



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: October 20, 2015

Mr. Danny Prosky, President
GAHC3 York PA ALF TRS SUB, LLC
18191 Von Karman Avenue Suite 300
Irvine, California 92612

RE: Senior Commons at Powder Mill
1775 Powder Mill Road
York, Pennsylvania 17403
License #: 332100

Dear Mr. Prosky:

As a result of the Department of Human Services' licensing inspections on September 16, 2015 and September 17, 2015 of the above facility, the violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

The violation 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, appearing to read "Brett Swanger".

Brett Swanger
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 33210 - 09/16/2015 - McCloskey, Jason
PCH Name: SENIOR COMMONS AT POWDER MILL

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 9-9-15, an allegation of abuse against Resident 1 was reported to Staff Person A, the acting administrator. The home did not immediately report the allegation of abuse to the local area agency on aging. The notification was not made until 9-11-15.

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.

The acting administrator was re-educated on the Older Adult Protective Services Act and emailed a packet of information that included The Older Adult Protective Services and RCG manual pages 13-17 covering 2600.14(b) through 2600.18 covering all aspects of abuse investigation, reporting and responsibilities on 9/18/15.

All supervisory staff were re-educated on 9/18/15 with an e-mail link to the OAPSA and on 9/25/15 a review of a packet of information including a printed copy of the OAPSA Act, a list of abuse reporting phone numbers, Bureau of Human Services Licensing Incident Reporting Form, Act 13 Mandatory Abuse Report Form, and RCG manual pages 13-17 covering 2600.14(b) through 2600.18. Covering all aspects of abuse investigation, reporting and responsibilities.

All staff will be educated upon hire and annually of the requirement to report suspected abuse according to OAPSA and the RCG regulations. All current staff will have been provided with a personal copy of the OAPSA and RCG regulations on abuse and reportable circumstances and a staff signature of receipt will be available at the facility to demonstrate compliance. Effective completion date of November 15, 2015.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Danielle R. Reed, NHA</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>DANIELLE R. REED</i>	<i>10/19/15</i>

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

The above plan of correction is approved as of 10/20/15
(Date)

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

Plan of correction implementation status as of 10/20/15
(Date)

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

Violation Report: 33210 - 09/16/2015 - McCloskey, Jason
 PCH Name: SENIOR COMMONS AT POWDER MILL

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 guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 8-3-15 from 8:04 pm until 8:19 pm, the York Area Regional Police Department were in the personal care home in response to a request for a well-being check of Resident 2. The home did not report this incident 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.

The acting administrator was re-educated on the Older Adult Protective Services Act and emailed a packet of information that included The Older Adult Protective Services and RCG manual pages 13-17 covering 2600.14(b) through 2600.18 covering all aspects of abuse investigation, reporting and responsibilities on 9/18/15.

All supervisory staff were re-educated on 9/18/15 with an e-mail link to the OAPSA and on 9/25/15 a review of a packet of information including a printed copy of the OAPSA Act, a list of abuse reporting phone numbers, Bureau of Human Services Licensing Incident Reporting Form, Act 13 Mandatory Abuse Report Form, and RCG manual pages 13-17 covering 2600.14(b) through 2600.18. Covering all aspects of abuse investigation, reporting and responsibilities.

All staff will be educated upon hire and annually of the requirement to report suspected abuse according to OAPSA and the RCG regulations. All current staff will have been provided with a personal copy of the OAPSA and RCG regulations on abuse and reportable circumstances and a staff signature of receipt will be available at the facility to demonstrate compliance. Effective completion date of November 15, 2015.

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Signature of Legal Entity Representative (Required on EVERY Page) *Danielle R. Reed, LSW, NHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DANIELLE R. REED* Date *10/19/15*

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The above plan of correction is approved as of 10/20/15 (Date)

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

Plan of correction implementation status as of 10/20/15 (Date)

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

Violation Report: 33210 - 09/16/2015 - McCloskey, Jason
 PCH Name: SENIOR COMMONS AT POWDER MILL

1. REGULATION 55 Pa.Code §2600
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
 On 9-9-15 at 1:00 pm, Staff person B told Resident 1 to "shut up" and stated, in the presence of the resident, that the resident "doesn't have dementia, the resident is "psycho", and the reason why the resident's pants don't fit is because the resident is "fat."
 Staff Person B provided a written statement to the home admitting that on, 9-9-15, Staff Person B called Resident 1 a "bitch".

