



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 15 2016

Ms. Marsha Pepper, Administrator  
Twin Oaks Personal Care Home Inc.  
1100 Cowley Road  
Granville Summit, Pennsylvania 16926

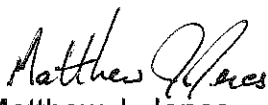
RE: Twin Oaks Personal Care Home  
License #: 214700

Dear Ms. Pepper:

As a result of the Department of Human Services' annual licensing inspection on January 27, 2016 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<sup>134</sup>

Enclosure  
License Inspection Summary



Violation Report: 21470 - 01/27/2016 - O'Haire, Anne  
 PCH Name: TWIN OAKS PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**

Staff person A's Medication Administration Training was incomplete. Staff person A had only one observed medication pass during the time period of 10-18-14 through 10-18-15. Staff person A's Annual Practicum form indicates that one medication pass was observation on 04-08-15 and no documentation was completed by the observer for the four MAR reviews and medication pass observations. This staff person is not properly trained to pass medications to residents.

**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.

*Staff member was observed as required, however, the documentation was not recorded properly. Staff member has had a refresher course and has re-taken the medication administration test and passed it successfully. In the future, care will be taken to ensure all observations are recorded properly and that all staff persons who administer medications are current in their certifications. Proper training is key in proper administration.*

*Administrator will ensure ongoing compliance*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Marsha Pepper*

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

*Marsha Pepper*

Date

*03-22-16*

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

The above plan of correction is approved as of

3/29/16  
 (Date)

Plan of correction implementation status as of

3/29/16  
 (Date)

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

The above plan of correction was approved by

*m*  
 (Initials)

Violation Report: 21470 - 01/27/2016 - O'Haire, Anne  
 PCH Name: TWIN OAKS PERSONAL CARE HOME

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  
 One tube of Preparation H for resident #1 was found in the medication cart with an expiration date of 04/2014

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 was an unfortunate oversight. Administration will make every attempt to ensure all medications are within the recommended dates.  
 The tube was discarded and replaced with a new one.  
 It is important to keep all medications current to ensure proper effectiveness.*

*Administration will ensure ongoing compliance*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Marsha Pepper*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Marsha Pepper*      Date: *03-22-16*

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Violation Report: 21470 - 01/27/2016 - O'Haire, Anne  
 PCH Name: TWIN OAKS PERSONAL CARE HOME

**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 had a physician's order to have their blood glucose level taken at breakfast and before supper. On 01-20-16 at 7:42 am the blood glucose reading was 127 and it was recorded on the resident's MAR's as 129. On 01-22-16 at 4:20 pm the blood glucose reading was 354 and it was recorded as 320 on the resident's MAR's.  
 Resident #3 has a physician's order to have their blood glucose levels tested two times a day. On 01-19-16 at 12:37PM Resident #3 had a blood glucose reading of 121 and the home document on the resident's MAR'S a reading of 140.

**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.*

*Staff was retrained on the importance of following physicians orders and also on the importance of accuracy when recording blood sugar readings. Staff was also reminded of the principle of mindfulness while administering all medications as the lack of mindfulness appears to be the cause of this med error.*

*Administration will ensure ongoing compliance.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Maisha Pepper*

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

*Maisha Pepper*

Date *03-22-16*

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Violation Report: 21470 - 01/27/2016 - O'Haire, Anne  
 PCH Name: TWIN OAKS PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION  
 Resident #2 has a physician's order to have a blood glucose (BG) test administered 2 x day. On 1/25/16 at 4:30pm the resident did not have a BG test administered,

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.

*Staff member apparently overlooked this order on this particular day. It was not a new order and should not have been missed. Staff was retrained in being accurate when doing all aspects of medication administration and was reminded of the importance of carefully following all physician orders and recording them appropriately.*

*Administrator will ensure ongoing compliance*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Marsha Pepper*

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

*Marsha Pepper*

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