



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: MAR 08 2016**

Mr. Michael B. Laign, President/CEO  
Holy Redeemer Health System  
1616 Huntingdon Pike  
Meadowbrook, Pennsylvania 19046

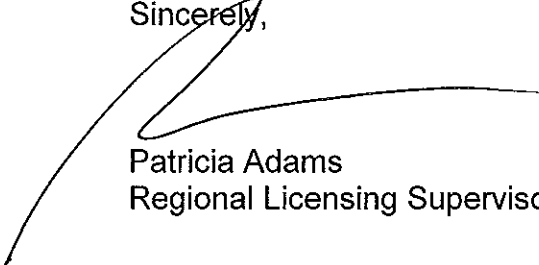
RE: Holy Redeemer St. Joseph Manor  
License #: 127940

Dear Mr. Laign:

As a result of the Department of Human Services' licensing inspection on September 29, 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,



Patricia Adams  
Regional Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

|  |   |                       |
|--|---|-----------------------|
| PCH Name: HOLY REDEEMER ST JOSEPH MANOR                                  |   | License Number: 12794 |
| Address: 1616 HUNTINGDON PIKE, MEADOWBROOK, PA 19046                     |   | County: Montgomery    |
| Administrator: Julia Regan   |   | Region: SOUTHEAST     |
| Legal Entity Name: HOLY REDEEMER HEALTH SYSTEM                           |   |                       |
| Legal Entity Address: 1616 HUNTINGDON PIKE, MEADOWBROOK, PA 19046        |   |                       |
| Certificate(s) of Occupancy  |   |                       |
| <b>Staffing Hours</b>  |   |                       |
| Resident Support: 0  | Total Daily Staff: 58                   | Waking Staff: 44      |
| Type of Inspection: Partial  | BHA Docket Number:                      | Notice: Unannounced   |
| <b>Reason(s) for Inspection(s)</b>                                       |   |                       |
| Incident   |   |                       |
| <b>On-Site Inspections Dates and Department Representatives On-Site.</b> |   |                       |
| 09/29/2015: Keppel, Autumn; Keely, Jennifer                              |   |                       |
| <b>Off-Site Inspection Dates and Inspectors, if Applicable</b>           |   |                       |
|  |   |                       |
| <b>Other Details</b>   |   |                       |
| Partial or Full Triggers:  |   | Random Indicators:    |
| <b>Resident Demographic Data as of Inspection Dates</b>                  |   |                       |
| Licensed Capacity: 69  | Number of Residents who:                |                       |
| Number of Residents Served: 58   | Receive Supplemental Security Income: 0 |                       |
| Secured Dementia Care Unit in Home: No                                   | Are 60 Years of Age or Older: 58        |                       |
| Area:  | Have Mental Illness: 0                  |                       |
| Secured Dementia Unit Capacity, if Applicable:                           | Have an Intellectual Disability: 0      |                       |
| Number of Residents Served in Secured Dementia Care Unit, if applicable: | Have a Mobility Need: 0                 |                       |
| Number of Current Hospice Residents: 0                                   | Have a Physical Disability: 0           |                       |
| Number of Hospice Residents in past year: 1                              |   |                       |

*Julia Regan, P.C. Adm. 11/12/2015*

Violation Report: 12794 - 09/29/2015 - Keppel, Autumn  
 PCH Name: HOLY REDEEMER ST JOSEPH MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

**2a. DESCRIPTION OF VIOLATION**

On 9/25/15, at 9:00 AM, staff member A poured resident #1's medications. Staff Member A reported that they then became distracted and as result of the distraction, staff member A administered resident #1's medications to resident #2. Resident #2 was sent to the emergency room where they were diagnosed with hypotension and bradycardia as a result of the administered 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.*

**Corrective Action:**

1. Resident #2 was transferred to higher clinical setting (Holy Redeemer Hospital) for observation (9/25/15 in am)
2. Staff member who administered medications to wrong resident was educated on the 5-Rights of medication administration. *(see attached education)*  
 (Responsible Staff: Nurse Manager/DPW Medication Trainer) (Completion Date: 9/25/15)

**To Ensure this Violation Does Not Recur:**

1. We invited ADON/Quality Assurance RN from St. Joseph Manor Nursing to observe medication pass and make recommendations.
  - a. Recommendation: Do not change process for med pass. Educate staff on 5-Rights and how to manage distractions.  
 (Responsible Staff: [REDACTED] ADON) (Completion Date: 9/30/15)
2. All staff who administer medications were educated on the 5-Rights of Medication Administration and how to handle distractions during a medication pass. *(see attached education)*  
 (Responsible Staff: Nurse Manager/DPW Medication Trainer) (Completion Date: 10/2/15)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Julia Regan, P.C. Adm.*

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

*Julia Regan*

Date

*11/12/15*

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

The above plan of correction is approved as of

*12/8/15*  
 (Date)

Plan of correction implementation status as of

*12/8/15*  
 (Date)

The above plan of correction was approved by

*MS*  
 (Initials)

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

Violation Report: 12794 - 09/29/2015 - Keppel, Autumn  
 PCH Name: HOLY REDEEMER ST JOSEPH MANOR

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

2a. DESCRIPTION OF VIOLATION

On 9/25/15, at 9:00 AM, resident #2 was administered all of resident #1's 9:00 AM 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.

**Corrective Action:**

1. Immediately after administration, the medications administered to the wrong resident were reviewed. It was identified that the medications were hypertension medications and had the potential to lower her blood pressure. Resident was immediately assessed for baseline blood pressure (125/65). One staff member stayed with resident to observe for any adverse reactions. The other staff member started the process to transfer resident to the ER so that she could be in a higher clinical setting for observation. Resident was evaluated at Holy Redeemer Hospital's ER and admitted to ICU for 24 hours of observation. Admitting Diagnosis: Hypotension & Bradycardia.
2. Staff person involved in administration of wrong medication was educated on the proper way to administer medication (see education attachment with page 2 of 3)  
 (Responsible Staff: Nurse Manager/DPW Medication Trainer) (Completion Date: 9/25/15)

**To Ensure this Violation Does Not Recur:**

1. All staff who administer medications were reeducated on the proper way to administer medications (see education attachment with page 2 of 3)  
 (Responsible Staff: Nurse Manager/DPW Medication Trainer) (Completion Date: 10/2/15)
2. All staff who administer medications were educated on what steps to take if a resident receives another residents medication. (see attached education)  
 (Responsible Staff: Nurse Manager/DPW Medication Trainer) (Completion Date: 10/2/15)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Julia Regan, P.C. Adm.*

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

*Julia Regan*

Date

*11/12/15*

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

The above plan of correction is approved as of

*12/9/15*  
 (Date)

Plan of correction implementation status as of

*12/9/15*  
 (Date)

The above plan of correction was approved by

*[Signature]*  
 (Initials)

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