



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

NOV 23 2015

Ms. Paula Sagan-Hahn, Executive Director  
Lakewood Senior Living-Drums LLC  
159 South Old Turnpike Road  
Drums, Pennsylvania 18222

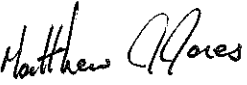
RE: Fritzingertown Senior Living Community  
License #: 201660

Dear Ms. Sagan-Hahn:

As a result of the Department of Human Services' annual licensing inspection on October 21, 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,

  
Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



Violation Report: 20166 - 10/21/2015 - O'Haire, Anne  
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600  
 2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION  
 A large black trash can, containing brush and water bottles, was noted in the Evergreen courtyard without a lid, allowing access to insects and rodents.

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.

Trash can which was utilized for discarding weeds at time of inspection was removed immediately. All maintenance personnel were re-inserviced in this requirement and the importance of compliance with this regulation.  
 Administrator will monitor to assure compliance to this regulation.  
 Trash can which was utilized for discarding weeds at time of inspection was removed immediately. All maintenance personnel were re-inserviced in this requirement and the importance of compliance with this regulation.  
 Administrator will monitor to assure compliance to this regulation.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *[Handwritten Name and Title]*      Date *11/15/15*

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

The above plan of correction is approved as of 11/10/15  
 (Date)

Plan of correction implementation status as of 11/10/15  
 (Date)

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

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

Violation Report: 20166 - 10/21/2015 - O'Haire, Anne  
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

1. REGULATION 65 Pa.Code §2600  
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 A hole measuring approximately 12" x 8" was noted in the wall to the right of the employee entrance of the Evergreen SDU.

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.*

Hole in wall of employee entrance caused by delivery hand truck was repaired by maintenance staff on October 22, 2015. Maintenance personnel were re-inserviced to monitor all floors, walls, ceilings, windows, and doors for need of repair and provide repair promptly. All maintenance personnel were re-inserviced in this requirement and the importance of compliance to this regulation.

Administrator will monitor to assure compliance to this regulation.

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

*Paula Sagon Hahn*

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

*Paula Sagon Hahn, Administrator* Date *11/5/15*

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The above plan of correction is approved as of <u>11/10/15</u> (Date)	Plan of correction implementation status as of <u>11/10/15</u> (Date)
The above plan of correction was approved by <u><i>M</i></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

Violation Report: 20166 - 10/21/2016 - O'Haire, Anne  
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600  
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION  
 The exterior courtyard of the home's Evergreen Secured Unit has 2 electronically locked gates. On the day of inspection, neither lock would disengage when the key code was entered.

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.

Keypad devices which had failed to disengage on locked gates in secured dementia unit on day of inspection were replaced immediately by electrician. A copy of proof of this repair is attached to this POC. Gate keypad devices are now tested daily and a log is maintained to prevent reoccurrence. All maintenance personnel were re-inserviced in this requirement and the importance of compliance with this regulation. Administrator will monitor to assure compliance to this regulation.

\*It is important to note that in the event of activation of facility fire alarm system, these locks automatically disengage despite non-functioning keypad devices.\*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Wanda Sappin O'Haire, Administrator* Date *11/6/15*

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 (Date)

Plan of correction Implementation status as of 11/10/15  
 (Date)

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

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Violation Report: 20166 - 10/21/2015 - O'Haire, Anne  
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

**1. REGULATION 55 Pa.Code §2600**  
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

**2a. DESCRIPTION OF VIOLATION**  
 The home's fire safety expert stated on 07-21-15 that the home had a fire safe evacuation time of 7 minutes and 20 seconds. The home went over their evacuation time on 09-30-15 with an evacuation time of 7 minutes and 53 seconds.

**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.*

Fire Safety expert performed annual fire safety inspection as required on July 21, 2015. When documenting this inspection, expert mistakenly documented the actual "fire-drill" time as opposed to the time required by this regulation. Attached is the copy of the Fire Safety expert's revised statement which documents maximum safe time evacuation time to the previously determined time of 9 minutes and 45 seconds.

All maintenance personnel were re-inserviced in this requirement and the importance of compliance with this regulation.

Administrator will monitor to assure compliance to this regulation.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Paula Lopez Clarke*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Paula Lopez Clarke, R.O. Administrator*      Date *11/10/15*

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Violation Report: 20166 - 10/21/2015 - O'Haire, Anne  
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

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  
 The following unlabeled OTC medications were noted in the Evergreen SDU medication carts: 1 bottle of Vita-C chewable tablets and 1 bottle of Smart Sense brand 81 mg low dose aspirin.

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 licensed staff and medication trained personnel were re-instructed by the Director of Resident Care Services on the requirements of this regulation and need for compliance.  
 Director of Resident Care Services and Administrator will provide ongoing monitoring to assure compliance with this regulation.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Paula Sagon Davis*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Paula Sagon Davis, R.N. Administrator*      Date *11/10/15*

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Violation Report: 20166 - 10/21/2015 - O'Haire, Anne  
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

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

The following medications were not initiated as being given on the following dates and times for the following residents:  
 Resident #1 -- Tomsetosin HCL 0.4 mg cap. was not initiated as being given at 5:00pm on 10-10-15 & 10-19-15. Carvedilol 6.25 mg tab take 1 tab 2 times a day not initiated as given on 10-10-15 & 10-19-15 at 8:00pm.  
 Resident #2 -- Refresh eyes ointment to be applied 1/2 inch each eye on each lower lid at bed time was not initiated as being given on 10-19-15 at 8:00pm.

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 licensed staff and medication administration trained personnel were re-educated on the proper documentation on resident medication administration record.

Director of Resident Care Services and Administrator will provide ongoing monitoring to assure compliance with this regulation.

Repeat Violation: Yes	Date(s) of Previous Violation(s): 11/05/2014	
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Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 11/5/15

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Violation Report: 20168 - 10/21/2015 - O'Haire, Anne  
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

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

2a. DESCRIPTION OF VIOLATION

Resident # 3 is prescribed Novolog with a sliding scale. On 10/17/15 at 12:34 pm the resident's blood sugar level measured 280; 6 units of insulin was required; "0" units were administered.

Resident # 3's medication administration record indicates they are to be tested 4x daily (8am, 12pm, 5pm, and 8pm). Review of the resident's glucometer indicates that on 10/20/15, they were not tested at 8am and 12pm.

Resident # 4s medication administration record indicates they are to be tested 4x daily (7:30am, 11am, 4pm, and 8pm). Review of the resident's glucometer indicates they were not tested on the following dates and times: On 10/20/15 @ 7:30am; on 10/16/15 @ 7:30 and 11am; on 10/14/15 @ 7:30 am.

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 licensed staff and medication administration trained personnel were re-educated on following the directions of the provider. Also re-inserviced on the need to document any "Leaves of Absence" from facility on Medication Administration Record as well as Glucometer Monitoring sheets.

Director of Resident Care Services and Administrator will provide ongoing monitoring to assure compliance with this regulation.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative      Date  
 (Required on EVERY Page) *[Handwritten Name and Title]*      11/5/15

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 (Date)

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 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented