



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to HEARTLAND RETIREMENT PERSONAL CARE HOME INC
LEGAL ENTITY

To operate HEARTLAND RETIREMENT PERSONAL CARE HOME
NAME OF FACILITY OR AGENCY

Located at 46 ELEMENTARY LANE, BOX 210, WOOLRICH, PA 17779
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 48
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 13, 2016 until July 13, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 316150

Robert E. Robinson
ISSUING OFFICER

Jay Bank
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 13 2016

Ms. Christina Callahan, Owner/Administrator
Heartland Retirement Personal Care Home, Inc.
46 Elementary Lane, Box 210
Woolrich, Pennsylvania 17779

RE: Heartland Retirement Personal Care Home
License #: 316150

Dear Ms. Callahan:

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

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosures
License
License Inspection Summary

Violation Report: 31615 - 03/03/2016 - Dumas, Gerald
 PCH Name: HEARTLAND RETIRMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 The home did not post the Licensing Inspection Summaries for 7/22/15, 9/11/15 or 10/15/15.

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.

EFFECTIVE IMMEDIATELY UPON THE RECEIPT OF DIRECTED PLAN OF CORRECTION, AND WEEKLY THEREAFTER THE ADMINISTRATOR WILL:
 ADMINISTRATOR WILL DO WEEKLY CHECKS ON THE POSTED LICENSING INSPECTION SUMMARIES TO MAKE SURE THAT THEY ARE THE CORRECT DATED ONES TO BE POSTED IN THEIR CONSPICUOUS AND PUBLIC PLACE IN THE HOME, AND ALSO TO MAKE SURE THEY ARE NOT MISSING.
 DURING THE INSPECTION THE CORRECT DATED LICENSING INSPECTION SUMMARIES WERE POSTED AND THE WRONG DATED LICENSING INSPECTION SUMMARIES WERE TAKEN DOWN.
 THE ADMINISTRATOR WILL MAKE WEEKLY AND ANNUALLY ROUNDS THROUGHOUT THE BUILDING TO ENSURE ONGOING COMPLIANCE.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Christina Callahan

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Christina Callahan</u>	Date <u>4/14/16</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/2/16</u> (Date)	Plan of correction implementation status as of <u>5/3/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 31615 - 03/03/2016 - Dumas, Gerald
 PCH Name: HEARTLAND RETIRMENT PERSONAL CARE HOME

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

Resident room # 9 did not have the required emergency numbers posted in the room, by his/her phone for the local police; fire department; EMS agency; ambulance; poison control and the personal care home complaint hotline.

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.

EFFECTIVE IMMEDIATELY UPON THE RECEIPT OF DIRECTED PLAN OF CORRECTION, AND MONTHLY CHECKS AND UPON ADMISSIONS OF RESIDENTS WHO WILL HAVE PHONES IN ROOMS THEREAFTER THE ADMINISTRATOR AND STAFF WILL:

ADMINISTRATOR AND STAFF WILL DO MONTHLY CHECKS ON ALL PHONES IN PUBLIC AREAS AND RESIDENTS ROOMS TO MAKE SURE EACH PHONE HAS THE REQUIRED EMERGENCY NUMBERS FOR THE LOCAL FIRE DEPARTMENT; EMS AGENCY; AMBULANCE; POISON CONTROL AND THE PERSONAL CARE HOME COMPLAINT HOTLINE.

DURING THE INSPECTION ROOM # 9 WITH A PHONE WAS CORRECTED WITH THE STAFF POSTING THE REQUIRED EMERGENCY NUMBERS ON IT. THE STAFF ALSO DID A WALK THROUGH TO MAKE SURE ALL OTHER PHONES WERE NOT WITHOUT THE REQUIRED EMERGENCY NUMBERS.


THE ADMINISTRATOR WILL MAKE A WEEKLY ROUND THROUGHOUT THE BUILDING TO ENSURE ONGOING COMPLIANCE.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Christina Callahan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christina Callahan</i>	Date <i>4/14/16</i>
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Violation Report: 31615 - 03/03/2016 - Dumas, Gerald
 PCH Name: HEARTLAND RETIRMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION
 A soap dispenser was not available in the back bathroom closest to the lounge .

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.

