



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 12 2015

Ms. Kendall Keech-Hunsicker, Vice President of Healthcare Services
Willow Valley Communities
925 Willow Valley Lakes Drive
Willow Street, Pennsylvania 17584

RE: Meadow Ridge at Willow Valley
License #: 322050

Dear Ms. Keech-Hunsicker:

As a result of the Department of Human Services' licensing inspection on July 14, 2015 and July 15, 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 July 31, 2015 to July 31, 2016 was issued on May 5, 2015. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director /SH

Enclosure
License Inspection Summary

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

PCH Name: MEADOW RIDGE AT WILLOW VALLEY		License Number: 322050
Address: 925 WILLOW VALLEY LAKES DRIVE, WILLOW STREET, PA 17584		County: Lancaster
Administrator: Lenore Hutchinson		Region: CENTRAL
Legal Entity Name: WILLOW VALLEY RETIREMENT COMMUNITIES		
Legal Entity Address: 925 WILLOW VALLEY LAKES DRIVE, WILLOW STREET, PA 17584		
Certificate(s) of Occupancy		
I-1 06/19/2006 West Lampeter Township		
Staffing Hours		
Resident Support: 157	Total Daily Staff: 282	Waking Staff: 212
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
07/14/2015: Springs, Israel; McCloskey, Jason		
07/15/2015: Springs, Israel; McCloskey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 156 Number of Residents Served: 124 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: 2	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 124 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 32205 - 07/14/2015 - Springs, Israel
 PCH Name: MEADOW RIDGE AT WILLOW VALLEY

1. REGULATION 55 Pa.Code §2600

2600.181(b) - If assistance includes helping the resident to remember the schedule for taking the medication, the resident shall be reminded of the prescribed schedule.

2a. DESCRIPTION OF VIOLATION

Resident #2 was recently assessed to be able to self-administer medications. The home's Mediset for Resident #2 included administration directions of 1 tablet of Mag 64 by mouth in the morning and 2 tabs of Mag 64 by mouth at bedtime. The Medication Administration Record and the pharmacy's Physician Order Sheet prescribe 2 tablets of Mag 64 by mouth every night and 3 tablets by mouth every morning. These are conflicting orders that do not allow the home to provide proper self-administration assistance to the resident.

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 pharmacy that filled and delivered Resident #2 mediset on 7/14/15 was informed on 7/15/15 of the error and corrected the error on 7/15/15.

On 7/15/15 staff was educated of the need to audit Resident's mediset at the time of delivery verifying the pharmacy label, medication record and physician's order match.

A Self-administering Medication Requirement form has been developed (see attached). This form will be presented to all residents upon admission to personal care. These requirements will be used to evaluate the resident's ability to self-administer medications during their stay in personal care.

Each resident who is currently self-administering medication will have a LPN or RN review the requirements of self-administrating medication and verify the resident can meet those requirements (including notifying the LPN or RN when medications have been delivered and allowing the nurse to verify the medications match the medication administration record and the physician's order (see attached). The resident's physician, physician assistant, or certified nurse practitioner will assist in this evaluation as needed. The LPN or RN will sign off verification that the pharmacy label, medication record, and physician order match via the electronic health care record. This will be completed by 8/31/15. The nursing coordinator will audit the electronic health care record for 6 months to verify this process is being completed.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lenore Hutchinson, PEHA</i>	Date <i>7/22/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/23/15
 (Date)

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

Plan of correction implementation status as of 7/23/15
 (Date)

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

Violation Report: 32205 - 07/14/2015 - Springs, Israel
 PCH Name: MEADOW RIDGE AT WILLOW VALLEY

1. REGULATION 55 Pa.Code §2600

2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

2a. DESCRIPTION OF VIOLATION

Resident #1 has been assessed as having the capability to self administer medications. This resident's medications are stored in an unlocked cabinet in the resident's room. The door to Resident #1's room remains unlocked when the resident leaves the room, allowing access to the medications by others.

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 #1 was educated that all medications must be kept in a secure place. Resident may either lock medications in his cabinet (lock provided), in his bedside stand drawer (lock provided) or he may lock his apartment door when he leaves his room.

On 7/15/15 staff was educated on the need to audit Residents who self-administer medications and the process that will be used to verify the medications are maintained in a secure area.

A Self-administering Medication Requirement form has been developed (see attached). This form will be presented to all residents upon admission to personal care. These requirements will be used to evaluate the resident's ability to self-administer medications during their stay in personal care.

Each resident who is currently self-administering medication will have a LPN or RN review the requirements of self-administrating medication and verify the resident can meet those requirements (including keeping their medication in a secure place). The residents physician, physician assistant, or certified nurse practitioner will assist in this evaluation as needed. This will be completed by 8/31/15.

A quarterly audit will be completed by the resident care assistant/certified nursing assistant verifying the resident's who are self-administering medication are locking their medications either in a locked cabinet, drawer or for those who are in a private room by locking their door when they are out of their apartment/room (see attached).

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lenore Hutchinson, PEHA* Date *7/22/15*

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 (Date)

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

Plan of correction implementation status as of 7/23/15
 (Date)

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