



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 24 2016

Mr. Richard W. Wilson, Administrator  
Arbutus Park Manor, Inc.  
207 Ottawa Street  
Johnstown, Pennsylvania 15904

RE: Arbutus Park Manor  
License #: 300060

Dear Mr. Wilson:

As a result of the Department of Human Services' annual licensing inspections on November 9, 2015 and November 10, 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: 30006 - 11/09/2015 - Hoover, Douglas  
 PCH Name: ARBUTUS PARK MANOR

**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 October 2015 medication administration record for Resident #1 was not initialed on 10/14/15 for the following times and medications:

7:00 am - *Polyethylene Glycol*

8:00 am - *Aspirin 81 mg., Docusate Sodium 100 mg., Omega 3, Oyster Shell 50 mg. and Vitamin D3 2000 IU.*

**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 papers - Page 2 A of 2. - BE*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Lois Pudliner*

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

*Lois Pudliner Personal Care Director*

Date *12-21-2015*

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

The above plan of correction is approved as of *1-8-16*  
 (Date)

Plan of correction implementation status as of *1-8-16*  
 (Date)

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

The above plan of correction was approved by *BE*  
 (Initials)

Regulation 55 Pa. Code 2600

1. 2600.187(a)

2. Description of the Violation:

The October 2015 medication administration record for Resident #1 was not initialed on 10/14/15 for the following times and medications:

7:00am - Polyethylene Glycol

8:00am - Aspirin 81 mg., Docusate Sodium 100mg., Omega 3, Oyster Shell 50mg. and VitaminD3 2000 IU.

3. Plan of correction (POC)

The specific change that will be made is that each shift will have the medication nurse from the opposite wing check her medication book to see that all medications that should have been given are initialed. Personal Care West medication nurse will check the Personal Care Doerr medication book and the Personal Care Doerr medication nurse will check the West medication book. They will sign off on another page that the entire book was checked by them and date it. Attached is a copy of the sign off sheet. Please note the above checks can only be made by an L.P.N. or a medication trained technician.

The changes were implemented on December 14, 2015

All L.P.N.'s and Medication Technicians were retrained in the importance of signing off the medication after you pour and pass the medication. The training was started on December 14<sup>th</sup> and completed by December 23, 2015.

To make sure that the violation does not occur again The Personal Care Director, Assistant Personal Care Director and The Medication Trainer will monitor this procedure every week for six weeks to make sure there are no blank spaces on the medication sheets. Then after six weeks we will monitor monthly.

Respectfully Submitted on December 21, 2015

Lois Pudliner  
Personal Care Director

*Lois Pudliner*

*12/21/2015*

*js*

Lois Pudliner  
Personal Care Director