



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 30 2016

Ms. Traci J. Schultz, Executive Director/Administrator  
Wolf Run Village LLC  
3750 Route 220 Highway  
Hughesville, Pennsylvania 17737

RE: Wolf Run Village  
License #: 221490

Dear Ms. Schultz:

As a result of the Department of Human Services' annual licensing inspection on November 17, 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 J. Jones".

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



Violation Report: 22149 - 11/17/2015 - O'Haire, Anne  
 PCH Name: WOLF RUN VILLAGE

1. REGULATION 55 Pa.Code §2600  
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION  
 The home did not have posted the required emergency numbers for the local police, hospital, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline posted near the phones in resident rooms #B 6 & C 11.

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 required emergency phone numbers were printed onto labels and placed on every resident phone at the time of inspection. Every week the housekeeping staff will ensure the labels are still in place. If not in place they will attach new labels to the resident phones. At the beginning of every month the Administrative will be responsible to verify that the labels are still in place. Residents that remove their labels regularly will be counseled and a more permanent solution will be implemented. (Such as phone numbers inside a picture frame screwed fast to the wall near their phone.)

The administrator shall monitor for ongoing compliance.  
 Ms. 1/8/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Traci J. Schultz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Traci J. Schultz Administrator      Date 12/28/15

**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)

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

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

Violation Report: 22149 - 11/17/2015 - O'Haire, Anne  
 PCH Name: WOLF RUN VILLAGE

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION  
 Resident # 1 has a physician's prescription for Phillips Milk of Magnesia. The bottle of the medication expired 10/15.

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.

The medication listed above was destroyed and the new bottle was pulled from the resident's overflow box to the med cart. All Medication Administration Staff were retrained on 11/18/15 on medication Administration procedures including proper labeling, storing and ordering of medication. The third shift staff must now check off that they have checked all med carts for proper storage and labels of all medications. Administrators will audit the med carts once monthly to ensure compliance.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Traci J. Schultz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Traci J. Schultz Administrator	Date 12/28/15
--	---------------

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

The above plan of correction is approved as of <u>1/8/16</u> (Date)	Plan of correction implementation status as of <u>1/8/16</u> (Date)
The above plan of correction was approved by <u>M</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: 22149 - 11/17/2015 - O'Haire, Anne  
 PCH Name: WOLF RUN VILLAGE

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  
 Resident # 2 has a physician's order for OTC Iron 65mg. The home failed to put the resident's name on the bottle of CVS Iron 65mg.

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.

This medication was in the Resident's box in the overflow med room and not yet placed into the med cart for use. The resident's name was written on the bottle and the medication was placed into the med cart. Staff will now label medication brought in from families as soon as it arrives, before putting into the resident's overflow storage. All Medication Administration Staff has been re-trained on proper procedures for the medication storage including proper labeling, storage and ordering. The third shift staff must now check off that they have checked all med carts and overflow storage for proper storage and labels of all medications. Administrators will audit the med carts and overflow storage once monthly to ensure compliance.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Traci J. Schultz*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Traci J. Schultz Administrator      Date: 12/28/15

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

The above plan of correction is approved as of <u>1/8/16</u> (Date)	Plan of correction implementation status as of <u>1/8/16</u> (Date)
The above plan of correction was approved by <u>M</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: 22149 - 11/17/2015 - O'Haire, Anne  
 PCH Name: WOLF RUN VILLAGE

**1. REGULATION 55 Pa. Code §2600**  
 2600.186(a) - Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

**2a. DESCRIPTION OF VIOLATION**  
 Resident # 3 is prescribed Fluticasone SPR 50mcg. The pharmacy had to order the medication and a doctor's order was received to use Nasonex 50mcg until the Fluticasone arrived. The Nasonex prescription order was not identified on the resident's 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.

The Fluticasone SPR 50 mcg and Nasonex were both in the cart at the time of the inspection. The Nasonex was removed from the cart at the time of the inspection. The resident was on Nasonex at the end of October until the pharmacy could deliver the Fluticasone SPR 50mcg. See attached MAR and Physician Order.

