



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 01 2015

Ms. Sharon C. Kaiser, CFO
Lehigh Pointe Senior Living TRS LLC
Attn: Ann Q. Bargeron
189 South Orange Avenue, Suite 1700
Orlando, Florida 32801

RE: Woodland Terrace at the Oaks
1263 South Cedar Crest Boulevard
Allentown, Pennsylvania 18103
License #: 223010

Dear Ms. Kaiser:

As a result of the Department of Human Services' annual licensing inspection on September 2, 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,

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

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: WOODLAND TERRACE AT THE OAKS		License Number: 22301
Address: 1263 S CEDAR CREST BOULEVARD, ALLENTOWN, PA 18103		County: Lehigh
Administrator: Arielle Allen		Region: NORTHEAST
Legal Entity Name: LEHIGH POINTE SENIOR LIVING TRS LLC		
Legal Entity Address: 189 SOUTH ORANGE AVE SUITE 1700, ORLANDO, FL 32801		
Certificate(s) of Occupancy		
C-2 LP 06/30/1997 L&I	I-2 10/14/2011 Salisbury Township	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 111	Waking Staff: 83
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
09/02/2015: Novak, Ryan; Patton, Leslie		
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: 110 Number of Residents Served: 80 Secured Dementia Care Unit in Home: Yes Area: N/A Secured Dementia Unit Capacity, if Applicable: 34 Number of Residents Served in Secured Dementia Care Unit, if applicable: 21 Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 10	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 79 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 31 Have a Physical Disability: 0	

Violation Report: 22301 - 09/02/2015 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
 Staff person A (hired [redacted] 13) completed only 4.5 of the required 12 hours of training for the 2014 training year.
 Staff person B (hired [redacted] 11) completed only 10 of the required 12 hours of training for 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 A & B did not complete their training for the year due to FMLA and leave of absence. Our training year runs through December 31 of each year. Business Office Manager and Executive Director will monitor training closely and host make up sessions during the last quarter of each year to ensure all required trainings are taken by each staff member. We will begin this process immediately, as we have just begun the 4th quarter. ED will ensure ongoing compliance. We will host QA meetings monthly to ensure that adequate make-up sessions are scheduled.

This process will take place on an annual basis - Adm Designee to review progress to date at least once prior to & once during December of each year to insure ongoing compliance.
 O.P. 11-12-15

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

Signature of Legal Entity Representative (Required on EVERY Page) *A. Allen*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Arielle Allen - E.D.* Date *10-6-15*

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

The above plan of correction is approved as of 11-12-15
 (Date)

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

Plan of correction implementation status as of 11-12-15
 (Date)

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

Violation Report: 22301 - 09/02/2015 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

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 person B (hired [redacted] 11) did not receive training regarding fire safety or the emergency preparedness plan during the 2014 training year.

Staff person A (hired [redacted] 13) did not receive training regarding fire safety, the emergency preparedness plan, resident rights, or the Older Adult Protective Services Act 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 A & B missed these trainings due to an FMLA and a leave of absence. The Business Office Manager and Executive Director will host make up sessions for all required trainings in the 4th quarter of each training year. The training logs will be reviewed by the ED and Business Office Manager to determine which staff persons have not taken all required trainings. This will ensure that no required trainings are missed for any staff person. ED will ensure ongoing compliance.

Training that is missed during 659 topics will be attended for the following training year, and will make up any missed training w/in the same topic to ensure ongoing annual training is in compliance. CP-11-12-15

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>A. Allen</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Arielle Allen - E.D.</i>	<i>10-6-15</i>

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Violation Report: 22301 - 09/02/2015 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

Based upon a review of the Medication Administration Record (MAR) of resident #1 and individual glucometer readings, it was determined that the glucometer belonging to resident #1 was used to measure the blood glucose level of the following residents on the stated dates and times:

Resident #2- Before dinner on 8/26/15- 8/28/15 and 9/1/15
 Resident #3- Before dinner on 8/27/15 and 9/1/15

Based upon a review of the MAR of resident #4 and individual glucometer readings, it was determined that the glucometer belonging to resident #4 was used to measure the blood glucose level of resident #5 on 8/31/15 before breakfast.

Based upon a review of the MAR of resident #6 and individual glucometer readings, it was determined that the glucometer belonging to resident #6 was used to measure the blood glucose level of resident #7 on 8/31/15 before breakfast.

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.

