



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to PACONA CORPORATION
LEGAL ENTITY

To operate GLUCO LODGE
NAME OF FACILITY OR AGENCY

Located at 1127 KEMMERTOWN ROAD, STROUDSBURG, PA 18360
(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 51
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

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 August 8, 2016 until February 8, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 241721

Robert E. Robinson
ISSUING OFFICER

Gay Baulk
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

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE:

AUG 08 2016

Mr. Jerome Perry, President
Pacona Corporation
1127 Kemmertown Road
Stroudsburg, Pennsylvania 18360

RE: Gluco Lodge
License #: 241721

Dear Mr. Perry:

As a result of the Department of Human Services' (Department) licensing inspections on December 11, 2015, April 14, 2016 and April 15, 2016 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #241720 dated July 18, 2016 to July 18, 2017 is **REVOKED**. A **FIRST PROVISIONAL** license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This **FIRST PROVISIONAL** license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated July 18, 2016 to July 18, 2017 is **NOT** reinstated upon expiration of this **FIRST PROVISIONAL** license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your **FIRST PROVISIONAL** license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Kevin Brumbach, Enforcement Manager
Bureau of Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,


Jacqueline L. Rowe
Director

Enclosures
License
Licensing Inspection Summary

Violation Report: 24172 - 01/29/2016 - Hummel, Jesse
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Department Representatives conducted a joint inspection with the Department of Health. The Department completed an audit of resident glucometers. It was determined that the facility was utilizing glucometers to test the blood glucose levels of numerous resident's. It was also determined by the Department of Health via staff interviews and a resident interview with resident #2 that the resident stores and tests the resident's own blood glucose levels with the resident's glucometer. It was also determined that resident #2 has tested other resident's blood glucose levels with the resident's glucometer. On 12/5/15 resident #1 tested positive for Hepatitis B. On 2/5/16 the facility was notified by the Department of Health of the Viral Sequencing test results. It was determined that the Viral Sequencing for resident #2 was identical to resident #3. The Department of Health indicated that the chances are very high that the transmission of Hepatitis B occurred at the facility, either through glucometer sharing or resident #2 testing other resident's with the resident's personal glucometer.

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.

While we do not agree with this violation we have made the following changes to ensure that our residents are safe. No resident will be permitted to keep a glucometer in their personal possession from this point forward. All residents must come to the medication room to have their blood glucose monitored except in the event of an emergency. Only under emergency circumstances may a resident's glucose be checked in any other area of the building. The medication room will be wiped down with bleach after each glucometer testing. Random glucometer audits will be performed by the Director of Nursing or a designated staff member monthly to ensure that the glucometers are working properly, calibrated correctly and being used appropriately.

Adm will oversee care of residents to ensure safety and well-being free from abuse, neglect, abandonment or exploitation, to ensure ongoing compliance. JEP 8/31/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jerome Perry*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jerome Perry - Administrator Date May 3, 2016

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

The above plan of correction is approved as of 5-24-16 on-site (Date)

Plan of correction Implementation status as of 5-24-16 (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: 24172 - 01/29/2016 - Hummel, Jesse
 PCH Name: GLUCO.LODGE

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

2a. DESCRIPTION OF VIOLATION

Department Representatives completed an audit of resident glucometers. The glucometers of all residents residing at the facility were completed. It was determined that the facility staff have been using glucometers prescribed for residents to test the blood glucose levels of other residents.

- On 11/5/15 the uncalibrated glucometer prescribed to resident #4 was utilized to test the blood glucose level (BGL) of resident #1.
- On 11/11/15 at 12:37pm the glucometer prescribed to resident #5 was utilized to test the (BGL) of resident #6.
- On 11/13/15 at 1:49pm the glucometer prescribed to resident #6 was utilized to test the (BGL) of resident #7.
- On 11/14/15 at 12:13pm the glucometer prescribed to resident #5 was utilized to test the (BGL) of resident #1.
- On 11/15/15 the uncalibrated glucometer prescribed to resident #8 was utilized to test the (BGL) of resident #1.
- On 11/16/15 at 11:46am the glucometer prescribed to resident #5 was utilized to test the (BGL) of resident #1.
- On 11/25/15 at 11:50am the glucometer prescribed to resident #6 was utilized to test the (BGL) of resident #3.
- On 11/26/15 the uncalibrated glucometer prescribed to resident #5 was utilized to test the (BGL) of resident #1.
- On 11/28/15 at 8:19am the glucometer prescribed to resident #8 was utilized to test the (BGL) of resident #1.
- On 12/2/15 the uncalibrated glucometer prescribed to resident #8 was utilized to measure the (BGL) of resident #9.
- On 12/3/15 at 12:48pm the glucometer prescribed to resident #5 was utilized to measure the (BGL) of resident #6.