EFFECTIVE IMMEDIATELY UPON THE RECEIPT OF DIRECTED PLAN OF CORRECTION AND WEEKLY THEREAFTER THE STAF AND ADMINISTRATOR WILL:

STAFF WILL DO DAILY CHECK WHEN CLEANING BATHROOMS ON DAILY BAISIS TO MAKE SURE SOAP DISPENSERS ARE LOCATED AT EACH SINK IN PUBLIC AREAS.

DURING THE INSPECTION A SOAP DISPENSER WAS PUT IN THE BACK BATHROOM CLOSEST TO THE LOUNGE.

THE ADMINISTRATOR WILL DO WEEKLY ROUNDS THROUGHOUT BUILDING TO ENSURE ONGOING COMPLIANCE.


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Christina Callahan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christina Callahan</i>	Date <i>4/14/16</i>
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The above plan of correction is approved as of *5/2/16*
 (Date)
5-2-16

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of *5/3/16*
 (Date)
RN

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

Violation Report: 31615 - 03/03/2016 - Dumas, Gerald
 PCH Name: HEARTLAND RETIRMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION

The home's main freezer had a 10 lbs. box of Carlisle Brand Roast Beef that was found stored directly on the floor of the freezer.

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.

EFFECTIVE IMMEDIATELY UPON THE RECEIPT OF DIRECTED PLAN OF CORRECTION, THEREAFTER ON DAILY BASIS THE STAFF AND ADMINISTRATOR WILL:

ADMINISTRATOR & STAFF WILL DO DAILY CHECKS WHEN IN FRIDGE/FREEZER OR ANY PART OF THE KITCHEN TO MAKE SURE NO FOOD OF ANY KIND IS ON THE DIRECT FLOOR

DURING INSPECTION THE VIOLATION WAS CORRECTED AND BOX OF BEEF WAS PROPERLY STORED ON SHELF IN FREEZER.

ADMINISTRATOR WILL MAKE SURE DAILY & WHEN FOOD IS TO BE RETURNED TO VENDOR THAT IT IS STORED ON SHELF UNTILL PICK UP.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Christina Callahan

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

Christina Callahan

Date

4/14/16

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 (Date)

Plan of correction implementation status as of 5/3/16
 (Date)

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

The above plan of correction was approved by

[Signature]
 (Initials)

RN

Violation Report: 31615 - 03/03/2016 - Dumas, Gerald
 PCH Name: HEARTLAND RETIRMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

The home was required to have 48 gallons of emergency water on hand, but only had 40 gallons of emergency water. The home does not have a letter from a water supply company stating that the emergency water would be delivered immediately in the event of an emergency.

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.

EFFECTIVE IMMEDIATELY UPON THE RECEIPT OF DIRECTED PLAN OF CORRECTION, THEREAFTER ON A MONTHLY BASIS THE ADMINISTRATOR WILL:

ADMINISTRATOR WENT TO PURCHASE THE 8 GALLONS OF EMERGENCY WATER THAT THE HOME WAS SHORT ON THE SAME DAY OF INSPECTION. THE ADMINISTRATOR PURCHASED EXTRA FOR ENOUGH TO ACCOMMODATE 20 RESIDENTS TOTAL SO IN FUTURE THERE WILL BE ENOUGH EMERGENCY WATER TO PROVIDE TO ALL FUTURE RESIDENTS.

ADMINISTRATOR WILL MAKE SURE THAT THERE IS ENOUGH EMERGENCY WATER FOR AT LEAST 20 RESIDENTS FOR THE TOTAL OF 60 GALLONS AT ALL TIME ON A MONTHLY BASIS.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Christina Callahan

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Christina Callahan Date 4-14-16

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Violation Report: 31615 - 03/03/2016 - Dumas, Gerald
 PCH Name: HEARTLAND RETIRMENT 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
 The Annual Practicum for staff person A was incomplete as only 1 of the 4 required Medication Administration Record Reviews were completed. The certificate noted that the student passed on [redacted] 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.

