



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUL 07 2016

Ms. Meredith Feher, Sr. VP Healthcare Services  
Waverly Heights, Ltd.  
1400 Waverly Road, P.O. Box 179  
Gladwyne, Pennsylvania 19035

RE: Waverly Heights  
License #: 127820

Dear Ms. Feher:

As a result of the Department of Human Services' annual licensing inspection on March 17, 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,

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

Jay Bausch  
Deputy Secretary

Enclosure  
License Inspection Summary



Violation Report: 12782 - 03/17/2016 - Keppel, Autumn  
PCH Name: WAVERLY HEIGHTS

1. REGULATION 65 Pa.Code §2800  
2800.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.6102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION  
Staff Member A was hired on [redacted] 15. A criminal background check was not requested until 7/28/15.

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.*

Regulation 2600.51

Effective immediately, it is the policy of Waverly Heights that all background checks are requested prior to an individual being offered a position of employment (see attached).

To prevent a re-occurring violation, Waverly Heights will continue to follow this practice which will ensure no individuals are hired prior to criminal background checks being requested.

see attachment # 1

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Nicole Sturman*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Nicole Sturman, PC admin*      Date *4/7/16*

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

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

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

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

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

Violation Report: 12782 - 03/17/2016 - Keppel, Autumn  
 PCH Name: WAVERLY HEIGHTS

1. REGULATION 55 Pa.Code §2600  
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION  
 The bed in room #251 does not have a source of light that can be turned on/off from bedside.

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.

Regulation 2600.101(j)(7)

A lamp was present next to the bed in room #251 at the time of the survey, however the bulb was not functional. The bulb was replaced during the inspection process and the lamp was moved a little closer to the bed to better ensure easy access to the resident.

To prevent a re-occurring violation, direct care staff who are often in resident rooms will check the function of all light bulbs regularly to ensure they are operable. In addition, monthly safety rounds are conducted and during those checks the presence of a functional light next to the bed will be verified.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Nicole Strouman*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Nicole Strouman, PC admin Date 4/7/16

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

The above plan of correction is approved as of 3/23/16  
 (Date)

Plan of correction implementation status as of 3/23/16  
 (Date)

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

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

Violation Report: 12782 - 03/17/2016 - Keppel, Autumn  
 PCH Name: WAVERLY HEIGHTS

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

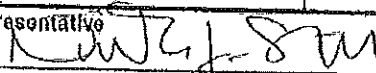
Resident #1 has an order for Accuchecks two times per week, twice daily on Monday and Thursday. The following glucometer readings were not recorded on the residents medication administration record: 3/17/16- 264 and 89, and 3/14/16 - 425.

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 attachment # 2 and #3

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

Signature of Legal Entity Representative <i>(Required on EVERY Page)</i> 	Date <i>4/7/16</i>
---	--------------------

Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> Nicole Strouman, PC Admin	Date <i>4/7/16</i>
--	--------------------

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

The above plan of correction is approved as of *5/23/16*  
 (Date)

Plan of correction Implementation status as of *5/23/16*  
 (Date)

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

The above plan of correction was approved by

  
 (Initials)

attachment #2

Regulation 2600.182(c)

I request that this violation be withdrawn. Resident #1 has an order for Accuchecks two times per week, twice daily on Monday and Thursday. This order was followed appropriately and fully documented as ordered on the resident's medication administration record (see attached).

The residents MARs indicate that Accuchecks are routinely checked at 6am and at 5pm (also see attached). At the time of survey, the department representative searched the glucometer memory of resident #1 and observed readings that were present in the memory that had not been recorded on the MARs (264, 99 and 425). The glucometer memory indicated that these readings were taken at roughly 2am in those instances. The Director of Nursing and Assistant Director of Nursing explained that is the time when staff would have been conducting a controlled solution test, and the readings were likely errors and would not have been an Accucheck performed on resident #1 at that time of day. The department representative stated that these errors should have then been recorded on the glucose monitor sheet, and the facility staff explained that it is not our procedure to record errors when completing a controlled solution test. The surveyor could not identify a regulation that would require controlled solution test errors be recorded. No Accuchecks were performed on resident #1 at that time of day (roughly 2am), and her machine was not used for any other resident, as each resident has their own glucose monitor, per regulation.

**Plan of Correction:**

If this request is denied, the Director of Nursing, in collaboration with the Personal Care Administrator, will explore modifying our procedure to include documentation of error readings.

To prevent a re-occurring violation, effective immediately, staff have identified (through speaking with the device manufacturer) how to mark an error within the glucose monitor device. This procedure will be identified for each machine and staff will follow this procedure to mark each error as such within the machine's memory. This will ensure readings are more thoroughly identified within the device.

Nicole J. Strouma 4/7/16  
Nicole Strouma, PC admin

Violation Report: 12782 - 03/17/2016 - Keppel, Autumn  
 PCH Name: WAVERLY HEIGHTS

1. REGULATION 86 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 has an order for Acetaminophen 325mg as needed for temperature. This medication was not included on the residents medication administration record.

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.

**Regulation 2600.187(a)**

The physician order for Acetaminophen 325mg as needed for temperature for resident #2 was filled, per physician order, and was present in the nursing cart at the time of survey. Due to human/computer error, the medication was dropped from the resident's medication administration record. This error was corrected at the time of survey.

To prevent a re-occurring violation, nursing staff were in-serviced on the importance of attention to detail during monthly recaps. The director of nursing and assistant director of nursing, in collaboration with the personal care administrator, will conduct routine chart/MAR audits to ensure the presence of all prescribed medications on the resident MARs.

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

Signature of Legal Entity Representative (Required on EVERY Page) *N. J. Strouman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole Strouman, PC admin* Date *4/7/16*

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

This above plan of correction is approved as of *5/9/16* (Date)

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

Plan of correction implementation status as of *5/9/16* (Date)

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