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.


Random glucometer audits will be performed monthly by the Director of Nursing or a designated staff member to ensure that the glucometers are working properly, are calibrated correctly and are being used appropriately.

The Adm unit oversee the home's processes in order to ensure ongoing compliance

*JP
8-3-16*

| | | |
|---|-----------------------------------|-------------|
| Repeat Violation: No | Date(s) of Previous Violation(s): | |
| Signature of Legal Entity Representative (Required on EVERY Page) | | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | | Date |
| Jerome Perry - Administrator | | May 3, 2016 |

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

| | |
|--|---|
| The above plan of correction is approved as of <u>5-24-16</u> (Date) | Plan of correction (implementation status as of <u>5-24-16</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: 24172 - 01/29/2016 - Hummel, Jesse

PCH Name: GLUCO LODGE

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

Violation Report: 24172 - 01/29/2016 - Hummel, Jesse
 PCH Name: GLUCO LODGE

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.

Department Representatives reviewed resident glucometers and compared the readings on each residents glucometer with the readings documented on each resident's Medication Administration Record (MAR.)

On 1/1/16 at 7:21am the glucometer for resident #1 indicates a blood glucose level (BGL) of 217. This reading was not documented on the residents (MAR.)

On 1/3/16 at 2:22am the glucometer for resident #1 indicates a (BGL) of 225. The facility documented a level of 229 on the resident's (MAR.)

On 1/4/16 at 2:23am the glucometer for resident #1 indicates a (BGL) of 183. The facility documented a level of 187 on the resident's (MAR.)

On 12/11/15 at 6:10am the glucometer for resident #5 indicates a (BGL) of 245. The facility documented a level of 158 on the resident's (MAR.)

On 12/1/15 at 1:39pm the glucometer for resident #7 indicates a (BGL) of 217. The facility documented a level of 167 on the resident's (MAR.)

On 12/2/15 at 9:44am the glucometer for resident #7 indicates a (BGL) of 113. The facility documented a level of 167 on the resident's (MAR.)

On 12/2/15 at 1:48pm the glucometer for resident #7 indicates a (BGL) of 184. The facility documented a level of 187 on the resident's (MAR.)

On 12/7/15 at 1:46pm the glucometer for resident #7 indicates a (BGL) of 102. The facility documented a level of 168 on the resident's (MAR.)

On 12/8/15 at 9:41am the glucometer for resident #7 indicates a (BGL) of 65. The facility documented a level of 98 on the resident's (MAR.)

On 12/10/15 at 1:22pm the glucometer for resident #7 indicates a (BGL) of 108. The facility documented a level of 121 on the resident's (MAR.)

On 12/3/15 at 7:45am the glucometer for resident #9 indicates a (BGL) of 95. The facility did not document this level on the resident's (MAR.)

On 12/10/15 at 7:30am the glucometer for resident #9 indicates a (BGL) of 77. The facility documented a level of 78 on the resident's (MAR.)

[REDACTED] glucometer for resident #6
 withdrawn at 4-7-16

On 12/10/15 at 1:21pm resident #6's glucometer indicates a blood glucose reading of 121. A level of 99 is documented on the MAR.
 On 12/04/15 at 8:03 pm resident #6's glucometer indicates a blood glucose reading of 186. A level of "0" is documented on the MAR.

Review of resident #4's glucometer indicates "0" blood glucose level readings at 7:00am on the following dates, however blood

Violation Report: 24172 - 01/29/2016 - Hummel, Jesse
 PCH Name: GLUCO LODGE

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:

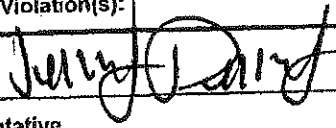
- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) 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.

glucose levels are documented on resident #'s MAR: 12/04/15 (MAR=129); 12/02/15 (MAR=117); 11/30/15 (MAR=128); 11/27/15 (MAR=101); 11/25/15 (MAR=109); 11/23/15 (MAR=132); 11/20/15 (MAR=116); 11/18/15 (MAR=126); 11/16/15 (MAR=129); 11/13/15 (MAR=121); 11/11/15 (MAR=136); 11/09/15 (MAR=125); 11/06/15 (MAR=131); 11/04/15 (MAR=135) and 11/02/15 (MAR=126).

