



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: [REDACTED]

Mailing Date: March 7, 2016

Mr. Jeffrey S. Truhan, CEO/Administrator  
The Shook Home  
55 South Second Street  
Chambersburg, Pennsylvania 17201

RE: The Quarters at the Shook  
Certificate #: 355540

Dear Mr. Truhan:

As a result of the Department of Human Services' licensing inspection on March 1, 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.

The 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, appearing to read "Brett Swanger".

Brett Swanger  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 35554 - 03/01/2016 - McCloskey, Jason  
 PCH Name: QUARTERS AT THE SHOOK

**1. REGULATION 55 Pa.Code §2600**

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**2a. DESCRIPTION OF VIOLATION**

On 12-31-15, Resident 1 left the home to visit family; medications were sent with the resident to be administered while away from the home. During this leave of absence, it was discovered that the box containing Resident 1's eye drops also contained eye drops belonging to Resident 4.

**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 -  
 Page 2A of 5  
 BAP

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Handwritten Signature]* PCHA

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

Lehoma Theimer LPN PCH Administrator Date 3-4-2016

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

The above plan of correction is approved as of

3/7/16  
 (Date)

Plan of correction implementation status as of

3/7/16  
 (Date)

The above plan of correction was approved by

BAS  
 (Initials)

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

## The Quarters at The Shook Home

### Violation Report 355540

#### Plan of Correction

##### Regulation 55 Pa. Code 2600.183(e)

1. Resident 1 and resident 4 are no longer residents at the facility.
2. The Personal Care Home Administrator will educate all direct care staff on the Violation Report and subsequent Plan of Correction prior to and during regularly scheduled staff meeting on April 14<sup>th</sup> 2016. Absent staff members will be educated prior to the start of their next shift.
3. The Personal Care Home Administrator will educate Licensed Practical Nurses on the importance of storing medications in an organized manner and under proper conditions of sanitation, temperature, moisture and light to comply with 55 PA Code 2600.183(e) by March 11, 2016.
4. The Personal Care Home Administrator will perform an initial one-time audit of the medication cart to ensure that medications are stored in an organized manner and meet all requirements set forth in 55 PA Code 2600.123(e) by March 7, 2016. (Exhibit "A")
5. The Personal Care Home Administrator will update the current medication cart audit to include checking the organization of the medication cart by March 7, 2016. (Exhibit "B")
6. The Personal Care Home Administrator (or designee) will complete medication cart audits at least two times a month.
7. The Personal Care Home Administrator will add checking medication cart organization to the nightshift duties list to be completed every night by the Licensed Practical Nurse. (Exhibit "C")
8. The Personal Care Home Administrator (or designee) will report the results of the audits to the Quality Assurance/Performance Improvement Committee monthly to ensure the solutions are sustained over time. The audits will continue until no longer deemed necessary by the Committee.

Violation Report: 35554 - 03/01/2016 - McCloskey, Jason  
PCH Name: QUARTERS AT THE SHOOK

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  
On 3-1-16, a bottle of "TruBiotic Daily Probiotic Supplement" belonging to Resident 2 was located in the medication cart and was not labeled with the resident's name.

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 -  
Page 3A + 3B of 5  
BAS

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]* u PCHA

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Lenora Theimer u PCH Administrator      Date 3-4-2016

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The above plan of correction is approved as of 3/7/16  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

Plan of correction implementation status as of 3/7/16  
(Date)

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

## Violation Report 355540

### Plan of Correction

#### Regulation 55 Pa. Code 2600.184(b)

1. Resident 2's name was immediately written on the Trubiotic Daily Probiotic Supplement bottle during the inspection process by the Licensed Practical Nurse.
2. The Personal Care Home Administrator (or designee) will educate all direct care staff on the Violation Report and subsequent Plan of Correction prior to and during the regularly scheduled staff meeting on April 14 2016. Absent staff members will be educated prior to the start of their next shift.
3. The Personal Care Home Administrator (or designee) will educate all Licensed Practical Nurses on the importance of clearly identifying to which resident a medication belongs by placing names on the OTC and CAM medications brought into the facility for each resident to comply with 55 PA Code 2600.184(b)
4. The Personal Care Home Administrator (or designee) will perform an initial one-time audit of the medication cart to ensure that each OTC and CAM medication has the resident's name written on it by March 7, 2016. (Exhibit "A")
5. The Personal Care Home Administrator will update the current medication cart audit to reflect checking the OTC and CAM medications to ensure the residents to whom the medications belong are identified by March 7, 2016. (Exhibit "B")
6. The Personal Care Home Administrator (or designee) will complete medication cart audits at least two times a month.
7. The Personal Care Home Administrator will add checking the OTC and CAM medications for names on the nightshift duties list to be completed every night by the Licensed Practical Nurse by March 7, 2016.(Exhibit "C").
8. The Personal Care Home Administrator will revise the Accountability and Disposal of Medications and Controlled Substances policy and procedure to reflect when receiving OTC or CAMS to ensure the

residents name is immediately placed on the original container of medication by March 7, 2016. (Exhibit "D")

9. The Personal Care Home Administrator (or designee) will report the results of the audits to the Quality Assurance/Performance Improvement Committee monthly to ensure the solutions are sustained over time. The audits will continue until no longer deemed necessary by the Committee.