All medication technicians and nursing staff were retrained on 9/3/15 regarding the proper use of glucometers and the importance of not sharing them. New glucometers were ordered immediately on the day of inspection, and receipts were faxed to Ryan Novak. All residents' physicians were notified. Residents whose glucometers were used incorrectly were sent for blood panels by their physicians to be sure they were free of communicable disease and bloodborne pathogens. All residents are free of communicable disease and bloodborne pathogens. Three physician letters stating this were faxed to Ryan Novak. Director of Wellness and Wellness Nurses to monitor glucometers weekly and ensure calibrating is done. ED will monitor for ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

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 (Required on EVERY Page)

A. Allen

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

Arielle Allen - E.D.

Date *10-6-15*

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Violation Report: 22301 - 09/02/2015 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 The water temperature in the common bathroom across from room #311 measured 129.5 degrees Fahrenheit.
 The water temperature in room #109 measured 122.5 degrees Fahrenheit.

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.

Schuler Plumbing was called out to investigate the high water temperatures. They added a spring check valve to the cold water side of supply to prevent hot water contamination. The mixing valve also needed rebuilding due to pressure fluctuations. All work has been completed and water temps are being monitored weekly on all floors to make sure temps do not exceed 120 degrees. Maintenance Director to continue monitoring for safety. Water temperatures are documented weekly in our TELS reporting system, and will be brought to monthly QA meetings to be sure temperatures are at appropriate levels.

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Signature of Legal Entity Representative (Required on EVERY Page) *A Allen*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Arielle Allen - E.D.</i>	Date <i>10-6-15</i>
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Violation Report: 22301 - 09/02/2015 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

Room #114 b side does not have a source of light that can be turned on/off from bedside

Room #109's bedside lamp is not operable.

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.

Room 114B's light source was moved closer to [redacted] bedside at time of inspection. [redacted] did have a lamp in the room; just not close enough to the bed. The lamp was placed on the nightstand upon inspection.

Room 109's lamp was not operable at time of inspection. Maintenance Director replaced light bulb at time of inspection.

All resident rooms were checked to make sure a light was accessible by bedside. Light sources will be checked weekly by the Housekeeping Department to ensure that light sources are working and accessible from bedside.

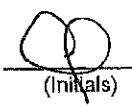
Memory Care Coordinator and Maintenance Director to monitor for ongoing compliance. ED will also monitor as walk throughs are done daily. Any concerns will be documented and addressed immediately and reviewed during our monthly QA meeting.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>A Allen</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Arielle Allen - E.D.</i>	Date	<i>10-6-15</i>
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Violation Report: 22301 - 09/02/2015 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
 2600.102(k) - Use of a common towel is prohibited.

2a. DESCRIPTION OF VIOLATION
 2 residents reside in room #114, an unlabeled common towel was located in the bathroom.

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.

Room 114 is a shared resident room. There were no towels present in the room upon time of inspection; however, the towel bar itself was not labeled. Memory Care Coordinator labeled the bars the day of inspection, and also immediately checked all companion rooms to ensure proper labeling was in place. Memory Care Coordinator, Housekeeping, and ED will continue to check companion rooms weekly to ensure labels are securely in place.

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

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Violation Report: 22301 - 09/02/2015 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 A handful of lint was located in the lint trap of the Crosley dryer on the 3rd floor, this poses a possible fire hazard.

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.

A small amount of lint was located in the Crosley dryer lint trap upon inspection. Maintenance Director and ED met with direct care staff and housekeepers who do laundry, and reminded them that lint needs to be removed after every use. Signs were placed on the dryer as a reminder.

ED and Maintenance Director will ensure ongoing compliance by doing daily walk throughs that will include the laundry areas. Maintenance Director will document audits done in TELS reporting system and we will discuss improvement during monthly QA meetings.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Arielle Allen - E.D.* Date *10-6-15*

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- Not Implemented

Violation Report: 22301 - 09/02/2015 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
 2 handfuls of lint, a dryer sheet and a paper towel were located behind the Crosley dryer on the 3rd floor, this poses a possible fire hazard.

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.

Maintenance Director and ED met with housekeeping department and direct care staff regarding the cleanliness around the dryers. Staff was reminded to remove lint from the dryers after every use and also to look around the dryer for any remaining lint, dryer sheets, or paper items that need to be placed in the trash can.

Ed and Maintenance Director will ensure ongoing compliance by doing daily walk throughs that will include the laundry areas. Maintenance Director will document audits done in TELS reporting system and we will discuss improvement during monthly QA meetings.

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

Signature of Legal Entity Representative (Required on EVERY Page) *A Allen*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Arielle Allen - E.D.* Date *10-6-15*

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- Not Implemented

Violation Report: 22301 - 09/02/2015 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
 2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION
 The fire extinguisher located near the smoking area was last inspected June, 2014.