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.

While we do not agree with all of the information above we will take the following steps to ensure that our staff is documenting blood glucose readings correctly. Random monthly glucometer audits will be performed by the Director of Nursing or a designated staff member. This includes cross referencing random glucometers to the MARs as well as checking that the machine's memory is keeping the correct time and date.

| | | | |
|---|-----------------------------------|--|--|
| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
| Signature of Legal Entity Representative (Required on EVERY Page) | |  | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | | Date | |
| Jerome Perry - Administrator | | May 3, 2016 | |
| DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE! | | | |

Violation Report: 24172 - 01/29/2016 - Hummel, Jesse

PCH Name: GLUCO LODGE

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.

The above plan of correction is approved as of

5-24-16
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

Plan of correction implementation status as of 5-24-16
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *updated 7/13/16*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 24172 - 01/29/2016 - Hummel, Jesse
 PCH Name: GLUCO LODGE

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

2a. DESCRIPTION OF VIOLATION

Resident #4 is to have their blood glucose level tested daily at 7:00am. Review of resident #4's glucometer indicates their blood glucose level was not tested on the following dates: 12/4/15, 12/2/15, 11/30/15, 11/27/15, 11/25/15, 11/23/15, 11/20/15; 11/18/15; 11/16/15, 11/13/, 11/11/15, 11/09/15, 11/06/15, 11/04/15 and 11/02/15.

Review of resident #6's MAR indicates he/she is prescribed Apidra insulin with a sliding scale. On 12/05/15 at 8:29pm the resident's blood glucose level measured 200; 2 units of insulin were needed; 10 units were administered.

Resident #6 is to have their blood glucose level tested 4 times daily. Review of resident #'s glucometer indicates they were not tested on 11/26/15 before lunch.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

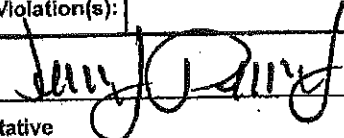
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Our Med Tech's will continue to receive annual and as needed diabetic training. Random, monthly glucometer audits will be performed by the Director of Nursing or a designated staff person to ensure the accuracy of the documentation and the functionality of the glucometers. The Director of Nursing (DON) has reviewed diabetic documentation with all of the Med Techs to ensure that they recognize the importance of documenting missed or refused treatments and or medications. The DON has also reviewed inscription errors with the Med Techs and made them aware of the importance of legibility and staying within the appropriate blocks on the MAR so that the information can be read clearly and not mistaken.

ERROR as, 4-7-16

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

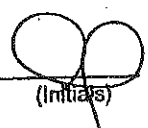


| | |
|---|-------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | Date |
| Jerome Perry - Administrator | May 3, 2016 |

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

The above plan of correction is approved as of 5-24-16
 (Date)

Plan of correction implementation status as of 5-24-16
 (Date)

The above plan of correction was approved by 
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *updated 7-13-16*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

| | | |
|---|--|---|
| PCH Name: GLUCO LODGE | | License Number: 24172 |
| Address: 1127 KEMMERTOWN ROAD, STROUDSBURG, PA 18360 | | County: Monroe |
| Administrator: Jerome Perry | | Region: NORTHEAST |
| Legal Entity Name: PACONA CORPORATION | | |
| Legal Entity Address: 1127 KEMMERTOWN ROAD, STROUDSBURG, PA 18360 | | |
| Certificate(s) of Occupancy C-2.LP 02/19/2009 L&I | | |
| Staffing Hours Resident Support: 0 Total Daily Staff: 45 Waking Staff: 34 | | |
| Type of Inspection: Full BHA Docket Number: Notice: Unannounced | | |
| Reason(s) for Inspection(s) Renewal, Complaint | | |
| On-Site Inspections Dates and Department Representatives On-Site 04/14/2016: Harvey, Jason; Hummel, Jesse 04/15/2016: Harvey, Jason; Hummel, Jesse | | |
| 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: 51 Number of Residents Served: 41 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 5 | | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 37 Have Mental Illness: 3 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 2 |

Violation Report: 24172 - 04/14/2016 - Harvey, Jason
 PCH Name: GLUCO LODGE

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 facility does not post their current Licensing Inspection Summary Reports in a public and conspicuous place in the facility. The facility posts the Reports in the Medication Administration Room.

