



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 30 2016

Ms. Janice Hamsche, Board President
Dubois Continuum of Care Community Inc.
282 South Eighth Street
Dubois, Pennsylvania 15801

RE: Dubois Village
License #: 316060

Dear Ms. Hamsche:

As a result of the Department of Human Services' annual licensing inspections on March 21, 2016, March 22, 2016 and March 23, 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,


Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: DUBOIS VILLAGE		License Number: 31606
Address: 282 SOUTH EIGHTH STREET, DUBOIS, PA 15801		County: Clearfield
Administrator: Tammy Horner		Region: NORTHEAST
Legal Entity Name: DUBOIS CONTINUUM OF CARE COMMUNITY INC		
Legal Entity Address: 282 SOUTH EIGHTH STREET, DUBOIS, PA 15801		
Certificate(s) of Occupancy		
I-2	C-2 LP	
08/05/2011	08/07/1996	
Bureau Veritas North Ameria	L&I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 99	Waking Staff: 74
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal, Complaint, Settlement		
On-Site Inspections Dates and Department Representatives On-Site		
03/21/2016: Novak, Ryan; Foulkes, Kimberli		
03/22/2016: Novak, Ryan; Foulkes, Kimberli		
03/23/2016: Novak, Ryan; Foulkes, Kimberli		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 118	Number of Residents who:	
Number of Residents Served: 86	Receive Supplemental Security Income: 4	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 84	
Area:	Have Mental Illness: 2	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 13	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 5		

Violation Report: 31606 - 03/21/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

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

Resident #1 did not receive the prescribed Bethanechol 1mg tablet on 3/11/16 at 8pm. The home did not submit an incident report to the Department regarding the medication error. The staff person who did not administer the medication was aware the medication was not 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.

A reportable incident for Bethanechol 1mg Tablet not given on 3/11/16 @ 8pm was completed on 4/28/16 and submitted to BMSL. Resident, physician and family notification performed. Nursing staff education provided on 4/20/16 and individual staff counseling to be provided. Audits of MARs will be performed by the Resident Care Manager / designee daily for two weeks and weekly for four weeks. Monthly audits will continue thereafter.

Adm will ensure that all employees know the 19 events that constitute reportable incidents and know what to do if they see or hear something that needs to be reported to the Department. Adm will also ensure that there is a process in place at the home that results in items being reported w/in the required timeframes to the Department. *QP. 7-5-16*

Repeat Violation: Yes

Date(s) of Previous Violation(s):

02/03/2015

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sammy L. Horne

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

Sammy L. Horne Administrator

Date 4/29/16

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

The above plan of correction is approved as of 7-5-16
 (Date)

Plan of correction implementation status as of 7-5-16
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

Violation Report: 31606 - 03/21/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
 The Licensing Inspection Summary (LIS) dated 2/3/12 was sitting in the binder on the sofa table in the first floor lobby. This LIS still had the resident privacy coding document attached.

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.

The LIS Resident privacy coding document immediately removed from lobby. Binder was updated and all privacy coding was removed and binder placed back in lobby. Staff education provided and monthly audit will be provided by Administrator to ensure ongoing compliance. J. 7-5-16

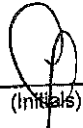
Repeat Violation: Yes Date(s) of Previous Violation(s): 02/03/2015

Signature of Legal Entity Representative
 (Required on EVERY Page) *Tammy L. Heener*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tammy L. Heener Administrator* Date *4/29/16*

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 (Initials)

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 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 31606 - 03/21/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.29a(b)(1) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: A physician, who is not an employee or contractor of the home, has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

2a. DESCRIPTION OF VIOLATION
 Resident #2 who was not evacuated during the fire drill conducted on 9/27/15 at 12:03am, does not have a written certification from a doctor that the resident is actively dying and may be injured or suffer a hastened death as the result of participating in a fire drill.

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 education provided that if a hospice resident who is actively dying during a fire drill shall have a physician order certified in writing by a physician whom is not an employee or contractor of the home stating that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill. Residents receiving hospice services will be reviewed by the resident care manager / designee to determine if signs/symptoms of the active dying process are present, will contact the physician for involvement / assessment and certification to be included in the clinical record. RASPS will be updated.