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 person B was suspended immediately pending the completion of the abuse investigation. Following the conclusion of the investigation staff person B was terminated from her employment at the facility.

Resident 1 has dementia and has no lasting memory of the incident and no evident effect from the incident, she is her usual self.

The facility will continue to screen all potential candidates for employment under the Abuse Protection regulations and provide orientation and annual training on abuse and behavior management techniques to all staff.

All staff have been provided with additional abuse reporting education via a copy of the Older Adult Protective Services Act and RCG manual pages 13-17 covering 2600.14(b) through 2600.18 covering all aspects of abuse investigation, reporting and responsibilities.

Staff responded appropriately by reporting the alleged abuse immediately to their supervisor. We will continue to provide support and encouragement for all staff to seek assistance from their supervisor's or peers whenever necessary.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Dan R. Reed, LSW, NHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *DANIELE R. REED* Date *10/19/15*

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The above plan of correction is approved as of <u>10/20/15</u> (Date) The above plan of correction was approved by <u>BRB</u> (Initials)	Plan of correction implementation status as of <u>10/20/15</u> (Date) <input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 33210 - 09/16/2015 - McCloskey, Jason
 PCH Name: SENIOR COMMONS AT POWDER MILL

1. REGULATION 55 Pa.Code §2800

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

On 8-3-15, Staff person D administered medications to residents. Staff person D's medication administration training is not current as no medication training has occurred since 9-10-14.

On 9-15-15 and 9-16-15, Staff person E administered medications to residents. Staff person E's medication training is not current as no medication training has occurred since 4-3-14.

On 9-14-15, Staff person F administered medication to residents. Staff person F's medication training is not current as no medication training has occurred since the annual recertification on 8-31-14.

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 person's D, E, F received medication administration training and observations on 10/2/15. Second medication administration observations occurred on 10/16/15. All staff who administers medications is current in their medication administration trainings and observations. No staff members without appropriate medication administration will be permitted to administer medication. The Director of Resident Care will monitor staff training to insure compliance. The facility is having the Assistant Director of Resident Care trained to become a Certified Trainer for Medication Administration courses to insure that facility medication technicians remain current and up to date at all times. Regular staff medication administration observations will occur in January, May and September. A medication administration class will be held annually in October to insure continuous compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Danielle R. Reed, LSW, NHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DANIELLE R. REED* Date *10/19/15*

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Violation Report: 33210 - 09/16/2015 - McCloskey, Jason

PCH Name: SENIOR COMMONS AT POWDER MILL

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

The label for Resident 3's *Senaxon-S Tab 8.6 mg - 50 mg* is labeled incorrectly. The label on the medication incorrectly reads to administer 1 tablet by mouth twice a day. The original prescriber order and the medication administration record states to take 1 tablet by mouth every morning and 2 tablets by mouth at bedtime.

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 did receive the correct dose of Senaxon-S tablet (laxative) medication in spite of the transcription error. Resident 3 had no ill effects.

Staff was re-trained immediately on the 5 rights of medication administration by the Director of Resident Care. Medication Administration training for staff occurred on October 2, 2015; with medication administration observations occurring on October 2, 2015 and October 16, 2015.

The facility has initiated a medication cart audit tool to be completed 10 days per month for at least 3 months by the Director of Resident Care or Assistant Director of Resident Care to insure Medications are properly labeled. Audit tool to be in use by 10/26/15.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Danielle R. Reed LSW, NHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DANIELLE R. REED* Date *10/19/15*

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Violation Report: 33210 - 09/16/2015 - McCloskey, Jason

PCH Name: SENIOR COMMONS AT POWDER MILL

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATIONResident 3 is prescribed *Lorazepam .5 mg, 1 tab by mouth daily at 1300 [1pm]* and *Lorazepam 1 mg, 1 tab twice daily at 0600 [6am] and 2100 [9pm]*. On 9-17-15 at 1300 [1pm], a 1 mg tablet was administered instead of a .5 mg tablet.**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's physician was contacted and indicated that there was no concern as the resident already receives this dose at other times during the day. The resident did not demonstrate any ill effects from the medication error.

