



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 12 2015

Ms. Jolynn Carl, Administrator
Pleasant View Retirement Community
544 North Penryn Road
Manheim, Pennsylvania 17545

RE: Pleasant View Retirement Community
License #: 321850

Dear Ms. Carl:

As a result of the Department of Human Services' licensing inspection on June 25, 2015 and June 26, 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,

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

Matthew J. Jones
Director *15H*

Enclosure
License Inspection Summary

Violation Report: 32185 - 06/25/2015 - Bomberger, Cybil
 PCH Name: PLEASANT VIEW RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2900
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 The trash receptacle in the common bathroom of the lounge area near the Terrace entrance does not have a lid. The trash receptacle in the bathroom of room # 220 which is shared by two residents, does not have a lid.

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.

See Attachments - PAGE A

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>John Carl Administrator</i>	Date <i>July 10, 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>7/7/15</u> (Date)	Plan of correction implementation status as of <u>7/7/15</u> (Date)
The above plan of correction was approved by <u><i>BC</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

Violation Report: 32185 - 06/25/2015 - Bomberger, Cybil
 PCH Name: PLEASANT VIEW RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
 No fire drill was conducted during the months of December 2014 and January 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.

See attachment - PAGE A
 +
 PAGE B

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
<i>Johynn Carl</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Johynn Carl Administrator			7-10-15

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

The above plan of correction is approved as of <u>7/17/15</u> (Date)	Plan of correction implementation status as of <u>7/17/15</u> (Date)
The above plan of correction was approved by <u>CB</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32185 - 08/25/2015 - Bomberger, Cybil
 PGH Name: PLEASANT VIEW RETIREMENT COMMUNITY

1. REGULATION 55 Pa. Code §2600
 2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicles must have a first aid kit with the contents in § 2600.06 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
 The first aid kits in the 1998 Ford Taurus and the 2014 Honda van, which are used to transport residents, did not contain a thermometer.

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.

See attached - PAGES B.

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

Jolynn Carl

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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*Jolynn Carl
 Administrator*

7-10-15

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The above plan of correction is approved as of 7/17/15
 (Date)

Plan of correction implementation status as of 7/17/15
 (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: 32185 - 06/25/2015 - Bomberger, Cybil
 PCH Name: PLEASANT VIEW RETIREMENT COMMUNITY

1. REGULATION 56 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 6/25/15 at approximately 9:30 AM the medication cart was observed in the hallway outside of resident room 242. The medication cart was unlocked and accessible to residents. The unlocked cart was unattended as the staff person was in a resident room with the door closed.

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.

See attachment - PAGE C

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

John Carl

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

John Carl
 Administrator

Date 7-10-15

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

The above plan of correction is approved as of 7/17/15
 (Date)

Plan of correction implementation status as of 7/17/15
 (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: 32185 - 06/25/2015 - Bomberger, Cybil
 PCH Name: PLEASANT VIEW RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.163(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

On 6/26/15 prescribed Nitrostat for resident # 1 with an expiration date of 2/2015, was found stored in the medication cart.

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.

See attachment -
 PAGE C
 PAGE D

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) **Solyan Carl Administrator** Date **7-10-15**

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

The above plan of correction is approved as of 7/17/15 (Date)

Plan of correction implementation status as of 7/17/15 (Date)

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

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

Violation Report: 32185 - 06/26/2015 - Bomberger, Cybil
 PCH Name: PLEASANT VIEW RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 Resident # 2 did not sign the support plan dated 6/18/14.

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.

See attachment - PAGE D
 PAGE E

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

Jolynn Carl

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

Jolynn Carl
 Administrator

Date 7-10-15

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

The above plan of correction is approved as of _____
 (Date)

Plan of correction implementation status as of _____
 (Date)

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

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

Plan of Correction for Terrace Gardens, Pleasant View Retirement Community

Certificate: 321850

Submitted by: Jolynn Carl, Personal Care Administrator - July 10, 2015

Regulation: 2600.85(d)

(FROM PAGE 2 of 7)

The trash receptacle in the common bathroom of the lounge area near Terrace entrance does not have a lid. The trash receptacle in the bathroom of room 229 which is shared by two residents, does not have a lid.

PLAN OF CORRECTION:

1. What specific change will be made?
 - a. A new can with a lid has been placed in the lounge bathroom as well as in the resident room in 229 as of July 3, 2015
2. Who will make the change?
 - a. Administrator ordered the cans and replaced them.
3. When will the change be made?
 - a. Change is made as of July 3, 2015.
4. How will the change be made?
 - a. Replacing can with lid.
5. What system have you implemented to make sure that the same violation will not occur again?
 - a. Included 2600.85 (d) in QA audit sheets to be checked on a rotation through the year.
6. What training will be provided to the staff?
 - a. This regulation will be introduced at next mandatory staff meeting scheduled for July 29, 2015.

Regulation: 2600.132(a)

(FROM PAGE 3 of 7)

No fire drill was conducted during the months of December 2014 and January 2015.