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.

All fire extinguishers are inspected and tagged as part of our yearly inspection and contract with Simplex Grinnell. All extinguishers were inspected and tagged in May 2015. This particular extinguisher was missed. Simplex Grinnell was contacted and brought a replacement extinguisher the day after inspection, 9/3/15.

Maintenance Director will check tags during daily walk throughs to ensure ongoing compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Anelle Allen-E.D.</i>	Date <i>10-6-15</i>
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Violation Report: 22301 - 09/02/2015 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
 2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION
 Resident #7 self administers tums, nasal spray, advil, preservision, daytime cold & flu syrup and cloraseptic. Resident #1's DME dated 10/16/14 notes the resident is unable to self administer medications.

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 stated that [redacted] purchased the aforementioned items at Target. Items were removed from [redacted] room after explaining to [redacted] that we needed to obtain an order from [redacted] physician that [redacted] could self-administer these items. Resident's physician was contacted and we received a response on 9/8/15 that it is okay for [redacted] to keep these items at bedside and self-administer them. The items were then returned to the resident. Order was added to resident's chart and RASP was updated.

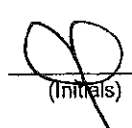
Director of Wellness and ED to monitor for ongoing compliance by doing resident room walk throughs weekly and utilizing a resident room to room medication checklist. The Director of Wellness will ensure that if any resident has stored medications at bedside that we have orders or a DME stating that the resident can self-administer those particular medications. Forms will be brought to monthly QA meeting to review any findings and corrections made.

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

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Violation Report: 22301 - 09/02/2015 - Novak, Ryan PCH Name: WOODLAND TERRACE AT THE OAKS	
1. REGULATION 55 Pa.Code §2600 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home	
2a. DESCRIPTION OF VIOLATION Benzonatate 100mg prescribed to resident #9 expired 7/2/15.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>Benzonatate 100mg that was prescribed to resident #9 was delivered from the pharmacy during changeover at the end of August. The expiration date from the pharmacy was incorrect on the label. Newhard Pharmacy immediately replaced the medication with new packaging and a new label.</p> <p>All carts were checked for compliance in this area. All new medications will be double checked by the nurse receiving the medications from the pharmacy, as well as the med tech or nurse who then files the blister pack into the medication cart. This will provide two checks for every medication going into the cart. Any corrections will then be shared at the monthly QA meeting.</p> <p>Director of Wellness to continue doing med cart audits biweekly and utilizing auditing tools to ensure audits are fully completed. Newhard Pharmacy also does med cart audits monthly.</p> <p><i>Adm/Designer will perform periodic random reviews of med cart audit sheets to ensure ongoing compliance. CP 11-12-15</i></p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 09/03/2014
Signature of Legal Entity Representative (Required on EVERY Page)	
<i>Allen</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Anielle Allen - E.D.</i>	<i>10-6-15</i>
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Violation Report: 22301 - 09/02/2015 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

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
 Aspirin 81mg belonging to resident #9 was 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.

Aspirin 81mg was labeled in the cart with resident #9's room number, but not [redacted] name. Medication was immediately labeled with the resident's full name in addition to [redacted] room number. All other OTC's in the cart were also checked for name and room number on day of inspection.

Moving forward, Director of Wellness will continue to do med cart audits biweekly. Any corrections will be addressed at our monthly QA meeting. Newhard Pharmacy also does med cart audits monthly.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Anelle Allen - E.D.* Date *10-6-15*

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Violation Report: 22301 - 09/02/2015 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

It is the home's policy that all insulin be dated when opened for use.

Lantus Solostar insulin and Humalog insulin prescribed to resident #10 were not dated when opened.

Lantus Solostar insulin prescribed to resident #7 was not dated when opened.

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 insulins prescribed to resident #7 and #10 were not dated when opened. Moving forward, all new insulin pens or containers must be opened and dated in the presence of an LPN on the shift; either a Wellness Nurse or the Director of Wellness. This will ensure two checks are done on every opened insulin container or pen.

Director of Wellness will also re-check this during biweekly med cart audits as well as Newhard Pharmacy checking when they conduct their monthly med cart audits.

Adm/Designer will perform periodic random reviews of the med cart audit sheets to ensure ongoing compliance.

cap. 11-12-15

Repeat Violation: Yes

Date(s) of Previous Violation(s): 09/03/2014

Signature of Legal Entity Representative
 (Required on EVERY Page)

Allen

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

Anielle Allen - E.D.