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.

Our violation report(s) have been posted in our medication room for several years. The DHS made us aware that the report(s) need to be in a more conspicuous area of the building where it can be assessable to anyone at anytime. To correct this violation we (Administration) shall place a copy of our violation report(s) in a common area.

The Adm. will oversee these postings in order to ensure ongoing compliance. CP. 7-19-16

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


Signature of Legal Entity Representative (Required on EVERY Page) **Kelly Hahn**

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **Kelly Hahn LPN** Date **6/30/2016**

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

The above plan of correction is approved as of 7-19-16 (Date)

Plan of correction implementation status as of 7-19-16 (Date)

The above plan of correction was approved by  (initials)

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

Violation Report: 24172 - 04/14/2016 - Harvey, Jason
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION
 The facility handles finances for resident #1. The facility does not provide the resident's Power of Attorney/Designated person with a quarterly statement of financial transactions made on the resident's behalf.

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.
 Please see the attached financial sheet that has been signed by the POA. Financial statements will be sent out to families quarterly. A reminder will be set in our computer for future mailings.

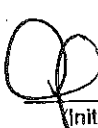
The Administrator will be responsible for overseeing compliance on an ongoing basis. Op - 7-19-16

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

| | | |
|--|-------------------|--|
| Signature of Legal Entity Representative (Required on EVERY Page) | Kelly Hahn | <small>Digitally signed by Kelly Hahn DN: cn=Kelly Hahn, o=Glucolodge, ou, email=kellyh@glucolodge.com, c=US Date: 2016.06.30 03:11:46 -0400</small> |
|--|-------------------|--|

| | | | |
|---|----------------|------|-----------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | Kelly Hahn LPN | Date | 6/30/2016 |
|---|----------------|------|-----------|

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

| | |
|--|---|
| The above plan of correction is approved as of <u>7-19-16</u> (Date) | Plan of correction implementation status as of <u>7-19-16</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: 24172 - 04/14/2016 - Harvey, Jason
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

: On 2/7/16 resident #2 was observed to have a stage one decubitus ulcer on the resident's sacrum. On 2/12/16 the resident's wound opened. The facility contacted a home health agency to provide care to the resident's decubitus ulcer on the resident's sacral area. On 2/14/16 the Calmoseptine ointment that was being applied to the wound was no longer sticking to the area as the wound was getting larger in diameter. On 2/15/16 the wound was again noted to have expanded in diameter. The wound was cleaned and a Mepilex Foam dressing was applied to the wound. On 2/18/16 the wound was evaluated by a certified registered nurse practitioner. Wound care supplies were ordered to care for the wound. Santyl was also ordered due to presence of necrotic tissue. On 2/19/16 the resident was sent to the Hospital due to a change in mental status. The resident was placed on in-patient Hospice. The resident was evaluated and determined to have four wounds, 3 of which were unstageable. The wound to the resident's sacral area was 15cm by 15 cm. The wound was noted to be very deep with black eschar surrounding the wound. Wounds on the resident's heels were also noted. The resident's left heel had a wound approximately 3cm by 2cm and the right heel wound measured 10cm by 3cm. Despite the facility's knowledge of the residents stage one wound on 2/7/16 the resident was not evaluated for wound care until 2/18/16. The facility neglected to adequately provide treatment of the resident's wounds in a timely manner which lead to the resident's sacral wound to significantly worsen in a short amount of time. The resident also developed wounds to the resident's heels, to which the facility was not aware of.

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.