Adm / Designee will ensure all other statements of policy under 2600.29 are also followed to ensure resident safety. C 7-5-16

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sammy X Horner*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *TAMMY L. HORNER, Administrator* Date *4/29/16.*

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Violation Report: 31606 - 03/21/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.29a(b)(2) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: The resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative has provided written informed consent that the person is not to evacuate in a fire drill.

2a. DESCRIPTION OF VIOLATION
 There is no statement of informed consent from Resident #2 and the residents power of attorney for health care regarding the resident not evacuating during fire drills. The resident was not evacuated during the fire drill conducted on 9/27/16 at 12:03am.

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.

Resident #2 NO LONGER RESIDES IN THE FACILITY. RESIDENTS RECEIVING hospice services who are actively dying will be reviewed by the resident care manager to determine need for additional documentation/consents to not evacuate during a fire drill. Resident RASP and files will be updated accordingly. STAFF EDUCATION provided that if a hospice resident, actively dying does not participate in evacuation during a fire drill they obtain a written informed consent by the resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative.

Adm. Designee will ensure all of the statements of Policy under 2600.29 are also followed to assure resident safety.

QP 7-5-16

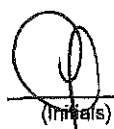
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Tammy L. Holner*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *TAMMY L. HOLNER Administrator* Date *4/29/16*

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Violation Report: 31806 - 03/21/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

1. REGULATION 65 Pa.Code §2600
 2600.29a(b)(4) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: During a fire drill, the one designated person at the home who has knowledge in advance of the fire drill is to immediately upon setting off the fire alarm to begin the fire drill, go to the room of the resident who meets the conditions of § 2600.29a(b)(1)-(3), and notify the affected resident and any staff person who attempts to evacuate the resident, that this is a fire drill and the resident is not to be evacuated.

2a. DESCRIPTION OF VIOLATION
 According to staff person A, staff person A, who conducted the fire drill on 8/13/15 at 2:00pm did not inform resident #3 or the staff person responsible for evacuating the resident, that the alarm indicated a fire drill rather than an actual fire during the fire drill. Resident #3 meets the conditions for not participating in fire drills.
 According to staff person A, staff person A, who conducted the fire drill on 9/27/15 at 12:03am did not inform resident #2 or the staff person responsible for evacuating the resident, that the alarm indicated a fire drill rather than an actual fire during the fire drill. Resident #2 meets the conditions for not participating in fire drills.

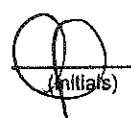
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
 Staff education will be provided to ensure that maintenance supervisor who has knowledge of the fire drill will go immediately to the room of resident meeting conditions of 2600.29(b)(1)-(3) and notify affected resident and staff person attempting to evacuate that it is a fire drill and resident is not to be evacuated. The requirement and role of the person conducting the fire drill to go to the room and notify the hospice resident and the staff person responsible for evacuating the resident in a fire drill will be included in detail during initial orientation and annual in-servicing.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sammy L. Horner*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *TAMMY L. HORNER Administrator* Date *4/29/16*

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Violation Report: 31606 - 03/21/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.29a(b)(5)(i) - If the provisions of § 2600.29a(b)(4) are initiated, the informed staff person is to immediately practice a fire drill evacuation in accordance with the following: Access a mode of transport such as a bed on wheels, a chair on wheels or a drag mat in the resident's bedroom or nearby area, which is not currently occupied by the resident.

2a. DESCRIPTION OF VIOLATION

During the fire drill conducted on 8/13/15 at 2:00pm, the staff person responsible for evacuating Resident #3 did not access and use a mode of transportation that would be safe for the movement of the resident when simulating the evacuation of the resident.

During the fire drill conducted on 9/27/15 at 12:03am the staff person responsible for evacuating Resident #2 did not access and use a mode of transportation that would be safe for the movement of the resident when simulating the evacuation of the resident.

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.

