



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 03 2016

Ms. Michell Staska-Pier, Executive Director
Phoebe Home Incorporated
1925 Turner Street
Allentown, Pennsylvania 18104

RE: The David A. Miller Personal Care Community
License #: 216170

Dear Ms. Staska-Pier:

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,

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

Matthew J. Jones
Director ^{ISA}

Enclosure
License Inspection Summary

Violation Report: 21617 - 10/21/2015 - Harvey, Jason
 PCH Name: THE DAVID A MILLER PERSONAL CARE COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION
 Resident #1 self-administers scalpich and alphagan eye drops but has not been assessed to do so. The residents DME dated 11/30/14 notes the resident cannot self-administer 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.

See attached POC

| | | | |
|-----------------------|-----------------------------------|--|--|
| Repeat Violation: No. | Date(s) of Previous Violation(s): | | |
|-----------------------|-----------------------------------|--|--|

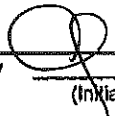
Signature of Legal Entity Representative
 (Required on EVERY Page) *Joan Matura LPN Manager*

| | |
|--|------------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>JOAN MATURA</i> | Date <i>11/16/2015</i> |
|--|------------------------|

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

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| The above plan of correction is approved as of <u>12-10-15</u> (Date) | Plan of correction implementation status as of <u>12-10-15</u> (Date) |
|--|--|

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

The above plan of correction was approved by 
 (Initials)

David A. Miller Personal Care Community
License # 216170
Plan of Correction for DPW licensing inspection on 10/21/15
Violation report 21617 – Jason Harvey

p2A9A

Regulation 55 Pa. Code 2600.

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of violation

Resident #1: Self-administers Scalpicin oil treatment for anti-itch to scalp. Alphagan eye drops for glaucoma but has not been assessed to do so. The residents DME dated 11/30/14 notes the resident cannot self-administer medications.

Explanation:

Upon admission to PCH on [REDACTED] 14, Resident #1: Daughter requested that staff administer all routine medications. Resident is able to administer medications but chooses not to. Resident # 1 drives a car, makes own appointments and drives self to the appointments. On 7/1/15 Resident #1 had an appointment with an ophthalmologist, unbeknownst to nursing. No request for a consult form. The ophthalmologist wrote an Rx for Alphagan drops – On 9/2/15 this resident had the Rx filled at another pharmacy (CVS) and instilled the drops. Resident drives to own hairdresser – who suggested purchasing Scalpicin oil and applying to dry itchy areas on the scalp. The suggestion or the product was not reported to nursing. Res #1 has been assessed and is able to apply Scalpicin oil. Currently working with ophthalmologist regarding Alphagan drops - staff will instill eye drops if ordered.

Plan of Correction (POC)

Most PCH residents are not able to drive a car, make and keep doctors & hairdresser appointments; or go shopping independently. This regulation including OTC medications that families may purchase without the doctors or the nurses knowledge is prohibited. This regulation is always discussed during the admission process and discussed periodically at resident council meetings.

- Staff (Nurse, C.N.A. / Medication Technician will monitor any prescription or over the counter medications found in the residents rooms.
- Staff will confirm that doctors' orders for particular items found are noted.
- C.N.A. / Medication Technician will inform the nurse if items are found without a doctor's order.
- Nurse will inform the resident, family or responsible party that the PCH and the residents must comply with regulatory statutes.
- Nurse will request orders if applicable, from resident's doctors of items found.
- Nurse will obtain from the resident, family or responsible party supplier source.
- Continue discussing this issue at resident council meetings
- Open dialog with resident, family, or responsible party; that if other items are desired to communicate that with the nurse.

Monitor compliance of this regulation

- During the admission & re-admission process explain the regulation.
- Monitor residents rooms during several medication passes, and during morning and evening care.
- Monitor residents rooms during weekly cleaning of resident rooms
- Monitor residents rooms during monthly safety inspections of residents room.

Denise Graziano, RLA
12-10-15

Violation Report: 21617 - 10/21/2015 - Harvey, Jason
 PCH Name: THE DAVID A MILLER PERSONAL CARE 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
 Resident #2's MAR was incorrectly documented on 10/14/15. The residents glucometer reading was 133, however 131 was recorded on the MAR.

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.

See Attached POC

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Joan Matura CAN Manager*

| | |
|--|----------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>JOAN MATURA</i> | Date <i>11/10/15</i> |
|--|----------------------|

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| The above plan of correction is approved as of <u>12-10-15</u> (Date) | Plan of correction implementation status as of <u>12-10-15</u> (Date) <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 |
| The above plan of correction was approved by <u><i>JM</i></u> (Initials) | |

David A. Miller Personal Care Community
License # 216170
Plan of Correction for DPW licensing inspection on 10/21/15
Violation report 21617 – Jason Harvey

P3A94

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.

