



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: October 19, 2015**

Ms. Christine L. Kline, Director of Personal Care  
Stoneridge Retirement Living  
440 East Lincoln Avenue  
Myerstown, Pennsylvania 17067

RE: Stoneridge Poplar Run  
450 East Lincoln Avenue  
Myerstown, Pennsylvania  
License #: 308990

Dear Ms. Kline:

As a result of the Department of Human Services' licensing inspection on October 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.

The 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, appearing to read "Brett Swanger".

Brett Swanger  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 30889 - 10/2/2015 - Swanger, Brett  
 PCH Name: Stoneridge Poplar Run

1. REGULATION 55 Pa.Code §2600  
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 9/13/15, Staff member A yelled at Resident #1 for walking through the activities room to get to the dining room. Resident #1 became visibly upset by the actions of the staff member. Also on 9/13/15, when Resident #2 asked for medications, Staff Member A directed Resident #2 and Resident #3 into the nurses office, closed the door, and was overheard yelling at Resident #2 and Resident #3. Resident #2 and Resident #3 then left the nurses office and were observed to be visibly upset by the incident. Staff Member A failed to treat Resident #1, Resident #2, and Resident #3 with dignity and respect.

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.*

Facility Denies any wrong doing. The incident was immediately reported by another staff member to the Administrator. Staff member A was immediately placed on suspension pursuant to facility policies and procedures and an investigation was commenced. Residents #1,2 and 3 were interviewed as well as the staff members that reported the incident. Upon completion of the investigation Staff Member A was terminated for failure to comply with the Standards of Conduct Policy of the facility.

Staff member received all required trainings in Resident Rights and signed that she understood the Rights during her initial training upon hire and ongoing. Staff member A also received a copy of the Team Member handbook which clearly states the standards of conduct expected by all staff members.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Lisa Keppley RWJHA*

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

*Lisa Keppley RWJHA*

Date 10/16/15

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

The above plan of correction is approved as of

10/19/15  
 (Date)

Plan of correction implementation status as of

10/19/15  
 (Date)

The above plan of correction was approved by

*BAS*  
 (Initials)

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

Violation Report: 30899 - 10/2/2015 - Swanger, Brett  
 PCH Name: Stoneridge Poplar Run

1. REGULATION 55 Pa.Code §2600  
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION  
 The initial support plans for Resident #2 and Resident #3, both dated 7/16/14, did not include the signature of the assessor.

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 initial support plan was reviewed with and signed by the Resident but the assessor forgot to sign it. It will be signed on October 19, 2015 upon her return from FMLA. Administrator will continue to monitor compliance with signing of all support plans by all parties completing them.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lisa Keppley RNHA</i>	Date <i>10/16/15</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>10/19/15</u> (Date)	Plan of correction implementation status as of <u>10/19/15</u> (Date)
The above plan of correction was approved by <u>BNS</u> (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