EFFECTIVE IMMEDIATELY UPON THE RECEIPT OF DIRECTED PLAN OF CORRECTION AND MONTHLY THEREAFTER THE ADMINISTRATOR WILL:
 THE HOME WILL SEND STAFF A'S ANNUAL PRACTICUM BY WATCHING STAFF A COMPLETE A TOTAL OF 4 REQUIRED MEDICATION ADMINISTRATION RECORD REVIEWS
 THE ADMINISTRATOR WILL DO MONTHLY AUDITS OF ALL STAFF PERSONS TO MAKE SURE ANY UPCOMING ANNUAL PRACTICUM MEDICATION RECORD REVIEWS ARE COMPLETED.
 THE ADMINISTRATOR WILL WORK WITH ALL DIRECT CARE STAFF THAT ARE MED TRAINED/LICENSED STAFF TO ENSURE ALL MEDICATION REVIEWS ARE COMPLETED.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Christina Callahan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christina Callahan* Date *4/14/16*

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 (Date)

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

Plan of correction implementation status as of 5/3/16
 (Date)
RN

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

Violation Report: 31615 - 03/03/2016 - Dumas, Gerald
 PCH Name: HEARTLAND RETIRMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 Resident # 1 had Systane brand eye drops located on top of his/her dresser. The room is unlocked leaving the OTC accessible to other 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.

EFFECTIVE IMMEDIATELY UPON THE RECEIPT OF DIRECTED PLAN OF CORRECTION, AND ONGOING THEREAFTER ON DAILY BASIS THE STAFF AND ADMINISTRATOR WILL:

STAFF WILL DO DAILY CHECKS WHEN IN ROOMS CLEANING AND ASSISTING RESIDENTS FOR OTC MEDICATIONS THAT RESIDENTS ARE NOT TO HAVE IN ROOMS SO OTHER RESIDENTS HAVE ACCESSABILITY.

DURING INSPECTION RESIDENT #1 SYSTANE BRAND EYE DROPS WERE REMOVED AS SOON AS THE INSPECTOR BROUGHT IT TO THE HOMES ATTENTION.

ADMINISTRATOR WILL DO WEEKLY ROUNDS THROUGHOUT BUILDING TO ENSURE ONGOING COMPLIANCE.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Christina Callahan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Christina Callahan</i>	<i>4/14/16</i>

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The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not implemented-

RN
6-20-16

Violation Report: 31615 - 03/03/2016 - Dumas, Gerald
 PCH Name: HEARTLAND RETIRMENT 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

Resident # 2's Breo Inhaler and the box containing the inhaler was not dated to indicate when the inhaler was first opened. The manufacturer furnished a sticker on the inhaler queing the user to date the inhaler when first used. Additionally, the box reads "discard after 6 weeks."

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.

EFFECTIVE IMMEDIATELY UPON THE RECEIPT OF DIRECTED PLAN OF CORRECTION, AND ONGOING THEREAFTER ON DAILY BASIS THE MED TRAINED/LICENSED STAFF WILL:

MED TRAINED/LICENSED STAFF WILL GO THROUGH ALL RESIDENTS INHALERS AND MAKE SURE DATES OF FIRST USE ARE ADDED TO THE INHALERS IF THE INHALER REQUIRES IT. THE MED TRAINED/LICENSED STAFF WILL PUT THE DISCARD DATE OF SIX WEEKS ON AS WELL SO THEY WILL BE KEPT REMINDED EACH TIME INHALER IS BEING USED.

DURING THE INSPECTION THE INSPECTOR SHOWED MED TRAINED STAFF WHERE IT WAS LOCATED AND WATCHED MED TRAINED/LICENSED STAFF FILL IN THE DATE. THE VIOLATION WAS CORRECTED TIME OF INSPECTION.

ADMINISTRATOR WILL DO WEEKLY ROUNDS GOING THROUGHOUT MEDICATION ROOM TO ENSURE ONGOING COMPLIANCE.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Christina Callahan

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

Christina Callahan

Date *4/14/16*

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The above plan of correction is approved as of

5/2/16
 (Date)

Plan of correction implementation status as of

5/3/16
 (Date)
RN

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

The above plan of correction was approved by

[Signature]
 (Initials)

Violation Report: 31615 - 03/03/2016 - Dumas, Gerald
 PCH Name: HEARTLAND RETIREMENT 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 # 3's glucometer had a reading of 278 on 02-23-16 at 8:01AM that would have required the resident to receive 6 units of Novolin R Insulin. The 8:01AM reading on 02-23-16 was not recorded on the MAR and no documentation reflected that this resident received the required insulin.

The medication administration record (M.A.R.) for resident # 1 Warfarin Sodium 2mg tablet, take 2 tabs Sun., Sat., and Tue. was not initiated on Sun. 2/28/16 at 8:00 p.m.

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.