Date 10-6-15

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

The above plan of correction is approved as of 11-12-15
 (Date)

Plan of correction implementation status as of 11-12-15
 (Date)

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

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

Violation Report: 22301 - 09/02/2015 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

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

Staff did not initial or sign the MAR of resident #3 to indicate a blood glucose test had been completed on 9/2/15 before lunch.

Staff did not initial or sign the MAR of resident #11 to indicate Chlorthalidone 25mg, Zestril 30mg, Vitamin D3 and Amlodipine 10mg was administered at 8:00am on 9/2/15 and that artificial eye drops were administered at 8:00am and 2:00pm on 9/2/15.

Staff did not sign or initial the MAR of resident #3 to indicate Novlog insulin 5 units was administered at 12:00pm on 9/2/15.

Staff did not sign or initial the MAR of resident #12 to indicate artificial tear drops were administered at 12:00pm on 9/2/15.

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.

See Attached Sheet

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Arielle Allen - F.D.* Date *10-6-15*

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

The above plan of correction is approved as of 11-12-15
 (Date)

Plan of correction implementation status as of 11-12-15
 (Date)

The above plan of correction was approved by 
 (Initials)

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

09 - 02 - 15

P. 15 Aug 17

Three staff members missed initialing the MAR for medications given all on the day of inspection, 9/2/15. All staff members were coached and trained on signing for medications after administration, and following the 5 rights of administration on 9/3/15.

MARs will be checked daily by each medication technician, and also weekly by Wellness Nurses and Director of Wellness.

ED to follow up and ensure compliance in this area.

Orlando Hernandez, RLA
11-12-15

Violation Report: 22304 - 09/02/2015 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

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

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed blood glucose testing to be completed daily before breakfast, dinner, and bed. On the following dates and times, the home did not complete blood glucose testing as ordered:

Before breakfast- 8/27/15, 8/28/15, and 9/1/15
 Before dinner- 8/30/15

Resident #13 is prescribed blood glucose testing to be completed daily before breakfast, dinner, and bed. On the following dates and times, the home did not complete blood glucose testing as ordered:

Before dinner- 8/30/15 and 8/31/15
 Before bed- 8/26/15 and 8/31/15

Resident #3 is prescribed blood glucose testing to be completed daily before meals and bed. On the following dates and times, the home did not complete blood glucose testing as ordered:

Before lunch- 8/26/15- 8/31/15
 Before dinner- 8/26/15 and 8/28/15

Resident #5 is prescribed blood glucose testing to be completed daily before breakfast and bed. On the following dates and times, the home did not complete blood glucose testing as ordered:

Before breakfast-8/27-8/31/15, 9/1-9/2/15
 Before bed- 8/31/15

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.

See Attached Sheet

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Anielle Allen-E.D.</i>	Date <i>10-6-15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11-12-15</u> (Date) The above plan of correction was approved by <u><i>OP</i></u> (Initials)	Plan of correction implementation status as of <u>11-12-15</u> (Date) <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
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DA 02-15

p16Ag17

Due to the previous violation of shared glucometers, medication technicians ensured that all blood sugar monitoring was done as prescribed as per physician orders. Due to the sharing of glucometers, which has been addressed in the previous plan of correction, it appears that these residents are the same residents involved in violation 2600.85(a). Again, staff has been retrained on the proper use of individual glucometers for each resident with blood sugar monitoring orders on 9/3/15.

Glucometers will be checked weekly by the Wellness Nurses or Director of Wellness to ensure no blood sugar monitoring times are missed, and are documented properly in the MARs and the Diabetic Tracking Sheets. Comparisons will be done with each glucometer and each tracking sheet weekly to ensure compliance is being met.

Anne Graziano, RLA
11-12-15

Violation Report: 22301 - 09/02/2015 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
 2600.233(d) - Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

2a. DESCRIPTION OF VIOLATION
 The magnetic lock on the gate leading from the Secured Dementia Care Unit courtyard which opens to a main thoroughfare, did not reengage when closed resulting in the courtyard not being properly secured.

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 magnetic lock on the gate to the Secured Dementia Unit courtyard was locked securely upon inspection. When closing it, it required that the gate be lifted upward a little to reengage the locking device due to slightly uneven ground.

Maintenance Director leveled the area and realigned the gate and moved the magnetic tabs so the gate locks easily and smoothly when in the closed position.

Maintenance Director to monitor weekly to make sure the gate is securely locking and document his weekly audits in TELS reporting system. Any future corrections will be brought to our monthly QA meeting.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Arielle Allen - E.D.</i>	Date <i>10-6-15</i>
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