



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: May 25, 2016

Mr. Danny Prosky, President
GAHC3 York PA ALF TRS SUB, LLC
18191 Von Daman Avenue, Suite 300
Irvine, California 92612

RE: Senior Commons at Powder Mill
1775 Powder Mill Road
York, Pennsylvania 17403
Certificate #: 332100

Dear Mr. Prosky:

As a result of the Department of Human Services' licensing inspections on December 29 and 30, 2015 and February 3, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summaries were found.

All violations specified on the enclosed License Inspection Summaries must be corrected by the dates specified on each License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summaries

Violation Report: 33210 - 12/29/2015 - Gensil, Lori
 PCH Name: Senior Commons at Powder Mill

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Medication errors were discovered on 12/14/15 resulting from Resident #1 not receiving Atenolol 50 mg tab, to be taken once daily for hypertension, since 11/23/15. The home did not submit an incident report to the Department for the medication errors.

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.

Violation Report: 33210 - 12/29/2015 REG 2600.16(c): The home shall report the incident or condition to the regional office within 24 hours in a manner designated by the department.

A medication technician failed to notify the Resident Care Director (RCD) or the Personal Care Home Administrator (PCHA) of a medication error in a timely manner and thus the error was not reported as mandated to the regional office. The RCD/Designee will hold mandatory in-services with all Medication Technicians as to the reporting requirements and definitions of medication errors. It will also include specific direction on the completion of incident reports and the timeliness of communication of said errors to the RCD/Designee and/or the PCHA. The training will also review the six rights of medication administration to include following the directions of the prescriber. All reports of medication errors will be made to the regional office within 24 hours of identification. This plan of correction will be completed no later than April 22, 2016 and remain in full compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/16/2015
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Dan K. Reed*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *DANIELLE R. REED, PCHA* Date *3/28/2016*

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

The above plan of correction is approved as of <u>5-25-16</u> (Date)	Plan of correction implementation status as of <u>5-25-16</u> (Date)
The above plan of correction was approved by <u><i>DR</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: 33210 - 12/29/2015 - Gensil, Lori
 PCH Name: Senior Commons at Powder Mill

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #2's last medical evaluation was completed on 11/10/14.

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.

Violation Report 33210 -12/29/2015 2600.141(b)(1) A resident shall have a medical evaluation at least annually.

All resident charts will be audited to identify due dates of annual evaluations. Resident Care Director (RCD)/Designee will maintain a calendar for upcoming scheduled due dates for medical evaluations. One month prior to due date RDC/Designee will communicate to the PCP for scheduling of the annual visit. Plan of Correction will be implemented and completed by April 22, 2016 and will remain in compliance ongoingly.

Resident #2 will have a medical evaluation completed immediately. EE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Daniel K. Reed*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Danielle R. Reed, PCHA* Date *3/28/2016*

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Plan of correction implementation status as of 5-25-16 (Date)

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

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

Violation Report: 33210 - 12/29/2015 - Gensil, Lori
 PCH Name: Senior Commons at Powder Mill

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

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed a fentanyl patch - Fentanyl DIS 25MCG/HR, Apply 1 patch to skin every 3 days (72 Hrs.) (Pain)
 Change\Remove per Schedule
 Fentanyl patches were administered to Resident #2 on the following dates: 10/28/15, 10/30/15, 11/2/15, 11/4/15, 11/8/15, 11/11/15, 11/13/15, 11/17/15, 11/20/15, 11/23/15, 11/26/15, 11/29/15, 11/30/15, 12/1/15 and 12/2/15.

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.

Violation Report: 33210 – 12/29/2015 REG 2600.187(d): The home shall follow the directions of the prescriber.

The RCD/Designee will hold mandatory in-services with all Medication Technicians regarding the six rights of medication administration to include following the directions of the prescriber. The RCD/Designee will review medication orders to insure physician orders directions coincide with MAR's. This plan of correction will be completed no later than April 22, 2016 and remain in full compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/16/2015
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Danielle R. Reed*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Danielle R. Reed, PCHA* Date *3/28/2016*

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 (Date)

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

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Violation Report: 33210 - 12/29/2015 - Gensil, Lori
 PCH Name: Senior Commons at Powder Mill

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The home completed an Initial assessment for Resident #1 on [redacted] 15. The following sections of the assessment were not completed: supervision, mobility, medications, dental, dietary needs, and mental health needs.

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.

Violation Report: 33210 - December 29, 2015 Regulation 2600.225(a) – A resident shall have a written assessment within 15 days of admission.

The home completed an initial assessment on a resident but not all sections of the assessment were completed. All assessments are being reviewed for thoroughness by the Resident Care Director (RCD)/Designee for completion of necessary documentation. Missing documentation to be completed on all new annual or significant change of status reviews will be done. This is being completed currently and will continue to be completed ongoing and reviewed by April 22, 2016.

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

Violation Report: 33210 - 02/03/2016 - Palermo, Michael
PCH Name: Senior Commons at Powder Mill

1. REGULATION 55 Pa.Code §2600

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident #2 participated in the development of their support plan on 10/1/15. The resident did not sign the support plan.

Resident #3 participated in the development of their support plan on 12/4/15. The resident did not sign the support plan.

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.

Violation Report 33210 February 3, 2016 Regulation 2600.227(g) Individuals who participate in the development of the support plan shall sign and date the support plan.

Two residents did not sign/date their support plans. All residents will be offered and encouraged to sign their RASP's during the review process. This is currently occurring and will be ongoing with all future completed assessments. This plan of correction is completed.

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