Resident #2 and #3 no longer reside in the facility. Hospice evacuation will be included in initial orientation and annual inservice education. Then staff education provided that if a hospice resident is actively dying and meets the conditions to not be evaluated the staff person will immediately practice a fire drill evacuation in accordance with the following: access a mode of transport such as a bed on wheels, a chair on wheels or a drag mat in the residents bedroom or nearby area, which would be a safe mode of transportation for the individual resident. The staff members will demonstrate the evacuation in the resident's bedroom or nearby area, which is not currently occupied by the resident. Mode of transportation should be included in the RASP under mobility and updated if or as the resident's condition changes. 7-5-16


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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Tammy L. Horner*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *TAMMY L. HORNER, Administrator* Date *4/29/16*

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

Violation Report: 31606 - 03/21/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.29a(b)(5)(ii) - If the provisions of § 2600.29a(b)(4) are initiated, the informed staff person is to immediately practice a fire drill evacuation in accordance with the following: Reasonably simulate the level of effort required to move the resident and proceed to practice evacuation to the nearest unblocked exit or fire safe area. The simulation will include the number of staff persons that is required during an evacuation to safely move the resident.

2a. DESCRIPTION OF VIOLATION
 During the fire drill conducted on 8/13/15 at 2:00pm, the staff person responsible for evacuating Resident #3 did not simulate the actual effort that would be required to evacuate Resident #3 in the event of an emergency.
 During the fire drill conducted on 9/27/16 at 12:03am, the staff person responsible for evacuating Resident #2 did not simulate the actual effort that would be required to evacuate Resident #2 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.

Staff education will be provided to reasonably simulate. Maintenance will be involved to set up the simulation with weighted items that reflect the situation staff will encounter. The level of effort required to move the resident and proceed to practice evacuation to the nearest fire safe staffed area.

Adm/Designee who observes fire drill(s) will address all aspects of 2600.29 in the post-action observations or documentation.

CP - 7-5-16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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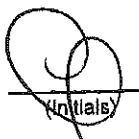
Signature of Legal Entity Representative
 (Required on EVERY Page) *Sammy A. Heener*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *TAMMY L. HEENER Administrator* Date *4/29/16*

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 (Date)

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 (Initials)

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

Violation Report: 31606 - 03/21/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.29a(b)(10) - The resident's assessment and support plan are to be kept current and specify the requirements of this section as it relates to the specific resident.

2a. DESCRIPTION OF VIOLATION
 Resident #3's RASP dated 7/6/15 and Resident #2's RASP dated 8/28/15 does not address the resident's exclusion from evacuation during fire drills due to status in an active dying process.

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.

Resident #2 and #3 no longer reside within facility staff education provided on specifications of updating residents RASP's annually and upon significant changes. RASP's of residents who have experienced a significant change in the past month (April 2016) will be reviewed by the resident care manager/designee to identify need for additional documentation to be included on the RASP's.

Adm/Designee who observes fire drill(s) will address all aspects of 2600.29 in the post action observation or documentation. CP
 7-5-15

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

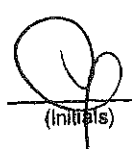
Signature of Legal Entity Representative (Required on EVERY Page) *Sammy L. Horner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *TAMMY L. HORNER Administrator* Date *4/29/16.*

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The above plan of correction is approved as of 7-5-16 (Date)

Plan of correction implementation status as of 7-6-16 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 31606 - 03/21/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION
 The home routinely staffs the overnight 11pm-7am shift with 3 staff persons. The home currently has 13 residents with mobility needs. Resident #4, #5, #6, #7, #8, #9, #10, #11 and #12 require a 1 person assist to a wheelchair and then needs to be pushed out to the fire safe area. Resident #13, #14, #15 & #16 require constant culing to a fire safe area. The home utilizes 5 internal fire safe areas throughout the building. The home does not have enough staffing to meet the residents needs in the event of an emergency from 11pm-7am.

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.

Immediate solution was that an additional staff person was added to the 11-7 Shift increasing to 4 total. Facility resident mobility was redetermined. Although we were meeting the minimum staffing requirements, we recognize that the additional staff is required to meet the residents needs in the event of an emergency and staff evacuation areas used. Mobility needs of the residents are evaluated upon admission, significant change and annually. Staffing will be re-evaluated and increased if necessary to meet the staffing requirements & needs of residents in an emergency. Staff was educated on utilization of fire safe areas and maintaining staff in fire safe areas. Ideally, post-action fire drill documentation will address changes in residents' mobility & cognition. (P) 7/5/16

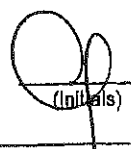
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Tammy L. Heener*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tammy L. Heener Administrator* Date *4/29/16*

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Violation Report: 31606 - 03/21/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 Resident #17's glucometer had dried blood on the machine.