PLAN OF CORRECTION:

1. What specific change will be made?
 - a. Monthly fire drills will be held as required.
2. Who will make the change?
 - a. Director of Maintenance and PC Administrator
3. When will the change be made?
 - a. The change has been made as of March, 2015 during a QA audit, identified and a plan of correction was established at that time.
 - b. No further fire drills were missed due to utilization of current plan.

4. How will the change be made?
 - a. Through a "system" change within the maintenance department record keeping.
5. What system have you implemented to make sure that the same violation will not occur again?
 - a. Through our monthly QA system, audits occur to be sure the monthly fire drill has been completed.
6. What training will be provided to the staff?
 - a. A one-one meeting was held with the Maintenance Director to review these regulations by the Administrator the same day of survey-- as the "fire safety expert" was in the building to conduct the annual fire safety drill on this day.

Regulation: 2600.171 (b)(5) - FROM PAGE 4 & 7

If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in 2600.96 (relating to first aid kit).

PLAN OF CORRECTION:

1. What specific change will be made?
 - a. The two vehicles identified have been supplied with the missing thermometers
 2. Who will make the change?
 - a. Administrator
 3. When will the change be made?
 - a. Completed as of June 19, 2015
 4. How will the change be made?
 - a. A list of required first aid supplies have been forwarded to the position responsible for Pleasant View Vehicles.
 - b. A list of required supplies has been added to each of the kits for clarification.
 5. What system have you implemented to make sure that the same violation will not occur again?
 - a. Quarterly audits are conducted on all in-house kits, we have expanded that to all vehicles that are used for PC residents.
 - b. Vehicle first aid audits will be conducted by the person responsible for vehicles that transport PC residents.
 6. What training will be provided to the staff?
 - a. The person responsible for transportation has been trained, however, we are updating the person in that position as to the required list of supplies as well as quarterly audits that will be conducted by this individual as described in #5 above.
-

PAGE C

Regulation: 2600.189(b)

Prescription medication, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

PLAN OF CORRECTION:

7. What specific change will be made?
 - a. The medication cart was locked immediately by the charge nurse. Additional, follow up instruction went out to all LPN's and Med Techs as a REQUIREMENT to lock all med carts when you walk away from the cart for any reason.
8. Who will make the change?
 - a. Dir. Of Residential Services and Administration to all Med Techs and LPN's will make an immediate change.
9. When will the change be made?
 - a. The change was made immediately as of June 18, 2015.
10. How will the change be made?
 - a. Various types of communication, by email, one-on-one discussion, staff meetings as a regular agenda item.
11. What system have you implemented to make sure that the same violation will not occur again?
 - a. Administrator and DRS will make regular rounds to specifically view med carts to be sure they are locked as appropriate.
 - b. Disciplinary Action will take place should further carts be left unlocked
12. What training will be provided to the staff?
 - a. Through Mandatory In-services and monthly meetings.

Regulation: 2600.183(f)

Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of the of departure from the home.

PLAN OF CORRECTION:

1. What specific change will be made?
 - a. Medication carts will be free of expired medications.
 - b. Medications no longer needed by residents will be disposed as required.
 - c. Staff will look at the medication bottle, tube, packet, etc., for an expiration date rather than look on the container in which it is located as the dates may be different.
2. Who will make the change?

- a. Administrator and/or DRS will instruct LPN's and Med Techs to audit the cart on their shift as they administer medications to look for and dispose of, all expired medications as well as those medications no longer needed for residents who are permanently discharged.
 3. When will the change be made?
 - a. Immediately
 4. How will the change be made?
 - a. Through direct emails to LPN's and Med Techs, as well as including this subject with an upcoming all staff meeting/in-service.
 5. What systems have you implemented to make sure that the same violation will not occur again?
 - a. Formal med carts audits will be conducted on a bi-monthly basis with results going to the Administrator for reporting purposes to the QA committee meetings.
 6. What training will be provided to the staff?
 - a. Audit sheets will be reviewed/distributed at next staff meeting for implementation that will include a regular schedule, i.e., bi-monthly reporting of any expired medications found.
-

Regulation: 2600.227(g)

Individuals who participate in the development of the support plan shall sign and date the support plan.

PLAN OF CORRECTION:

1. What specific change will be made?
 - a. Residents will sign their support plan within the required time of admission on an annual or change of condition.
2. Who will make the change?
 - a. Administrator and/or DRS will implement process in order to review and sign their support plan.
3. When will the change be made?
 - a. With the next development of a support plan for new admission or change of condition.
4. How will the change be made?
 - a. By setting up specific meeting times with the resident to review and sign.
5. What systems have you implemented to make sure that the same violation will not occur again?
 - a. We currently keep an excel spread sheet with pertinent dates for DME annual appointments, change of condition, admission date, physician, etc., another column will be added to "alert" staff to review with resident and sign.
6. What training will be provided to the staff?

- a. Direct Care staff will be trained through regular staff meetings, making them aware of the need for resident signatures, as DCS are responsible for reading, then signing the support plan after completion. Their signatures appear UNDER the resident signature.