



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 19 2015

Ms. Mary Ann Hughes, Administrator
Moravian Union of King's Daughters & Sons of Bethlehem PA
61 West Market Street
Bethlehem, Pennsylvania 18018


RE: Moravian King's Daughters' Home
License #: 242140

Dear Ms. Hughes:

As a result of the Department of Human Services' annual licensing inspections on September 1, 2015 and November 4, 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.

Sincerely,


Matthew J. Jones
Director _{/s/}

Enclosure
License Inspection Summary

Violation Report: 24214 - 09/01/2015 - Patton, Leslie
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(1) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: A physician, who is not an employee or contractor of the home, has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

2a. DESCRIPTION OF VIOLATION

The orders, (dated 8/26/15), for residents #1 and #2 were not signed by a physician. The orders indicated that residents #1 and #2 did not need to participate in fire drills.

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.

Residents #1 and #2 have both recently passed away since the inspection. Administrator was under the impression a hospice RN could sign since they are allowed to do other legal tasks. Following this citation, hospice physicians will sign any future orders needed for residents on hospice as they reach their ^{active} dying stage.

Staff will be trained on Sept. 18, 2015 to obtain a physicians order and not accept a nurses signature on hospice orders.

The administrator too will monitor & be responsible for compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Hughes Adm.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Hughes Adm.* Date *9-21-15*

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

The above plan of correction is approved as of 9/23/15
 (Date)

Plan of correction implementation status as of 11-4-15
 (Date)

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

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

Violation Report: 24214 - 09/01/2015 - Patton, Leslie
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(5)(i) - If the provisions of § 2600.29a(b)(4) are initiated, the informed staff person is to immediately practice a fire drill evacuation in accordance with the following: Access a mode of transport such as a bed on wheels, a chair on wheels or a drag mat in the resident's bedroom or nearby area, which is not currently occupied by the resident.

2a. DESCRIPTION OF VIOLATION

The home's staff have not practiced a fire drill evacuation in considering the mode of transportation/evacuation during the drill process and transport of resident #1 in the event of an actual fire or emergency.

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 was trained on Sept 18, 2015 about practicing the evacuation of a hospice person in the case of a fire. The staff was also instructed to simulate evacuation during a fire drill if there is an order. A hospice resident will be evacuated with every one else. The administrator will be responsible and will monitor for compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Hughes Adm*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *MARY ANN Hughes Adm* Date *9-21-15*

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The above plan of correction is approved as of <u>9/23/15</u> (Date)	Plan of correction implementation status as of <u>11-4-15</u> (Date)
	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>LP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u><i>M</i></u> (Initials)	

Violation Report: 24214 - 09/01/2015 - Patton, Leslie
 PCH Name: MORAVIAN KING'S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600
 2600.29a(b)(5)(ii) - If the provisions of § 2600.29a(b)(4) are initiated, the informed staff person is to immediately practice a fire drill evacuation in accordance with the following: Reasonably simulate the level of effort required to move the resident and proceed to practice evacuation to the nearest unblocked exit or fire safe area. The simulation will include the number of staff persons that is required during an evacuation to safely move the resident.

2a. DESCRIPTION OF VIOLATION

The home has not simulated the level of effort needed to move resident #1 who is receiving hospice services. Additionally, it is not known how many staff members are needed to safely move the resident in an actual fire event or emergency.

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 was trained on Sept 18, 15 about practicing the evacuation of a hospice person in the case of a fire.

The staff was also instructed to simulate evacuation including # of staff persons required to safely evacuate the resident during a fire drill. if there is an order. A hospice resident will be evacuated with every one else.


The administrator will be responsible and will monitor for compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Hughes Adm.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *MARY ANN HUGHES* Date *9-21-15*

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The above plan of correction was approved by: _____ (Initials)	(This area is shared with the implementation status section above)

Violation Report: 24214 - 09/01/2015 - Patton, Leslie
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 58 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

The home currently has cameras which are recording the following common areas:
 -one camera in the office/medication room which is not limited to only staff members
 -two cameras on the second floor located at either end of the hallway
 -two cameras on the first floor located at either end of the hallway
 -one camera in the middle of the first floor hallway

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 cameras have been turned off and until will remain off until the state establishes regulations for the use of cameras.

There were no cameras that invaded the residents privacy during bathing, dressing, changing, or medical procedures.

