



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 04 2016

Ms. Deborah M. Sprague, Executive Director
The Alliance Home of Carlisle, PA, Inc.
770 South Hanover Street
Carlisle, Pennsylvania 17013

RE: Chapel Pointe at Carlisle
License #: 343370

Dear Ms. Sprague:

As a result of the Department of Human Services' annual licensing inspections on April 5, 2016 and April 6, 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: 34337 - 04/05/2016 - Gensil, Lori
 PCH Name: CHAPEL POINTE AT CARLISLE

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for Resident #3 was not signed by the payor.

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 contract for Resident #3 was signed by the POA on 5/27/16. All current contracts were audited to ensure that signatures were all present. The Director of Marketing and Admissions and the Finance office staff will audit all new contracts to ensure that both the resident and the payer sign as appropriate.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Deborah M Sprague Exec Dir. Date 5/27/16

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

The above plan of correction is approved as of <u>6-24-16</u> (Date)	Plan of correction implementation status as of <u>6-24-16</u> (Date)
The above plan of correction was approved by <u>BE</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: 34337 - 04/05/2016 - Gensil, Lori
 PCH Name: CHAPEL POINTE AT CARLISLE

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

On 3/1/16, Resident #1 refused to take all of their morning prescribed medications. The home did not contact the resident's doctor.

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 residents were assessed to determine any who frequently refuse medications. Physicians were contacted for 2 residents to determine how frequently they desire to be contacted for medication refusals and orders were obtained. Nurses were educated to the importance of physician notification for medication refusal. Records will be audited by the Nursing Coordinator to ensure that physician notifications are documented.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Deborah M Sprague, Exec. Dir

Date 5/27/16

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 (Date)

The above plan of correction was approved by bc
 (Initials)

Plan of correction implementation status as of 6-29-16
 (Date)

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

Violation Report: 34337 - 04/05/2016 - Gensil, Lori
 PCH Name: CHAPEL POINTE AT CARLISLE

1. REGULATION 55 Pa.Code §2600
 2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 Resident #2, admitted to the Secured Dementia Care Unit (SDCU) on [redacted] 16, did not have a medical evaluation completed until 1/26/16.

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.

Nursing staff were educated on the regulations pertaining to transfers from our personal care unit to our secured unit. Required medical evaluations will be completed for future transfers from personal care to the SDCU on a timely basis. The Nursing Coordinator will audit all new admissions to the SDCU to ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Deborah M Sprague, Exec Dir	Date 5/27/16
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Violation Report: 34337 - 04/05/2016 - Gensil, Lori

PCH Name: CHAPEL POINTE AT CARLISLE

1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the SDCU on [redacted] 16. The resident's preadmission cognitive screening was completed on [redacted] 16.

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.

Nursing staff were educated on the regulations pertaining to transfers from our personal care unit to our secured units. Required pre admission screens will be completed for future transfers from personal care to the SDCU on a timely basis. The Nursing Coordinator will audit all new admissions to the SDCU to ensure compliance.

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Violation Report: 34337 - 04/05/2016 - Gensil, Lori
 PCH Name: CHAPEL POINTE AT CARLISLE

1. REGULATION 55 Pa.Code §2600
 2600.231(h) - The resident-home contract in § 2600.25 (relating to resident-home contract) must also include a disclosure of services, admission and discharge criteria, change in condition policies, special programming and costs and fees.

2a. DESCRIPTION OF VIOLATION
 The resident-home contract for Resident #2 does not include special programming.

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.

An Addendum to the Chapel Pointe Personal Care contract was created to address special programming in the SDCU. All future transfers from Personal Care to the SDCU will sign the addendum. The Director of Marketing and Admissions will ensure compliance with the required documentation. The Addendum is attached.

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