All Medication Administration Staff were retrained on 11/18/15 on medication Administration procedures including proper labeling, storing and ordering of medication. The third shift staff must now check off that they have checked all med carts for proper storage and labels of all medications. LPN will recheck all new orders and the Administrators will audit the med carts once monthly to ensure compliance.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Traci J. Schultz*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Traci J. Schultz Administrator

Date 12/28/15

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

The above plan of correction is approved as of <u>1/8/16</u> (Date)	Plan of correction implementation status as of <u>1/8/16</u> (Date)
The above plan of correction was approved by <u>M</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: 22149 - 11/17/2015 - O'Haire, Anne  
 PCH Name: WOLF RUN VILLAGE

**1. REGULATION 55 Pa.Code §2600**  
 2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

**2a. DESCRIPTION OF VIOLATION**  
 Resident # 4 has a physician's prescription for Gentamicin Sol., 3% OP. The straight order for the medication was discontinued on 11-6-15 and rewritten as a PRN medication. The home failed to place a "change of direction" label on the prescription on the package the medication was in.

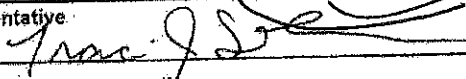
**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

A change of direction sticker was placed on the medication at the time of the inspection. All Medication Administration Staff has been re-trained on proper procedures for the medication storage including proper labeling, storage and ordering. The third shift staff must now check off that they have checked all med carts and overflow storage for proper storage and labels of all medications. LPN will recheck all new orders to ensure proper procedure is followed. Administrators will audit the med carts and overflow storage once monthly to ensure compliance.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 12/03/2014

Signature of Legal Entity Representative  
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Traci J. Schultz Administrator

Date 12/28/15

**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)

The above plan of correction was approved by

m  
 (Initials)

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

Violation Report: 22149 - 11/17/2015 - O'Haire, Anne  
 PCH Name: WOLF RUN VILLAGE

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 # 5 has a physician's order to have a blood glucose (BG) test to be administered 4 x daily. On 11-11-15, the resident's BG# 218 at 8:04am was recorded in the MAR as 217.  
 Resident # 3 has a physician's order to have a blood glucose (BG) test to be administered 4 x daily. On 11-14-15, the resident's BG# 213 at 8:00pm was recorded in the MAR as 218. On 11-16-15, the resident's BG#264 at 8:00pm was recorded in the MAR as 236.

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 staff will go through diabetic training again on January 8, 2015. All diabetic orders now require two signatures, that of the med tech and that of a witness to verify BG#s and Units to be and given. LPN will spot check weekly and the Administrator will audit monthly the BG#s and units given recorded.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Traci J Schultz*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Traci J. Schultz, Administrator      Date 12/28/15

**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)

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

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

Violation Report: 22149 - 11/17/2015 - O'Haire, Anne  
 PCH Name: WOLF RUN VILLAGE

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

2a. DESCRIPTION OF VIOLATION

Resident #5 has a physician's prescription for insulin coverage based on a sliding scale. On 11-13-15 at Noon, the resident's BG#203 required 6 units of insulin per the physician's order. The resident received 4 units of insulin.  
 Resident #3 has a physician's prescription for insulin coverage based on a sliding scale. On 11-10-15 at 4:00pm, the resident's BG#246 required 6 units of insulin per the physician's order. The resident received 4 units of insulin. On 11-13-15 at 4:00pm, the resident's BG#2192 required 4 units of insulin per the physician's order. The resident received 2 units of insulin.

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.

On 11-10-15 the BG# for Resident #3 was 174 at 4pm and required 4 units to be given, 4 units were given.  
 On 11-13-15 the BG# for Resident #3 was 249 at 4pm and required 6 units to be given, 4 units were given.  
 See attached MAR for Resident #3.  
 On 11-13-15 the BG# for Resident #5 was 203 at 12pm and required 6 units to be given, 4 units were given.

All staff will go through diabetic training again on January 8, 2015. All diabetic orders now require two signatures, that of the med tech and that of a witness to verify BG#s and Units to be and given. LPN will spot check weekly and the Administrator will audit monthly the BG#s and units given recorded.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Traci J. Schultz*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Traci J. Schultz Administrator      Date 12/28/15

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)

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

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