The administrator shall monitor and be responsible for ongoing compliance. M 9/23/15

Repeat Violation: Yes	Date(s) of Previous Violation(s): 09/08/2014
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Signature of Legal Entity Representative (Required on EVERY Page) *MaryAnn Hughes Adm*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Ann Hughes* Date *9-21-15*

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The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	

Violation Report: 24214 - 09/01/2015 - Patton, Leslie
 PCH Name: MORAVIAN KING S DAUGHTER\$ HOME

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person A (hired [redacted] 15) completed the required training but a date of completion could not be determined and therefore, it is unknown if the training was completed in a timely manner.

Staff person B (hired [redacted] 15) completed the required training on [redacted] 15 which should have been completed on [redacted] 15, the staff person's first day of work.

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.

Staff ~~will~~ ^{who are} be responsible for training new staff have been retrained on the initial orientation required in the 1st work day.

They have been retrained on Sept 18, 15 on filling out all blanks including date & signature of the training. Administrators will be responsible for monitoring and observing the completion of these forms.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Hughes Adm.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Ann Hughes</i>	Date <i>9-21-15</i>
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 (Date)

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

The above plan of correction was approved by *AM*
 (Initials)

Violation Report: 24214 - 09/01/2015 - Patton, Leslie
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff person A (hired [redacted] 15) completed the required training but a date of completion could not be determined and therefore, it is unknown if the training was completed in a timely manner.
 Staff person B (hired [redacted] 15) should have completed the required training by [redacted] 15 based upon the hours worked when hired. The staff person did not complete the training until [redacted] 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.

new staff Staff who are responsible for training have been retrained on the "40 scheduled working hours" required training. They have been retrained on filling out all blanks including date and signature of the training. The training occurred on Sept 18, 2015. The administrator will be responsible for monitoring compliance of the regulation

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Mary Ann Hughes Adm.

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

Mary Ann Hughes

Date *9-18-21*

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

The above plan of correction is approved as of

9/23/15
 (Date)

Plan of correction implementation status as of

11-4-15
 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

M
 (Initials)

Violation Report: 24214 - 09/01/2015 - Patton, Leslie
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
 (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 (3) Resident rights.
 (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
 (5) Falls and accident prevention.
 (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
 Staff persons C (hired [redacted] 05), D (hired [redacted] 05) and E (hired [redacted] 93) did not receive training regarding fire safety during the 2014 training year.

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.

Staff persons C D and E did receive annual fire safety training in 2014 but the signature is missing from the fire drill book. The Administrators and employees are aware of Regulation 2600.65(g) and will continue to be trained annually in fire safety by a fire safety expert.

The administrator will be responsible for monitoring & maintaining all signature sheets for proof of all training including the annual training required.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mary Ann Hughes Adm.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MARY ANN Hughes Adm.* Date *9-21-15*

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The above plan of correction was approved by <u><i>M</i></u> (Initials)	<input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 24214 - 09/01/2015 - Patton, Leslie
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The home's emergency fire alarm panel located in the homes basement, indicated "system trouble." Staff person F, who is the home's administrator, stated the system is operable however, the alarm company and the phone company disagree as to who is responsible for repairing the system.

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 alarm panel does work and the system is approved by the alarm co. The alarm company Verizon phone co. came out on 9-17-15 and stated there is an extra phone line with a phone number not belonging to home. Not connected to inside of building. Verizon is contacting Simplex to discuss the issue. This is an ongoing issue with no resolution to date. Requests have been made to both Simplex and Verizon to write letters explaining the situation for the Dept of Human Services. To date no letters have been received. The administrator shall monitor and assure ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

09/23/15

Signature of Legal Entity Representative
 (Required on EVERY Page)

Mary Ann Hughes Alm

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

Mary Ann Hughes

Date

9-21-15

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

The above plan of correction is approved as of

11-4-15
 (Date)

Plan of correction implementation status as of

11/4/15
 (Date)

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

The above plan of correction was approved by

M
 (Initials)

Violation Report: 24214 - 09/01/2015 - Patton, Leslie
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's emergency preparedness plan was not posted in a public and conspicuous location and was instead located in the administrator's office at the time of the inspection.

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 administrator maintains a copy of the emergency procedures in the hall but someone possibly (a resident) had removed it.

The administrator replaced the hall bulletin board copy of the emergency procedures on the day of inspection.

The care givers responsible for activities and the administrator will monitor that emergency procedures are always on the bulletin board.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Hughes Adm*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Hughes* Date *9-21-15*

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The above plan of correction is approved as of 9/23/15
 (Date)

Plan of correction implementation status as of 11-4-15
 (Date)

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

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

Violation Report: 24214 - 09/01/2015 - Patton, Leslie
 PCH Name: MORAVIAN KING S DAUGHTERS 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 monthly fire drill record does not indicate if the following drills were conducted in the AM or PM:

Date	Time of drill
2/28/15	8:45
3/28/15	4:09
4/30/15	8:45
5/25/15	8:12

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.