IMMEDIATELY AND ONGOING:

THE ADMINISTRATOR WILL GO OVER THE MEDICATION ERRORS WITH THE MEDICATION CAREGIVERS TO REVIEW THE IMPORTANCE OF THE DOCUMENTATION THAT IS REQUIRED BY THE STATE. REVIEW THE IMPORTANCE OF DOCUMENTATION OF RESIDENTS RECEIVING MEDICATION SO THE RESIDENTS WOULDN'T RECEIVE A DOUBLE DOSE OF A MEDICATION AND THAT THEY RECEIVED THE RIGHT DOSE.

ADMINISTRATOR WILL DO WEEKLY MEDICATION CHECKS OF THE MAR'S OF ALL RESIDENTS TO MAKE SURE FUTURE ERRORS DO NOT CONTINUE TO HAPPEN.

THE ADMINISTRATOR WILL WORK OR RETRAIN WITH THE DIRECT CARE STAFF THAT ARE MED TRAINED/LICENSED STAFF TO ENSURE ACCURATE RECORDING ARE BEING COMPLETED.

YES

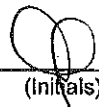
Repeat Violation: <input checked="" type="checkbox"/>	Date(s) of Previous Violation(s): 4/29/15	
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Signature of Legal Entity Representative (Required on EVERY Page)	Christina Callahan
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Christina Callahan	4/14/16

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

The above plan of correction is approved as of 5/2/16
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 5/3/16
 (Date)

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

Row

Violation Report: 31615 - 03/03/2016 - Dumas, Gerald
 PCH Name: HEARTLAND RETIRMENT 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 # 3's glucometer had a reading of 278 on 02-23-16 at 8:01AM that would have required the resident to receive 6 units of Novolin R Insulin. The 8:01AM reading on 02-23-16 was not recorded on the MAR and no documentation reflected that this resident received the required insulin. The home is not following the prescribers orders.

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.

IMMEDIATELY AND ONGOING:

THE ADMINISTRATOR WILL GO OVER THE MEDICATION ERRORS WITH THE MEDICATION CAREGIVERS TO REVIEW THE IMPORTANCE OF THE DOCUMENTATION THAT IS REQUIRED BY THE STATE. REVIEW THE IMPORTANCE OF DOCUMENTATION OF RESIDENTS RECEIVING MEDICATION SO THE RESIDENTS WOULDN'T RECEIVE A DOUBLE DOSE OF A MEDICATION AND THAT THEY RECEIVED THE RIGHT DOSE.

ADMINISTRATOR WILL DO WEEKLY MEDICATION CHECKS OF THE MAR'S OF ALL RESIDENTS TO MAKE SURE FUTURE ERRORS DO NOT CONTINUE TO HAPPEN.

THE ADMINISTRATOR WILL WORK OR RETRAIN WITH THE DIRECT CARE STAFF THAT ARE MED TRAINED/LICENSED STAFF TO ENSURE ACCURATE RECORDING ARE BEING COMPLETED.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Christina Callahan

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Christine Callahan</u>	Date <u>4/14/16</u>
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Violation Report: 31615 - 03/03/2016 - Dumas, Gerald
 PCH Name: HEARTLAND RETIRMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION
 White out correction fluid was used to correct the month and year for staff person A's 1st Medication Administration Review. Annual Practicum dated 7-7-15.

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.

EFFECTIVE IMMEDIATELY UPON THE RECEIPT OF DIRECTED PLAN OF CORRECTION, AND ONGOING ON A DAILY BASIS THE ADMINISTRATOR WILL:

THE ADMINISTRATOR WILL DO MONTHLY AUDITS OF ALL IMPORTANT REQUIRED FORMS AND MAKE SURE THERE ISN'T ANY CORRECTION FLUID BEING USED. THE ADMINISTRATOR WILL GO OVER WITH THE STAFF AND HER ASSISTANT THAT CORRECTION FLUID ISN'T ABLE TO BE USED IN IMPORTANT DOCUMENTAION

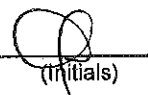
ADMINISTRATOR WILL INFORCE THAT DRAWING A STRAIGHT LINE THOUGH AND INITIAL ERROR IS TH PROPER WAY OF CORRECTION. THIS WILL PREVENT FUTURE VIOLATIONS.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Christina Callahan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christina Callahan* Date *4/14/16*

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The above plan of correction is approved as of <u>5/2/16</u> (Date)	Plan of correction implementation status as of <u>5/3/16</u> (Date) <i>RN</i>
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