



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 14 2016

Ms. Samantha Roos-Meiser, Executive Director
Presbyterian Homes Inc.
Attn: Kirkland Village PCH
One Trinity Drive, East, Suite 201
Dillsburg, Pennsylvania 17019

RE: Kirkland Village
2335 Madison Avenue
Bethlehem, Pennsylvania 18017
License #: 220500

Dear Ms. Roos-Meiser:

As a result of the Department of Human Services' annual licensing inspection on December 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: 22060 - 12/10/2015 - Hummel, Jesse
 PCH Name: KIRKLAND VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 12/9/15 at 8:00 a.m., 12/8/15 at 6:00 a.m., 12/7/15 at 6:00 a.m. and 12/6/15 at 11:30 a.m. staff of the facility utilized the glucometer prescribed to resident #1 to test the blood glucose level (BGL) of resident #2.
 On 12/6/15 at 1:32pm and 6:22pm staff of the facility utilized the glucometer prescribed to resident #3 to measure the BGL of resident #2.
 Sharing glucometers is prohibited and increases the risk of transmitting blood borne illnesses.

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.

Resident #2's glucometer had broken and was on back order. Staff should have requested a temporary replacement from Central supply. At the time of Survey all three glucometers were removed from use. The community replaced all glucometers at community's expense while surveyors were present. Resident's MD's provided assurance that each was free from communicable disease (Attachment A, A1). All LPN and PCA/Med Tech staff received specific glucometer infection control education on 1/12/16 (Attachment, B, C). A weekly audit was created to assure future compliance (Attachment E) weekly audits will cease when we receive 100% compliance for three consecutive months.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Elizabeth M Jensen, LSW, CASP*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Elizabeth M Jensen Administrator Date 1/18/16

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

The above plan of correction is approved as of 2-3-16
 (Date)

Admin Designee will review audits monthly to ensure ongoing compliance.

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

Plan of correction implementation status as of 2-3-16
 (Date)

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

Violation Report: 22050 - 12/10/2015 - Hummel, Jesse
 PCH Name: KIRKLAND VILLAGE

1. REGULATION 55 Pa. Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The facility has not submitted their Emergency Procedures to the local Emergency Management Agency as required.

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.

At the time of survey we could not find proof that we annually submit our Emergency Procedures to the local Emergency Management Agency. The Director of Environmental Services created a new sign off sheet for the manual that includes signature acknowledgment by the Executive Director, the Director of Environmental Services, the Director of Nursing and the Fire Marshall. The Disaster Manual was hand delivered to the Fire Marshall on January 15, 2016. We are awaiting receipt of acknowledgment.

The manual was initially sent to the Fire Marshall when it was revised on September 24, 2015. We could not provide proof that this occurred.

Admin will fax receipt & acknowledgement to Northern Regional Office when received. 2-3-16

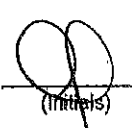
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) Elizabeth M. Jensen, LSW, CASP

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Elizabeth M. Jensen, Administrator Date 1/18/16

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

The above plan of correction is approved as of 2-3-16 (Date) Plan of correction implementation status as of 2-3-19 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 22050 - 12/10/2015 - Hummel, Jesse
 PCH Name: KIRKLAND 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 #2 is prescribed Novolog Insulin. Department Representatives observed a bottle of Novolog Insulin prescribed to resident #2 in the facility's refrigerator located in the medication room. The bottle of insulin was labeled to indicate it was opened on 11/6/15. The medication manufacturer's instructions indicate to discard any unused medication 28 days after opening the container. This insulin should have been discarded on 12/3/15.

Resident #4 is prescribed Advair Diskus 250/50. The medication was not dated when opened. The medication manufacturer's instructions indicate to discard any unused medication 30 days after removing the medication from the foil package. Because this medication was not dated when removed from the foil package it can not be determined if the medication is current or has expired.

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 were re-educated at monthly staff meeting on January 12, 2016 (Attachment C).

A weekly audit form was created to assure future compliance (Attachment E). Weekly audits will cease when we receive 100% compliance for three consecutive months.


Adm Designee will audit/review the findings on a monthly basis to ensure ongoing compliance. CP. 2-3-16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Elizabeth M Jensen, LSW, CASP

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Elizabeth M Jensen, Administrator Date 1/18/16

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The above plan of correction is approved as of <u>2-3-16</u> (Date)	Plan of correction implementation status as of <u>2-3-16</u> (Date)
The above plan of correction was approved by  (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: 22050 - 12/10/2015 - Hummel, Jesse
 PCH Name: KIRKLAND 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 is prescribed Loperamide 2mg capsule. This medication is not on hand at the facility.

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.

Resident #5 does not routinely take Loperamide 2mg. The physician should have been notified with a request to discontinue medication. All staff were re-educated on 1/12/16 (Attachment B). Adm/Designee will ensure there is a process to review orders and deliveries at minimum at a monthly basis to ensure ongoing compliance. *EP* 2-3-16

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Elizabeth M Jensen, LSW, CASP*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Elizabeth M Jensen, Administrator* Date *1/18/16*

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The above plan of correction is approved as of <u>2-3-16</u> (Date)	Plan of correction implementation status as of <u>2-3-16</u> (Date)
The above plan of correction was approved by <u><i>EP</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