Staff are trained again on Sept 18, 2015 about filling out all the blanks & time on all state forms. That includes adding AM and PM to fire drill log. The administrator will be responsible for monitoring compliance of this regulation.

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/08/2014

Signature of Legal Entity Representative (Required on EVERY Page) *Mary Ann Hughes*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MARY ANN HUGHES* Date *9-21-15*

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

The above plan of correction is approved as of 9/23/15 (Date)

Plan of correction implementation status as of 11/4/15 (Date)

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

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

Violation Report: 24214 - 09/01/2015 - Patton, Leslie
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The home is not conducting sleeping-hour fire drills at least once every 6 months. The home's most recent sleeping-hour fire drills were conducted on 8/31/14 at 6:00am and 6/30/15 at 6:00am.

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 working shifts of this facility is 8AM - 4PM - 4PM - 12AM - 12AM - 8AM. A fire drill was held on Jan 21, 15 7:10AM and was perceived as the midnight fire drill; only the morning staff were present. The administrator was educated that according to the regs; sleeping hours are 11 PM to 7 AM, therefore the administrator will conduct future sleeping hr. drills between 11 PM - 7 AM.

The administrator shall be responsible for ongoing compliance. m 9/23/15

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Mary Ann Hughes Adm.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Ann Hughes Adm.* Date *9-21-15*

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	<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
The above plan of correction was approved by <u>[Signature]</u> (Initials)	

Violation Report: 24214 - 09/01/2016 - Patton, Leslie
 PCH Name: MORAVIAN KING'S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
 Lutein 40mg and "CVS" brand Probiotics with Acidophilus belonging to resident #3 were not labeled with the resident's name.
 "Care One" brand Aspirin 81mg belonging to resident #6 were not labeled with the resident's name.

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.

At the staff training Sept 18, 2015 staff was retrained on labeling OTC and CAM meds with the residents name. This is true when the meds are provided by the resident and not the inhouse pharmacy. The Administrator will be responsible for monitoring the med cart to be certain residents names will always be on OTC and CAM meds.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Hughes Admin.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Hughes* Date *9-21-15*

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	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>UP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	

Violation Report: 24214 - 09/01/2015 - Patton, Leslie
 PCH Name: MORAVIAN KING S DAUGHTERS 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

On 8/30/15, the home did not record or initial the glucometer reading on the medication administration record for resident #4

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.

Med Tech were retrained on Sept. 18, 15 about documentation and following physicians orders.

They were retrained on entering the glucometer readings and signatures into the MARS immediately following the action with the residents. The Administrator will be responsible for monitoring med tech for completion of the tasks.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Hughes Adm.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Hughes Adm.* Date *9-29-15*

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

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 (Date)

Plan of correction implementation status as of *11-4-15*
 (Date)

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

Violation Report: 24214 - 09/01/2015 - Patton, Leslie
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

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

2a. DESCRIPTION OF VIOLATION

Resident #5 is ordered to have blood glucose readings completed Monday, Wednesday, Friday and Sunday before breakfast, and at 2:00pm on Tuesday, Thursday and Saturday. Based upon a review of the resident's glucometer, it was determined that the home did not complete a blood glucose test 8/24/15- 8/29/15.

At approximately 9:20 a.m. on 9/1/15, staff person A stated that he/she did not yet test resident #4's blood glucose reading. The resident is prescribed to have a glucometer reading conducted before breakfast daily at 7:30 a.m. Resident #4 refused to allow medication technician staff to test [redacted] blood glucose on 8/1, 8/3, 8/4, 8/5, 8/6, 8/9, 8/10, 8/11, 8/16, 8/19, 8/26 and 8/30/15. The home's staff did not report the multiple refusals to the resident's physician.

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.

Med Techs have been retrained following physicians orders. Extra training has also occurred regarding glucometers the purpose of them and the critical documentation associated with them on the MARs. Also, med tech have once again been trained on calling physicians when residents refuse the order given by the physician. Attached is the facility attempt to report it to the physician. We are still awaiting for his signature although daily calls to follow-up are made to physician.

Repeat Violation: No

Date(s) of Previous Violation(s): *The administrator is responsible for ongoing compliance.*

Signature of Legal Entity Representative (Required on EVERY Page) *Mary Ann Hughes Adm.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Ann Hughes*

Date *9-23-15* *9/23/15*

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

The above plan of correction is approved as of 9/23/15 (Date)

Plan of correction implementation status as of 11-4-15 (Date)

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

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