



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 06 2016

Ms. Kelly Cook Andress, President
Senior Living NP LLC
Second and Fourth Floors
501 Plush Mill Road
Wallingford, Pennsylvania 19086

RE: Plush Mills
License #: 131040

Dear Ms. Andress:

As a result of the Department of Human Services' annual 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,

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

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 13104 - 09/29/2015 - Colon, Lissette
 PCH Name: PLUSH MILLS

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 On 9/28/15 and 9/29/15, at 9am, resident #2's weight was done. However, Staff person A did not initial until 1:45pm on 9/29/15.

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.

What specific changes will be made: Staff person will document resident's weight, as soon as it is obtained.

Who Will Make the Change: The Nurses/med tech

When Will the change be made: In-service was completed on 9/30/15 & 10/1/15

System Implemented & Supporting Documentation: Attached is a copy of the documentation for the

① resident's weight; also attached is a copy of the in-service. ②

Repeat Violation: No	Date(s) of Previous Violation(s):	09/02/2014
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Signature of Legal Entity Representative (Required on EVERY Page) *Kristin W. Wilhelmsen*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KRISTIN A.W. WILHELMSEN* Date *12/2/15*

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The above plan of correction is approved as of 12/3/15 (Date)

Plan of correction implementation status as of 12/3/15 (Date)

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

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

Violation Report; 13104 - 09/29/2015 - Colon, Lissette
 PCH Name: PLUSH MILLS

1. REGULATION 56 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

- On 9/3/15, resident #1 received Acetaminophen 1 tab for pain at noon. However, according to the medication administration record, the medication is only prescribed at bedtime for pain.

- Resident #2, has an order for his weight to be taken daily at 9am. If his/her weight increases by 3lbs. in one day, the home must notify the nurse and the physician. However, no weights were recorded on the following days to determine if any weight gain had occurred, 9/5/15, 9/7/15 - 9/11/15, and 9/27/15.

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.

What specific changes will be made: (resident #1): Nurses/med tech will follow all physician's orders

(resident #2): Staff person will document resident's weights, as soon as the weight is obtained.

Who Will Make the Change: (resident #1): The Nurse

(resident #2): The Nurse/Med Tech

When Will the change be made: Immediately

System Implemented & Supporting Documentation: (resident #1) The med tech was in-service on the importance of following physician's orders. The medication was changed to a PRN status. (2)

(resident #2) Attached is a copy of the documentation for the resident's weight; also attached is a copy of the in-service. (3)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Kristina W. Whitehouse*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kristina W. Whitehouse* Date *12/2/15*

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

The above plan of correction is approved as of *12/3/15* (Date)

Plan of correction Implementation status as of *12/3/15* (Date)

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

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

Violation Report: 13104 - 09/29/2015 - Colon, Lissette PCH Name: PLUSH MILLS	
1. REGULATION 55 Pa.Code §2600 2600.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.	
2a. DESCRIPTION OF VIOLATION Staff person A, initial medication administration training was completed on 9/23/14. Upon reviewing Staff person A medication training, the staff person had received all required elements of annual trainings quarterly: medication administration reviews and observations. These trainings occurred on 1/30/15, 4/24/15, and 7/22/15. However, these trainings are not documented on the Dept.-approved medication administration annual training form.	
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>What specific changes will be made: Med techs are reviewed and observed on a quarterly basis. The observer will document the observations on the approved paper work.</p> <p>Who Will Make the Change: The Practicum Observer</p> <p>When Will the change be made: The change was made on the quarterly observation in October.</p> <p>System Implemented & Supporting Documentation: The observer will complete the approved medication administration annual training form, each quarter with the observation of the med tech.</p> <p style="text-align: center;">⑤</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Kristina W. Wilhelmson</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>KRISTINA W. Wilhelmson</i>	Date <i>12/2/15</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>12/3/15</i> (Date)	Plan of correction implementation status as of <i>12/2/15</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<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