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.

Glucometer was immediately cleaned and disinfected with antiseptic wipes. Staff education was provided and all diabetic supplies were audited by Diabetic educator. Weekly audits will be performed by Resident Care Manager / designee
 Adm will also perform spot checks of Resident glucometers, at a minimum of once per month, to ensure on-going compliance.

Op. 7-5-16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Sammy A. Heine

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Tammy L. Heine Administrator Date 4/29/16

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Violation Report: 31606 - 03/21/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
 On the shelves in the home's walk in pantry located in the kitchen there were two dented six pound cans of Fancy Beets and one dented six pound can of Mandarin Oranges.

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.

A designated Bin with sign was placed in the dry storage area for dented cans. immediately. Staff education provided and monthly audits will be performed by the dietary manager.

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

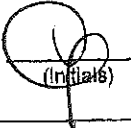
Signature of Legal Entity Representative
 (Required on EVERY Page) *Tammy L. Horner*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tammy L. Horner Administrator* Date *4/29/16.*

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- Not Implemented

Violation Report: 31606 - 03/21/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 The exit door located near Room #117 is locked by a magnetic lock, preventing immediate egress 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.

Magnetic lock on exit door located near room #117 was immediately disengaged. Motion Sensor Scan II is ordered to be placed on door to provide immediate egress. Staff education provided and maintenance will perform daily audits for two weeks, weekly audits for four weeks and random audits thereafter. Staff are to immediately report any concerns regarding function of the exit door for repair.

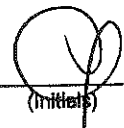
Adm will also perform walk throughs of the building to ensure ongoing compliance. Cf. 7-5-16

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Tammy L. Heeler*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tammy L Heeler Administrator* Date *4/29/16*

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The above plan of correction is approved as of <u>7-5-16</u> (Date)	Plan of correction implementation status as of <u>7-5-16</u> (Date)
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

Violation Report: 31606 - 03/21/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.129(a) - A fireplace must be securely screened or equipped with protective guards while in use.

2a. DESCRIPTION OF VIOLATION
 The metal on the gas fire place located in the laurel lane sitting area measured 188 degrees Fahrenheit, posing a possible burn risk to the 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.

All fireplaces gas sources turned off immediately to prevent the use of any fireplaces. Alternative options to provide a securely screened guard around the fireplaces have been explored. A 3-panel fireplace screen has been placed on the fireplaces to meet the regulatory requirements. Maintenance will perform a weekly audit of temperatures while in operation. Maintenance staff provided education on 4/27/16.

Adm will perform periodic walk throughs of the building to ensure ongoing compliance. EP 7-5-16

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


Signature of Legal Entity Representative
 (Required on EVERY Page) *Sammy L Heener*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *TAMMY L. HEENER Administrator* Date *4/29/16*

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

The above plan of correction is approved as of 7-5-16
 (Date)

Plan of correction implementation status as of 7-5-16
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 31606 - 03/21/2016 - Novak, Ryan
PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600
2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
Staff person A reported that the fire drills conducted on 8/13/15 at 2:00pm and on 9/27/15 at 12:03am were announced to the staff persons working so they would not evacuated Resident #2 & #3 due to them actively dying.

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 person A educated on providing an unannounced fire drill. Role and responsibilities of the person conducting the fire drill will be emphasized during staff training.

Adm will run the post-operations review of each monthly fire drill events and logs.

Op, 7-5-16

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sammy L. Hoener*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Tammy L. Hoener Administrator* Date *4/29/16*

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

The above plan of correction is approved as of 7-5-16
(Date)

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

Plan of correction implementation status as of 7-5-16
(Date)

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

Violation Report: 31606 - 03/21/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #21 was admitted on [redacted] 16. The resident's medical evaluation was completed on 12/22/15 and was sent via fax to the home. After the document was signed by the physician and faxed to the home section 6-immunization history was changed and the unknown box was checked with an ink pen. The home does not know who completed this change to the form.

