



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 30 2015

Mr. Corey I. Jones, CEO
The Village at Morrisons Cove
429 South Market Street
Martinsburg, Pennsylvania 16662

RE: The Village at Morrisons Cove
425 South Market Street
Martinsburg, Pennsylvania 16662
License #: 303890

Dear Mr. Jones:

As a result of the Department of Human Services' licensing inspection on July 9, 2015 and July 10, 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 May 18, 2015 to May 18, 2016 was issued on March 9, 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

Agency Name: _____

Department of Emergency

A3, C2
0128/1987
L31

Home Support:

Food Bank Support:

Medical Support:

Other Support:

Other Support:

None Unfounded

Other Support:

On-Site Inspection Dates and Department Representations On-Site

07/09/2015: Hoover, Douglas

07/09/2015: Hoover, Douglas

Other Information Dates and Inspections, if applicable:

RECEIVED

AUG 08 2015

CENTRAL REGION FIELD OFFICE
Human Services Licensing

Agency Name:

Report Indicators

Additional Demographic Data as of Inspection Dates

Licensed Capacity: 26

Number of Residents Served: 22

Source: Resident Care Unit in Home: No

Resident Services Unit Capacity: 0

Number of Residents Assisted by Licensed Therapist Care Unit if applicable:

Number of Licensed Therapist Represented: 1

Number of Licensed Therapist Represented: 1

Number of Residents who:

Receive Supplemental Security Income: 11

Are 65 Years of Age or Older: 21

Have Social Incomes: 20

Have an Intellectual Disability: 0

Have a Mobility Issue: 0

Have a Physical Disability: 1

1. IDENTIFY THE DEFECTIVE AREA(S) AND PROVIDE A BRIEF DESCRIPTION OF THE DEFECTIVE AREA(S) AND THE DEFECTIVE AREA(S) IDENTIFIED. (Include the name of the resident, the name of the staff member, the date of the incident, and the location of the incident.)

2. PLAN OF CORRECTION (POC) (Must be on separate page or pages. (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. Include dates of completion or ongoing, include dates by which the work will be completed.

Resident signed contract on July 9, 2015

Staff was re-educated on July 9, 2015

Review all current resident's contracts to ensure that all residents signed. August 14, 2015

All contracts will be reviewed by Administrator or designee to ensure that Resident signed ongoing

Signature of Director of Residential Services

Signature of Director of Residential Services: *[Signature]*

Signature of Director of Residential Services: *[Signature]* August 3, 2015

Signature of Director of Residential Services: *[Signature]*

The above plan of correction is approved as of 8-25-15
(Date)

Plan of correction implementation status as of 8-25-15

Not implemented

Fully implemented - Adequate Progress

Partially implemented - Adequate Progress

[Signature]

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Provide steps to correct the violation described above and steps to prevent a similar violation from occurring again. If work cannot be completed immediately, include dates by which the steps will be completed.

Received Emergency plan from the municipality on July 14, 2015 and posted in a public place. - BE

Enclosed locked bulletin board will be installed to ensure that required documentation is not removed ~~September 1, 2015~~

Signature of Public Health Inspector: [Signature]
Title: Public Health Inspector

Signature of Municipal Administrator: [Signature]
Title: Municipal Administrator

The above plan of correction is approved as of 8-25-15 Plan of correction implementation status as of 8-25-15
Date

- Fully implemented
- Partially implemented - Adequate Progress
- Partially implemented - Inadequate Progress
- Not implemented

Signature of Public Health Inspector: BE

- (1) Resident's name
- (2) Drug selected
- (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
- (13) Date and time of medication administration
- (14) Name and initials of the staff person administering the medication

14. MEDICATION OF VIOLATION

The medication administration record (MAR) for resident #2 was not initiated for Citalopram 30mg po qd on 8/5/15 at 10:00 am.

The MAR for resident #2 was not initiated for Paracetamol 325mg po qd on 8/5/15 at 10:00 am.

15. PLAN OF CORRECTION (POC) (Attach pages as necessary. Indicate that you have sign out the any attached pages.)

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

- Staff will be re-educated August 14, 2015
- Staff will review at the end of their shift as part of their change of shift responsibilities ongoing
- Random audits will be completed by Court Supervisor for 3 months October 31, 2015

Request Reason for:	Lapses of Medication Administration	
Signature of Long Term Care Resident:	<i>Heather Rosamilia</i>	
Printed Name and Title of Long Term Care Representative (Signature on EVERY Page)	Heather Rosamilia, Assisted Living	Date: August 3, 2015

DEPARTMENT USE ONLY - HOMEES MAY NOT WRITE BELOW THIS LINE

Is there a plan of correction? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: <u>8-25-15</u> Initial: <u>HE</u>	Plan of correction implementation status as of <u>8/25/15</u> <input type="checkbox"/> Fully implemented <input checked="" type="checkbox"/> Partially implemented <input type="checkbox"/> Not yet implemented
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INSTITUTIONAL REVIEW BOARD (IRB) - Review of Research

IRB Approval Form - HUMAN SUBJECTS ONLY

IRB Number: _____

IRB Approval Date: _____

PROJECT INFORMATION

1. TITLE OF PROJECT: _____

2. PROJECT DESCRIPTION (MARS)

Describe steps to address the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be identified, describe steps by which the issue will be corrected.

Physician order was changed to while awake from 6am to 10pm July 13, 2015

Random audit of MARS to ensure orders are being followed will be completed by Court Supervisor of three months October 31, 2015

Account Number: No.	Date(s) of Previous Violation(s)
Signature of Hospital Executive (Required)	<i>Heather Rosamilla</i>

Heather Rosamilla, Administrator

Date: August 1, 2015

The entire plan of correction is approved as of 8-25-15

Plan of correction implementation status as of 8-25-15

- Fully implemented
- Partially implemented - Significant Progress
- Partially implemented - Minimal Progress
- Not implemented

He
Date