



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 12 2015

Mr. Adam Devlin, President
Tri-County Respite, Inc.
5201 St. Joseph Road, P.O. Box 1001
Limeport, Pennsylvania 18060

RE: Mt. Trexler Manor
License #: 216630

Dear Mr. Devlin:

As a result of the Department of Human Services' licensing inspection on July 1, 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 15, 2015 to August 15, 2016 was issued on May 7, 2015. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

MSH

Enclosure
License Inspection Summary

Violation Report: 21863 - 07/01/2015 - Rushin, Jullenna
PCH Name: MT TREXLER MANOR

1. REGULATION 55 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 guideline in section 2600.16 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #6 was not initialed by staff on 8/17/15 to indicate that the resident received 1 mg. of Glimepiride at 9:00am as prescribed. Based on interviews with staff, it was noted that the medication was not available on that date and time; therefore the resident did not receive it. The home failed to report the medication error to the department.

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.

Resident #6's medication was unavailable and therefore was not administered at the prescribed time resulting in the individual missing one dose of glimepiride 1 mg. The medication required a re-order which was communicated to the prescribing physician. The prescribing physician did not respond to the request for a new script for the medication in a timely manner. The Director of Wellness attempted to contact the prescribing physician several times.

The pharmacy will generate a report and provide that to the Home that includes the number of pills left on a script before a new script is required to refill the medication.

Medication issues will be communicated to the Director of Wellness for assistance. The Director of Wellness will contact the prescribing physician for direction as needed.

Med Tech Staff will be retrained in what constitutes a medication error. All medication errors will be reported to the administrator.

All medication errors will be reported to the Department of Human Services in accordance to Personal Care Home Regulations.

The administrator will monitor to insure ongoing compliance.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Tony Terquin - Administrator* Date *7/29/15*

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

The above plan of correction is approved as of 7/27/15
(Date)

Plan of correction implementation status as of 7/27/15
(Date)

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

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

Violation Report: 21863 - 07/01/2016 - Rushin, Jullenne
 PGH Name: MT TREXLER MANOR

1. REGULATION 55 Pa. Code 5200
 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
 On 7/1/15 at 2:00pm Department Representatives observed resident #1 smoking in the "100" Courtyard. This is not the facility's designated smoking area.

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 individual immediately ceased smoking when asked and was directed to the designated smoking area and has not had a history of violating the smoking policies of Mount Trexler Manor. The individual was also coached and counseled on the smoking policy and procedures of Mount Trexler Manor. The individual is a newly admitted resident to Mount Trexler and despite being informed of the smoking and home rules upon admission, the individual uses smoking as a coping strategy for his significant medical concerns, stage 4 cancer.

Proper safe guards were in place including designated smoking areas and home rules for smoking and a process for violation of house rules which was followed.

Residents will be educated upon admission and the smoking policies and procedures will be placed on the resident house meeting agenda as a standing item. Topics will include the smoking policy, home rules for smoking, the location of the designated area, the regulations regarding smoking from the Regulatory Compliance Guide and fire safety.

Staff will be educated upon hire and re-educated annually and on a periodic basis regarding the smoking policy, home rules for smoking, the location of the designated area, the regulations regarding smoking from the Regulatory Compliance Guide and fire safety.

The administrator will monitor to insure ongoing compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Thy Tarquin-Stackhouse* Date *7/24/15*

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The above plan of correction is approved as of 7/27/15
 (Date)

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

Plan of correction implementation status as of 7/27/15
 (Date)

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

Violation Report: 21663 - 07/01/2016 - Rushin, Julianne
PCH Name: MT TREXLER MANOR

1. REGULATION 65 Pa.Code §2600

2600.171(b)(5) - 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).

2a. DESCRIPTION OF VIOLATION

The first aid kit located in the facility's Dodge Ram 3500 Van does not include nonporous disposable gloves.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

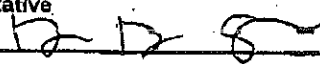
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Error corrected at the time of inspection

The transportation coordinator or designee will audit vehicle first aid kits regularly to insure the first aid kits have the required items as indicated in 2600.96. Staff members that utilize the first aid kits will be required to report the use of items to the transportation coordinator or designee to have the items replaced. Staff members will also be instructed to check the first aid kit prior to using a vehicle to insure the first aid kit is present and has the items required in 2600.96.

The administrator will monitor to insure ongoing compliance.