Resident #22 date of admission [redacted] 13, had an annual medical evaluation completed on 1/21/16. The document was faxed to the home. After the document was signed by the physician and faxed to the home section 8-body positioning/movement was changed with an ink pen and "wheel chair" was written in by a home's staff person. This staff person is a licensed staff member but they could not verify that these changes were made with permission of the individual who completed the evaluation as there was no documentation.

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 education provided on regulations 2600.141(a) on specifications on correcting a DME - HOMES are permitted to collect a DME upon discovering physician, physician's assistant or certified registered nurse practitioner has recorded inaccurate information or omitted information. If an RN or LPA contacts qualified person completing the DME and receives permission from the person spoken to on the DME next to the correction. Current DME's will be reviewed by a nursing team to identify any which may need additional documentation.

Adm Designee will perform periodic reviews of DME's as well (particularly those w/ corrections, edits) to ensure ongoing compliance. Cp. 7-5-16

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

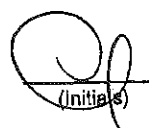
Signature of Legal Entity Representative
 (Required on EVERY Page) *Tammy L. Hehner*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *TAMMY L HEHNER Administrator* Date *4/29/16*

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

The above plan of correction is approved as of 4-5-16
 (Date)

Plan of correction implementation status as of 7-5-16
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 31608 - 03/21/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for resident #23, dated 1/5/16, does not include the resident's height.

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.

HEIGHT 48" verified from PA Drivers License. Staff education provided on obtaining and auditing all DME's. To ensure all documentation is present, Resident Care manager will audit all DME's prior to filing in chart

Adm/Resignee will perform periodic audits prior to filing in order to ensure ongoing compliance. *Q*, 7-5-16


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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Tammy L. Heene*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tammy L. Heene Administrator* Date *4/29/16*

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

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 (Initials)

Plan of correction Implementation status as of 7-5-16
 (Date)

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

Violation Report: 31606 - 03/21/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600
 2800.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
 Approximately 25 cigarette butts were located on the ground around the smoking area in the "country garden."

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.


The cigarette Butts were removed immediately and properly disposed of.
 Staff and Resident education was provided. Maintenance will perform a daily audit of the country garden.
 Adm'l Designee will perform periodic walk through of grounds of the home and perimeter home to ensure ongoing compliance. Cf. 7-5-16

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/03/2015
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Tammy L. Heener*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tammy L. Heener Administrator* Date *4/29/16*

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Violation Report: 31606 - 03/21/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600
 144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION

A garbage can was located in the "country garden" smoking area, cigarette butts were located in the can along with garbage that poses a possible fire hazard.

Paper and cellophane was located in the cans used to extinguish cigarette butts in the "dock" smoking area, this poses a possible fire hazard.

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.

Garbage with cigarette Butts were removed immediately from the Country Garden Smoking area. Garbage can/ Ash Tray was removed and replaced with ashtray without garbage.

Paper and cellophane were removed immediately in the can used to extinguish cigarette butts in "dock" smoking area

Staff and Resident education was provided. Maintenance will perform a daily audit in the Country Garden and "dock" area smoking area

Adm / Designee will perform periodic walk through of grounds of home and perimeter of the home to ensure ongoing compliance
 Q. 7-5-16


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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Tammy L. Horner*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tammy L. Horner, Administrator* Date *4/29/16*

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

The above plan of correction is approved as of 7-5-16
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 7-5-16
 (Date)

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

Violation Report: 31606 - 03/21/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.181(f) - The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his/her medication.

2a. DESCRIPTION OF VIOLATION
 On 3/23/16, Resident #22's record did not include a current list of medications. The list in the resident's record had the following discrepancies:
 -The Medication Administration Record (MAR) listed Aspir-low tab 81mg EC, take one tablet orally daily. This medication was discontinued on 1/28/16. On 1/28/16 the resident was prescribed Clopidogrel 75mg take one tablet by mouth once daily. This medication was not added to the MAR.
 -The MAR listed Penicillin VK Tab 500mg, take 4 tablets (2000mg) orally one hour prior to dental appointment. The resident did not have this medication available. The resident identified the incorrect medication in the drawer in place of this medication. The medication identified was Amoxicillin 875mg, take one tablet by mouth twice daily. This medication was not on the MAR and it had a quantity of 14 and was filled on 7/21/15. The bottle contained pills that were split by the resident due to the resident feeling the dose was too much.