Description of violation

Resident #2: MAR was incorrectly documented on Wednesday 11/14/15 @ 6 am. The residents' glucometer reading was 133, however 131 was recorded on the MAR.

No ill effect occurred to this resident regarding this deficiency.

Plan of Correction (POC)

The nurse involved Molly Mastrangelo LPN is not regular staff in the PCH on the 11-7 shift. This nurse was given an education notation regarding this deficiency. Correct documentation is to be made; regulations are to be followed in the PCH. This education notation will be kept on this nurses file. The 11-7 supervisor was given instructions regarding diabetic protocol in the PCH that includes this regulations.

Monitor compliance of this regulation

- Quarterly audits on glucometer / control log / MAR's for compliance: January April July October completed by license nurse working 11-7
- Audit results will be reported and tracked through our Quarterly Quality Assurance Program
- Update and post instructions regarding individual glucometers
- Update and post regulatory diabetic protocol for PCH

Anne Graziano R.N.A.
12-10-15

Violation Report: 21617 - 10/21/2015 - Harvey, Jason
 PCH Name: THE DAVID A MILLER PERSONAL CARE COMMUNITY

1. REGULATION 55 Pa.Code §2500
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #2 has an order for blood glucose readings on Monday, Wednesday and Fridays. On Friday 10/16/15 the reading was not completed.
 Resident #3 has an order for blood glucose readings twice daily at 7am & 4pm. On 10/15 and 10/16/15 the 7am readings were not completed.
 Resident #4 has an order for blood glucose readings twice daily at 6am & 4:30 pm. On 10/15 and 10/16/15 the 6am readings were not completed.
 Resident #8 has an order for blood glucose readings twice daily at 7am & 4:30 pm. On 10/15 and 10/16/15 the 7am readings were not completed.

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.

See Attached POC

| | | |
|-----------------------|-----------------------------------|------------|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 11/05/2014 |
|-----------------------|-----------------------------------|------------|

Signature of Legal Entity Representative
 (Required on EVERY Page) *Joan Matura LPA Manager*

| | |
|--|----------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>JOAN MATURA</i> | Date <i>11/10/15</i> |
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|---|--|
| The above plan of correction was approved by <i>[Signature]</i> (Initials) | |
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David A. Miller Personal Care Community
License # 216170
Plan of Correction for DPW licensing inspection on 10/21/15
Violation report 21617 – Jason Harvey

P4984

Regulation 55 Pa. Code 2600.

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

Description of violation

Resident #2: Has order for blood glucose readings @ 6 am on Monday, Wednesday, & Fridays. On Friday 10/16/15 @ 6 am the reading was not completed.

Resident #3: Has an order for blood glucose readings twice daily @ 7 am & 4 pm. On Thursday 10/15/15 and Friday 10/16/15 the 7 am readings were not completed.

Resident #4: Has an order for blood glucose readings twice daily @ 6 am & 4:30 pm. On Thursday 10/15/15 & Friday 10/16/15 @ 6 am readings were not completed.

Resident #5: Has an order for blood glucose readings Monday, Wednesday, & Fridays @ 6 am & daily @ 4:30 pm. On Friday 10/16/15 @ 6 am the reading was not completed.

Resident #6: Has an order for blood glucose readings twice daily @ 7 am & 4:30 pm. On Thursday 10/15/15 & Friday 10/16/15 @ 7 am readings were not completed.

No ill effect occurred to these resident regarding this deficiency.

Plan of Correction (POC)

Resident #3 #4 #6 10/15/15 @ 7 am: The nurse involved [REDACTED] R.N. is not regular staff in the PCH on the 11-7 shift. This nurse was given an education notation regarding this deficiency not following doctors' orders. The residents individual glucometers did not show the same results that were documented on the residents MAR's. Education included that PCH regulations are to be followed. This education notation will be kept on this nurse's file.

Resident #2 #3 #4 #5 #6 10/16/15 @ 6 am: The nurse involved [REDACTED] LPN is not regular staff in the PCH on the 11-7 shift. This nurse was given an education notation regarding this deficiency not following doctors' orders. The residents individual glucometers did not show the same results that were documented on the residents MAR's. Education included that PCH regulations are to be followed. This education notation will be kept on this nurse's file.

The 11-7 supervisor was given instructions regarding diabetic protocol in the PCH that includes the regulations.

Instructions regarding the individual glucometers are posted at the nurses' station and kept in the diabetic binder with the control logs for each individual resident's meter.

Staff development to provide education regarding diabetic protocol in the PCH.

Monitor compliance of this regulation

- Quarterly audits on glucometer / control log / MAR's for compliance: January April July October completed by license nurse working 11-7
- Audit results will be reported and tracked through our Quarterly Quality Assurance Program
- Update and post instructions regarding individual glucometers
- Update and post regulatory diabetic protocol for PCH

Omne Grazian, RLA
12-10-15.