take the medication. The medication tech failed to destroy the unused medications. It remained locked in the med cart with his other medications.
 The nurse re-educated the staff on the proper procedures for medication administration along with the need to check their med carts thoroughly by the end of the med pass for any unused, loose or missing medications.
 The nurse will monitor all medication techs to ensure that they understand & follow proper medication procedures.
 Proof of re-education attached.

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) Bonnie Pilet, Administrator Date 8/17/15

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Violation Report: 20512 - 06/23/2015 - Novak, Ryan
 PCH Name: STABON MANOR PERSONAL CARE HOME

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

Resident #5's lantus 100u vial of insulin did not have a date when the medication was opened. The manufacturer's instructions read: discard insulin 28 days after opening.

Resident #6's Novolog flex pen and levemir flex touch pen were not dated when the medication was opened. The pens in use were also located in the refrigerator. The manufacturer's instructions read discard pen 28 days after opening and pen in use should be stored at room temperature.

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 a result of the inspector's findings the Administrator called the owner of the pharmacy and discussed the proper storage of the insulin pens. The medication techs and nurse were storing the flex pens according to the instructions of the pharmacy. Upon checking the manufacturers instructions the pharmacist suddenly became aware that the procedures they had in place were incorrect. They then sent out a corrective statement to all facilities that they service to keep all their facilities in compliance.

The Pharmacy sent us baggies with labels attached so when a flex pen is removed from the box the flex pen being stored in the med cart can be placed into the baggies. They have included storage directions as well.

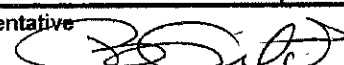
The nurse re-educated the staff on the proper storage procedures and use of the flex pens and will monitor all medication aids to ensure all are following the proper storage procedures.

The medication techs were re-trained in the proper medication procedures when opening an insulin bottle and instructed to enter a opening date on each vial and the reason why this is a necessary step.

Proof of the re-education is attached.


Adm or Designee will perform periodic reviews of the home's med cart(s) and refrigerator(s) where unused insulin is stored to ensure ongoing compliance. 8/26/15

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) <i>Bonnie Pilot, Administrator</i>	Date <i>8/17/15</i>
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Violation Report: 20512 - 06/23/2015 - Novak, Ryan
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #4's illevro ophthalmic solution did not have a pharmacy label attached.

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.

The medication in question was a sample provided by the physician. It was placed into the box supplied by the pharmacy however on the day of inspection the medication tech did not return it to the box. It was next to the box.


The nurse re-education all medication tech as to the importance of keeping all eye drops, inhalers etc in their box with a script on it.

The nurse will monitor all medication techs to ensure that the proper medication administration procedures are followed.

Proof of re-education attached.


Adm/Designer will perform periodic audit or reviewing of the home's med cart(s) to ensure ongoing compliance. Cf. 8/26/15.

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) <i>Bonnie Pilat, Administrator</i>	Date <i>8/17/15</i>
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The above plan of correction is approved as of <u>8/20/15</u> (Date)	Plan of correction implementation status as of <u>8/26/15</u> (Date)
The above plan of correction was approved by <u></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: 20512 - 06/23/2015 - Novak, Ryan
 PCH Name: STABON MANOR PERSONAL CARE HOME

1. REGULATION 55 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
 The homes medication policy notes the oncoming and offgoing staff person will sign the narcotic count sheet. On the following dates the sheet was not signed: 6/1/15 1st shift offgoing, 6/1/15 3rd shift oncoming, 6/4/15 3rd shift offgoing, 6/7/15 3rd shift on coming, 6/8/15 1st shift offgoing, 6/9/15 3rd shift oncoming, 6/12/15 1st, 2nd shift oncoming and 3rd shift offgoing, 6/14/15 2nd shift on coming and 3rd shift offgoing, 6/17/15 1st, 3rd shift offgoing and 2nd shift oncoming, 6/18/15 3rd shift off going, 6/20/15 2nd shift off going and 6/21/15 2nd offgoing.

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.

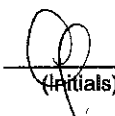
The regulation states that it is recommended that the narcotics be counted and signed, not required. The medication techs have always counted the narcotics however they sometimes forget to sign the shift to shift sheet. As a result of staff non-compliance with this regulation the nurse re-educated medication techs on the proper procedures for counting narcotics shift to shift and signing all forms. The nurse will continue to monitor all the medication aides to ensure that all are following the correct procedures. Proof of re-education attached.

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) <u>Bonnie Pilot, Administrator</u>	Date <u>8/17/15</u>
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Violation Report: 20512 - 06/23/2015 - Novak, Ryan
 PCH Name: STABON MANOR PERSONAL CARE HOME

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

Resident #6 has physician's orders for Novolog Flexpen Syringe Inject Sub-Q per sliding scale with meals: 70-150=0 unit, 151-200= 1 unit, 201-250= 2 units, 251-300= 3 units, 301-350= 4 units, 351-400= 5 units, >400=6 units. Staff persons are not recording the blood glucose levels and the dose of the medication administered on the resident's medication administration record.

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.

All of the Medication techs were taking a blood glucose and injecting the resident with the required dose of insulin however there was no place to enter the results. The aides were entering the information in the notes but could not enter on the e Mar due because pharmacy did not providing a place on the mar. The nurse called the pharmacy and the corrections were made on the e-mar so all future results can be recorded.

The nurse on staff had a meeting will all the medication techs to alert them that if this happens in the future they must report this to the nursing office immediately so the pharmacy can be made aware in a timely manner.

The nurse will review all diabetic residents to ensure that all have areas for documentation of results. The nurse will continue to do periodic checks to ensure compliance.

Since the correction by the pharmacy the medication aides have entered all the required information completely and correctly up to this date.

Proof of this re-education is attached.

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)

Bonnie Pilot, Administrator

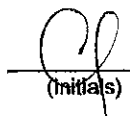
Date 8/17/15

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The above plan of correction is approved as of 8/26/15
 (Date)

Plan of correction implementation status as of 8/26/15
 (Date)

The above plan of correction was approved by



(initials)

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

Violation Report: 20512 - 06/23/2015 - Novak, Ryan
 PCH Name: STABON MANOR PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

Resident #6 did not receive their prescribed ferrous sulfate at 2pm on 5/13/15.

Resident #6 has physician's orders for Novolog Flex pen Syringe Inject Sub-Q per sliding scale with meals: 70-150=0 unit, 151-200= 1 unit, 201-250= 2 units, 251-300= 3 units, 301-350= 4 units, 351-400= 5 units, >400=6 units. Staff persons are not completing accu checks three times a day before meals. On 6/17/15 there was no reading in the resident's glucometer, on 6/22/15 there was only one reading in the resident's glucometer, on 6/18/15 and 6/19/15 there were only two readings in the resident's glucometer.

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.

This resident is noncompliant with his medications and frequently refuses them.

The Doctor is aware.

Staff was re-educated on proper use of glucometers, reading results and documenting results. If this resident continues to refuse his medications staff was instructed on procedures to document that. The nurse will continue to notify the Doctor for all resident non-compliance.

Nurse will monitor the medication techs to ensure that the procedures discussed in the training are followed.

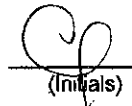
Proof of re-education attached.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/24/2014	
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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) Bonnie Pilot, Administrator Date 8/17/15

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