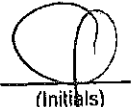
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
 A self administer evaluation has been performed with resident # 22 to obtain a current list of medications to validate accuracy with physician. Audit of medications kept in room reviewed for accuracy with medication Administration record, no expired medications and physician orders for each medication. Staff and resident education performed. Audit of all other self administering residents will be performed by the resident care manager by 5/13/16. and monthly audit will be performed by resident care manager to assure compliance

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Tammy L. Hoerner*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tammy L. Hoerner Administrator* Date *4/29/16.*

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

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Violation Report: 31606 - 03/21/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

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
 Direct care staff person B only completed 2 of the required 4 MAR reviews for the 2015 annual practicum.

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.

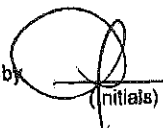
Upon return of Direct Care staff person B's PMLA medication training performed MAR Review Check List on 4/18/16 and 4/22/16. 4 MAR reviews are completed to complete annual practicum compliance. Staff education provided and monthly audits will be performed monthly by Resident Care Manager. Records of staff persons who have completed the medication administration training were checked to identify any additional training or compliance documentation needed. Periodic audits will be performed by Adm/Designee in order to ensure ongoing compliance (recommend quarterly) Q. 7-5-16

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sammy A. Hoener*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sammy L. Hoener Administrator* Date *4/29/16*

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

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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

Violation Report: 31606 - 03/21/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

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
 The first aid kit which was unlocked and accessible to residents contained hydrocortisone cream and fruit punch glucose tabs.

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.

The hydrocortisone cream and fruit punch glucose TABS. were immediately removed from the first aid kit. Staff education performed on 4/20/16. Daily first aid kits will be performed by nursing x 2 months. If in compliance during this period of time weekly checks will go in to affect.


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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sammy A. Horne*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tamara L. Hoerel Administrator* Date *4/29/16*

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The above plan of correction is approved as of 7-5-16
 (Date)

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 (Initials)

Plan of correction implementation status as of 7-5-16
 (Date)

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

Violation Report: 31606 - 03/21/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

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 #18's 325mg aspirin expired on 12/15.
 The hydrocortisone cream located in the first aid kit expired 12/12.

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.

Resident #18's Aspirin was removed and disposed appropriately. The hydrocortisone cream located in the first aid that was expired was removed immediately and discarded. Staff education was provided on 4/29/16. and daily audits by the nursing staff will be performed for two weeks, then weekly x 4 weeks then random audits thereafter.

Adm will perform random, periodic care reviews in order to ensure ongoing compliance.


☉ . 7-5-16

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/03/2016

Signature of Legal Entity Representative
 (Required on EVERY Page) Sammy A. Heene

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Tammy L. Heene Administrator Date 4/29/16

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

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Violation Report: 31606 - 03/21/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 (1) The resident's name.
 (2) The name of the medication.
 (3) The date the prescription was issued.
 (4) The prescribed dosage and instructions for administration.
 (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #5's levemir flex touch insulin pen did not have a pharmacy label attached.
 Resident #19's humalog kwik pen did not have a pharmacy label attached.

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.

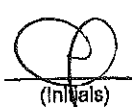
Resident #5 and #19 pharmacy contacted and extra label with Bal requested to obtain compliance Pharmacy and staff educated on all prescription medications need to be labeled with a pharmacy label. Pharmacy and staff also educated that individual insulin pens not labeled with pharmacy labels will not be accepted Audit of all insulin pens performed by Resident Care Manager and weekly audits will be performed by Resident Care Manager/ Desiree
 Adm will perform periodic random reviews of cart audits & visually review cart also to ensure ongoing compliance. CP. 7-5-16

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sammy L. Helmer*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sammy L. Helmer Administrator* Date *4/29/16*

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Violation Report: 31806 - 03/21/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

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
 Resident #1's nexium 24hr did not have the residents name on it.
 The house stock of glucose tablets did not have the name of the individuals that would use the medication on the bottle.