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) Thy Tarquin - Slackhouse Date 7/24/15

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The above plan of correction is approved as of 7/27/15 (Date)

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

Plan of correction implementation status as of 7/27/15 (Date)

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

Violation Report: 21663 - 07/01/2015 - Ruelin, Julianne
PCH Name: MT TREXLER MANOR

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

Department Representatives observed the glucometer as well as the Medication Administration Record (MAR) for resident # 2. The resident's MAR was not properly maintained to include the resident's blood sugar level readings. The following errors were noted: 6/25/15 at 11:16am the glucometer reading was 167, 132 was documented on the MAR. 6/28/15 at 12:39pm the glucometer reading was 124, 134 was documented on the MAR.

Upon review of resident 5's glucometer and Medication Administration Record (MAR) it was noted that on 6/30/15 at 6:23 pm, the resident's glucometer indicated a blood sugar level of 172. A level of 188 was documented on the MAR.

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 errors in question appear to be transcription errors from residents whom self-administer their blood sugar checks (their reports) to the med tech that records the information.

Med Techs assisting residents with blood sugar checks will be re-educated to visually confirm the reading on the glucometer to insure accurate recording on the medication administration record for residents that self-administer their blood sugar checks. The Director of Wellness or designee will conduct periodic audits of glucometer readings and documentation to insure accurate reporting.

The administrator will monitor to insure ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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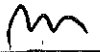
Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Toby Tanguin - Staff Nurse	7/24/15

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The above plan of correction is approved as of 7/27/15
(Date)

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(Date)

The above plan of correction was approved by 
(Initials)

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


Violation Report: 21883 - 07/01/2015 - Rushin, Julianne
 PCH Name: MT TREXLER MANOR

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

2a. DESCRIPTION OF VIOLATION
 Resident #3 is prescribed to have their blood sugar read daily at 8:00am. The following blood sugar readings were taken after 8:00am:
 6/24/15 at 11:11am
 6/26/15 at 9:59am
 6/26/15 at 11:22am
 6/27/15 at 11:56am
 6/28/15 at 12:18pm
 6/29/15 at 10:46am
 6/30/15 at 9:51am
 The facility is not following the directions of the prescriber.
 Resident #5 is prescribed Humalog with a sliding scale. On 6/24/15 at 6:12pm, resident #5's glucometer indicates a blood sugar level of 221. Based on resident #5's sliding scale, they required 2 units of insulin, however their medication administration record indicates "0" units were given.
 The medication administration record for resident #5 was not initialed by staff on 6/17/15 to indicate that the resident received 1 mg. of Glimpepride at 9:00am as prescribed. Based on interviews with staff, it was noted that the medication was not available on that date and time; therefore the resident did not receive it.

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.
 Resident #3 frequently arises later in the morning and completed her morning blood sugar checks upon waking thus resulting in the error. The physician's order reads BS every morning and before meals. The pharmacy generates prepopulated times on the MARs resulting in the error. Consultation with the pharmacy resulted in removing times from the MARs for residents that do not have specific time orders for blood sugar checks.
 Resident #5 appeared to have a transcription error resulting in a documented blood sugar reading below the number required to administer the 2 units of insulin as indicated on the physician's order. Med Techs assisting residents with blood sugar checks will be re-educated to visually confirm the reading on the glucometer to insure accurate recording on the medication administration record. The Director of Wellness or designee will conduct periodic audits of glucometer readings and documentation to insure accurate reporting.
 Resident #6's medication was unavailable and therefore was not administered at the prescribed time resulting in the individual missing one dose of glimepride 1 mg. Medication issues will be communicated to the Director of Wellness for assistance. The Director of Wellness will contact the prescribing physician for direction as needed.
 When a situation arises in which a prescriber's instructions may not be followed, the Director of Wellness will consult the prescribing physician for direction.
 The administrator will monitor to insure ongoing compliance.

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>Mr. Torain-Stackhouse</u>	Date <u>7/24/15</u>
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The above plan of correction is approved as of <u>7/27/15</u> (Date)	Plan of correction implementation status as of <u>7/27/15</u> (Date)
The above plan of correction was approved by <u>m</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: 21663 - 07/01/2015 - Rushin, Julianne
 PCH Name: MT TREXLER MANOR

1. REGULATION 65 Pa.Code §2600
 2600.261(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed correction fluid on the Resident Allowance Sheet for resident # 4. Resident Records are required to be permanent.

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 staff member using whiteout was a new to her position. Staff will be retrained regarding how to correct an error in a resident's record if they make an error. Staff will be trained upon hire to include how to correct an error in a resident's record.

The administrator will monitor to insure ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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) *Ms. Tanjia Stankhouse* Date *7/24/15*

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The above plan of correction is approved as of *7/27/15*
 (Date)

Plan of correction implementation status as of *7/27/15*
 (Date)

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

- Fully Implemented
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- Not Implemented