Staff was re-trained immediately on the 5 rights of medication administration by the Director of Resident Care. Medication Administration training for staff occurred on October 2, 2015; with medication administration observations occurring on October 2, 2015 and October 16, 2015.

The facility has initiated a medication cart audit tool to be completed 10 days per month for at least 3 months by the Director of Resident Care or Assistant Director of Resident Care to insure that correct dosages are being given when there are multiple dosages of the same medications for the same resident. Audit tool to be in use by 10/26/19.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

D.R. Reed LSW, NHA

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

DANIELLE R. REED

Date

10/19/15

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Violation Report: 33210 - 09/16/2015 - McCloskey, Jason

PCH Name: SENIOR COMMONS AT POWDER MILL

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

There are no pre-admission screening forms for Resident 3, admitted 8-12-15 or Resident 4, admitted 8-19-15.

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.

Prescreens were completed on Resident 3 and Resident 4 based upon information gleaned from the record as these were well past 30 days of admission.

Admissions will now be entered into a new computer system for integrated record keeping. All necessary time sensitive documentation is programmed into the system and notifies the users of outstanding due or overdue deadlines. Prescreens, initial assessments and support plans will automatically be triggered for each new admission to the facility.

The Director of Resident Care and Assistant Director of Resident Care will be responsible for monitoring the system to insure that all documentation is completed in a timely manner. This is insured by logging into the system which then causes a list of those concerns to open. The Director of Resident Care and Assistant Director of Resident Care will be responsible for logging into the system at least weekly effective immediately. Any outstanding records will be updated and remain updated by November 15, 2015. A random chart audit of 6 records will be completed for 3 months by the Executive Director beginning November 15, 2015 to insure continuous 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)

DANIELLE R. REED

Date 10/19/15

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(Date)

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(Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 33210 - 09/16/2015 - McCloskey, Jason

PCH Name: SENIOR COMMONS AT POWDER MILL

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The home has not completed initial assessments for Residents 4 and 5, both admitted 7-30-15.

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.

Initial assessments were completed on Residents 4 and 5. Admissions will now be entered into a new computer system for integrated record keeping. All necessary time sensitive documentation is programmed into the system and notifies the users of outstanding due or overdue deadlines. Prescreens, initial assessments and support plans will automatically be triggered for each new admission to the facility.

The Director of Resident Care and Assistant Director of Resident Care will be responsible for monitoring the system to insure that all documentation is completed in a timely manner. This is insured by logging into the system which then causes a list of those concerns to open.

The Director of Resident Care and Assistant Director of Resident Care will be responsible for logging into the system at least weekly effective immediately. All outstanding records will be updated and remain updated by November 15, 2015. A random chart audit of 6 records will be completed completed for 3 months by the Executive Director beginning November 15, 2015 to insure continuous compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

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Danielle R. Reed, LSW, NHA

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(Initials)

Violation Report: 33210 - 09/16/2015 - McCloskey, Jason
 PCH Name: SENIOR COMMONS AT POWDER MILL

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Residents 4 and 5 were both admitted to the home on 7-30-15. The home has not developed a support plan for either 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.

Support Plans were completed on Resident 4 and Resident 5. Admissions will now be entered into a new computer system for integrated record keeping. All necessary time sensitive documentation is programmed into the system and notifies the users of outstanding due or overdue deadlines. Prescreens, initial assessments and support plans will automatically be triggered for each new admission to the facility.

The Director of Resident Care and Assistant Director of Resident Care will be responsible for monitoring the system to insure that all documentation is completed in a timely manner. This is insured by logging into the system which then causes a list of those concerns to open.

The Director of Resident Care and Assistant Director of Resident Care will be responsible for logging into the system at least weekly effective immediately. All outstanding records will be updated and remain updated by November 15, 2015. A random chart audit of 6 records will be completed completed for 3 months by the Executive Director beginning November 15, 2015 to insure continuous compliance.

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Danielle R. Reed, LSW, NHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *DANIELLE R. REED* Date *10/19/15*

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