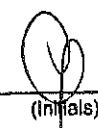
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
 Resident #1's Nexium was labeled with residents name immediately. Staff education provided on 4/26/16 and Full medication cart audit being performed. Weekly medication cart audit will be performed by nursing weekly for four weeks then monthly.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sammy L. Horner*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *TAMMY L. HORNER Administrator* Date *4/29/16*

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Violation Report: 31606 - 03/21/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

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 #20 has an order for blood glucose readings 4 times daily before meals and at bedtime. On 3/19/16 a reading of 262 was recorded on the MAR, however no reading was present in the glucometer. On 3/18/16 at 11:30am the MAR indicated a blood glucose reading of 197, however a reading of 193 was noted in the glucometer. On 3/17/16 at 4:30pm the MAR indicated a blood glucose reading of 153, however a reading of 152 was noted in the glucometer.

Resident #24 has a physician's order for accuchecks 4 times daily, before breakfast-7:30am, before lunch-11:30am, before supper-5pm, and at bedtime-8pm. On 3/17/16 at 5pm a blood glucose reading of 344 was incorrectly recorded on the Medication Administration Record (MAR). The blood glucose reading in the resident's glucometer was 340. On 3/21/16 at 11:30am a blood glucose reading of 95 was incorrectly recorded on the MAR. The blood glucose reading in the resident's glucometer was 195.

Resident #24 has a physician's order for sliding scale Insulin before meals at 7:30am, 11:30am, and 5:30pm. The number of units given at these times is based upon the resident's glucometer reading. At lunch time, 11:00am, in addition to the sliding scale dose the resident receives a standing dose of 4 units. At supper time, 5:30pm, in addition to the sliding scale dose the resident receives a standing dose of 12 units if more than 50% of the meal is eaten and a standing dose of 6 units if less than 50% of the meal is eaten. On the resident's MAR for March 2016, the staff is currently initialing for the standing doses at 11:00am and 5:30pm and next to the order on the MAR for the sliding scale staff is documenting the number of units given at 11:00am and 5:30pm. Staff is not consistently documenting the units. Sometimes the staff will only record the amount of sliding scale insulin administered and sometimes they are adding the sliding scale insulin and the standing dose and documenting it. Also for the standing order that is based on the percentage of the meal that was eaten, the staff are not documenting on the MAR the amount eaten or the number of units given based on this information.

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 next page →

Violation Report: 31606 - 03/21/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

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

2a. DESCRIPTION OF VIOLATION
 Resident #20 has an order for blood glucose readings 4 times daily before meals and at bedtime per a sliding scale of insulin. On 3/19/16 a reading of 262 was recorded on the MAR, however no reading was present in the glucometer. The home administered 5 units of insulin even though the blood glucose reading was not completed.
 Resident #1 did not receive the prescribed Bethanecol 1mg tablet on 3/11/16 at 8pm.
 Resident #25 has a physician's order for accuchecks twice a day at 6am and 8pm and for NovoLOG INJ 100/ml to inject units twice daily per sliding scale protocol. On 3/15/16 at 6am, a blood glucose reading of 77 was recorded on the resident's Medication Administration Record (MAR) and it stated that the insulin was "withheld per orders". There was no reading in the resident's glucometer for the 6am accucheck on 3/15/16.
 Resident #22 self-administers medication. The home's Medication Administration Record (MAR) for this resident listed Albuterol Neb 0.083% Inhale 1 mini neb via nebulizer orally three times a day as needed. The machine was available in the resident's room, but there was no medication available for the resident. According to the resident, it expired and staff got rid of it. According to staff there is a physician's order dated 2/5/15 and the resident should still be on the medication.

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.
 Blood glucose monitoring training, recording and mark demonstration:
 Blood glucose test, accurate visualization of result, accurate recording of results, including knowledge and proper use of meter and proper interpretation of insulin order and amount to be given in designated scenario.
 Resident care manager will audit weekly for 2 months when zero errors noted for 4 weeks in a row audit to change to monthly then if no errors noted x 4 reviews audits to quarterly
 Adm will also conduct periodic reviews in order to ensure ongoing compliance. P. 7-5-16

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/03/2015

Signature of Legal Entity Representative (Required on EVERY Page) *Sammy R. Horne*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tammy C. Horne Administrator* Date *4/29/16*

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

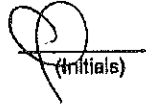
The above plan of correction is approved as of 7-5-16 (Date) Plan of correction implementation status as of 7-5-16 (Date)
 Fully Implemented

See p 29.