Violation Report: 35554 - 03/01/2016 - McCloskey, Jason  
 PCH Name: QUARTERS AT THE SHOOK

**1. REGULATION 55 Pa.Code §2600**

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

**2a. DESCRIPTION OF VIOLATION**

During a medication audit started at approximately 10:30am, the licensing representative observed that the medication administration records (MARs) for multiple residents, including those for Residents 2 and 3, were marked that the noon medications had been administered, when in fact they had not.

**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 -  
 Page 4A of 5  
 OPS

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
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*Lehoma Theimer LPN PCH Administrator 3-4-2016*

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 (Date)

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 (Initials)

Plan of correction implementation status as of 3/7/16  
 (Date)

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

## **The Quarters at The Shook Home**

### **Violation Report 355540**

#### **Plan of Correction**

##### **Regulation 55 Pa. Code 2600.187(b)**

- 1. The Personal Care Home Administrator immediately provided verbal education to the Licensed Practical Nurse on duty.**
- 2. The Personal Care Home Administrator will educate all Licensed Practical Nurses on the Violation Report and subsequent Plan of Correction at the regularly scheduled staff meeting on April 14<sup>th</sup> 2016. Absent staff members will be educated prior to the start of their next shift.**
- 3. The Personal Care Home Administrator will educate all Licensed Practical Nurses on the correct procedure for medication administration focusing on when to complete documentation to comply with 55 PA Code 2600.187(b).**
- 4. The Personal Care Home Administrator will perform an initial one time medication administration audit on all daylight and evening shift Licensed Practical Nurses.**
- 5. The Personal Care Home Administrator will update the current medication pass audit to reflect checking documentation by March 7, 2016. (Exhibit "E")**
- 6. The Personal Care Home Administrator (or designee) will complete Medication Pass Audits on daylight and evening shift Licensed Practical Nurses at least four times a month. Nightshift does not have a scheduled medication pass.**
- 7. The Personal Care Home Administrator will revise the Medication Administration Policy to reflect when to document. (Exhibit "F")**
- 8. The Personal Care Home Administrator (or designee) will report the results of the audits to the Quality Assurance/Performance Improvement Committee monthly to ensure the solutions are sustained over time. The audits will continue until no longer deemed necessary by the Committee.**

Violation Report: 35554 - 03/01/2016 - McCloskey, Jason  
 PCH Name: QUARTERS AT THE SHOOK

**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 resident assessment and support plan for Resident 1 has not been completed – Section 2 containing medical diagnosis and the plan to treat the need was blank.

**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 -  
 page 5A of 5

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LT  
 (Initials)

## The Quarters at The Shook Home

### Violation Report 355540

#### Plan of Correction

##### Regulation 55 Pa. Code 2600.225(a)

1. Resident 1 was discharged from the facility on [REDACTED] 2016.
2. The Personal Care Home Administrator (or designee) will educate all direct care staff on the Violation Report and subsequent Plan of Correction at the regularly scheduled staff meeting on April 14<sup>th</sup> 2016. Absent staff members will be educated prior to the start of their next shift.
3. The Personal Care Home Administrator (or designee) will educate all direct care staff on the importance of completing the Resident Assessment Support Plan in its entirety (on the departments form) and in accordance with 55 PA Code 2600.225(a).
4. The Personal Care Home Administrator (or designee) will perform an initial one-time audit of all current residents to ensure that they each have a completed Resident Assessment Support Plan by March 7, 2016. (Exhibit "G")
5. The Personal Care Home Administrator (or designee) will audit all new Resident Assessment Support Plans upon completion to ensure that they contain all of the necessary information. This includes, but is not limited to, the assessments identified in 55 PA Code 2600.225(a) and 2600.225(c).
6. The Personal Care Home Administrator (or designee) will report the results of the audits to the Quality Assurance/Performance Improvement Committee monthly to ensure the solutions are sustained over time. The audits will continue until no longer deemed necessary by the Committee.

## The Quarters at The Shook Home

### Violation Report 355540

#### Plan of Correction

##### Regulation 55 Pa. Code 2600.187(b)

1. The Personal Care Home Administrator immediately provided verbal education to the Licensed Practical Nurse on duty.
2. The Personal Care Home Administrator will educate all Licensed Practical Nurses on the Violation Report and subsequent Plan of Correction at the regularly scheduled staff meeting on April 14<sup>th</sup> 2016. Absent staff members will be educated prior to the start of their next shift.
3. The Personal Care Home Administrator will educate all Licensed Practical Nurses on the correct procedure for medication administration focusing on when to complete documentation to comply with 55 PA Code 2600.187(b).
4. The Personal Care Home Administrator will perform an initial one time medication administration audit on all daylight and evening shift Licensed Practical Nurses.
5. The Personal Care Home Administrator will update the current medication pass audit to reflect checking documentation by March 7, 2016. (Exhibit "E")
6. The Personal Care Home Administrator (or designee) will complete Medication Pass Audits on daylight and evening shift Licensed Practical Nurses at least four times a month. Nightshift does not have a scheduled medication pass.
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 Page 5A of 5

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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Handwritten Signature]* PCHA

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Lehoma Theimer LPN PCH Administrator* Date *3-4-2016*

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