Violation Report: 31606 - 03/21/2016 - Novak, Ryan
PCH Name: DUBOIS VILLAGE

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

The above plan of correction was approved by


(Initials)

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

Violation Report: 31608 - 03/21/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #1 did not receive the prescribed Bethanechol 1mg tablet on 3/11/16 at 8pm. The home did not notify the prescriber regarding the medication error.

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.

Repeatable incident completed for medication error that occurred on 3/11/16 at 8pm. Repeatable incident faxed to Bureau of Human Services Licensing on 4/28/16 as a late repeatable. Notification sent as late notification on 4/28/16 to physician and family. Incident explained to resident on 4/28/16 and documentation placed in clinical record. Staff education provided that any medication error identified must be immediately reported to the resident care manager/ designer. - so that compliance will be maintained with the required notifications. Cp. 7-5-16


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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sammy L. Hene*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sammy L. Hene Administrator* Date *4/29/16*

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

The above plan of correction is approved as of 7-5-16
 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 7-5-16
 (Date)

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

Violation Report: 31606 - 03/21/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

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 initial assessment for resident #26, admitted [redacted] 16, was completed on [redacted] 16. The assessment cannot be finalized prior to the resident's admission.
 The initial assessment for resident #21, admitted [redacted] 16, was completed on [redacted] 15. The assessment cannot be finalized prior to the resident's admission.
 The initial assessment for resident #23, admitted physically in the building according to staff was [redacted] 16 was completed on [redacted] 16. The assessment cannot be finalized prior to the resident's admission.

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.

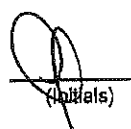
Resident #26 Resident was physically admitted to facility on [redacted] 16 and was evaluated by physician on [redacted] 16 for DME staff entered RASP assessment finalized date as [redacted] 16 per evaluation of physician which was incorrect documentation. Resident #21 was physically admitted to facility on [redacted] 16. Staff documented RASP finalization date as [redacted] 15 which was date of physician evaluation date on DME documentation was incorrect. Resident #23 was physically admitted to facility on [redacted] 16 RASP was finalized on [redacted] 16. Date of admission on RASP was incorrectly documented by staff. Staff was provided on DME's, RASP's and Admission criteria. Audit of all RASP's and DME's being performed. Resident Care Manager to audit all new admission paperwork prior to filing. Adm Designee will perform periodic random audits of new admissions in order to ensure ongoing compliance. CD 7-5-16

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/03/2015

Signature of Legal Entity Representative (Required on EVERY Page) Tammy L. Heine

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tammy L. Heine, Administrator Date 4/29/16

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

The above plan of correction is approved as of <u>7-5-16</u> (Date)	Plan of correction implementation status as of <u>7-5-16</u> (Date)
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

Violation Report: 31606 - 03/21/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

On 1/17/16, resident #1 experienced a significant change. The resident was sent to the hospital due to aggressive behaviors towards staff and roommate. The assessment dated 1/20/16 indicates the resident has no problem with aggression. The home has not completed a new assessment of the resident's needs to reflect these changes.

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.

Resident #1 went to Hospital on 1/17/16 and was to return on 1/20/16. But due to significant change remained in hospital until discharge on 1/20/16. and actual discharge on 1/27/16. RASP updated on 4/28/16 to accurately reflect current status of resident. Resident care manager/designee will review RASP documentation of residents who have experienced a significant change in the months of March and April 2016 to present to assure the current status of the resident is reflected.

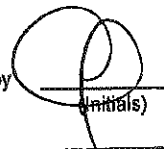
Adm Designee will work with direct care staff in the home to identify what example would constitute a significant change (such as above) and review incident reports, hospice election of benefits, significant changes based on hospice records or new dx from PCS, etc to properly identify & communicate information to supervisors & managers so residents' needs may be met.

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/03/2015 P. 75/16

Signature of Legal Entity Representative (Required on EVERY Page) *Tammy L. Holner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tammy L. Holner Administrator* Date *4/29/16*

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The above plan of correction is approved as of <u>5-5-16</u> (Date)	Plan of correction implementation status as of <u>7-5-16</u> (Date)
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