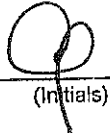
please see pp 4a and 4b of 21

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

| | |
|---|---|
| Signature of Legal Entity Representative (Required on EVERY Page) | Kelly Hahn <small>Digitally signed by Kelly Hahn DN: cn=Kelly Hahn, o=Glucolodge, ou, email=kellyh@glucolodge.com, c=US Date: 2016.06.30 02:12:35 -0400</small> |
|---|---|

| | |
|--|-----------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | Date |
| Kelly Hahn LPN | 6/30/2016 |

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

| | |
|---|---|
| The above plan of correction is approved as of <u>7-13-16</u> <i>on-site</i> (Date) | Plan of correction implementation status as of <u>7-19-16</u> (Date) |
| The above plan of correction was approved by  (Initials) | <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

p4ag21
Q

Please review the following timeline of events as the DHS description of events does not match our timeline.

When the stage I decubitus ulcer was noticed on 2/7/16 we immediately took action used calmoseptine paste to protect the skin, and the staff was instructed to reposition the resident every 2 hours. The residents RASP was updated on 2/12/16 and the DON informed the family who had been unreachable while away on vacation. The RASP indicates the family is responsible for [REDACTED] medical care, but they did not feel as though they could get [REDACTED] out to the doctor. The DON suggested the resident be seen by the Nurse Practitioner that comes to our facility so that we could get this taken care of and get skilled nursing on board to assist. The DON also spoke with the family and the resident about the possibility of getting [REDACTED] a protein drink to help [REDACTED] body to heal this wound and she explained that without adequate protein intake the wound would get worse. The resident declined, stating that [REDACTED] didn't want anything that would prolong [REDACTED] life the family agreed with the resident and declined a protein supplement. The family agreed to have [REDACTED] seen by the NP. The DON set up the new patient appointment for the following week when the NP was scheduled to come in. On Sunday, 2/14/2016 staff documented that the ulcer had opened. On Monday, 2/15/16 the DON re-assessed the wound as a stage II ulcer with no necrotic tissue and no signs or symptoms of infection. The DON then cleaned the area and applied a Mepilex dressing that could remain in place for up to 7 days and instructed the staff to not remove the dressing unless it became soiled. During this time the resident was still being repositioned every 2 hours. The NP saw the resident on 2/18/2016 and assessed the wound as a stage II with necrotic tissue at the 12 o'clock position. The NP also spoke with the resident about a protein supplement and [REDACTED] again declined. Wound care supplies were ordered as well as skilled Nursing home care. The DON started the process of getting homecare to come in and see the resident. Later that evening the staff sent the resident out to the emergency room due to a change in mental status.

Based on our review of the timeline provided, it shows that several steps were taken by our staff between the 7th and the 18th. We do not see where there was any medical neglect in this situation.

Please review the attached note from the Nurse Practitioner that indicates the condition of the sacral wound on 2/18/2016 when she assessed it. This description is far different from the description of the wound that the DHS has presented us with. Please keep in mind that the resident was sent to the emergency room later that same evening.

3 unstageable wounds: We were informed of 2 unstageable decubitus ulcers on the resident's heels. Our staff did not notice them.

p 46 (2)
CP

To correct this we have conducted training on decubitus ulcers with our staff. This training included: causes, prevention, recognition, and treatment of decubitus ulcers as well as the importance of direct care staff observation and communication of those observations. We have also updated our weekly shower log to include a skin assessment box. The staff will now initial for having conducted a skin assessment while showering the resident and they will fill out a skin assessment form if there are any abnormal findings. This form will be submitted to the DON and or the Physician. We have also created an addendum to our contract informing families that if they choose to be responsible for the resident's health care they may continue to do so however, Gluco Lodge will oversee that care and take whatever steps are necessary to ensure that nothing is overlooked.

The Administrator will oversee the safety and well being of residents to prevent instances of resident abuse, neglect, exploitation or abandonment in order to ensure ongoing compliance.

CP 7-19-16

Violation Report: 24172 - 04/14/2016 - Harvey, Jason
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa. Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Member A (hired [redacted] 2016) is not in possession of a high school diploma, GED, or active registry status on the PA nurse's aide registry. Staff Person A was retained beyond the 30 day provisional hiring period pending receipt of the education document required by the regulation.

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 staff member was immediately placed in a housekeeping position and informed that she would not be permitted to perform hands on care until she could produce the proper documentation. In the future we will be adding a notification alert to our desktop calender to prevent this from being overlooked again.

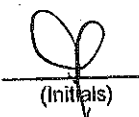
The Administrator will ensure that only properly educated employees perform direct care duties in order to ensure ongoing compliance. @ 7-19-16

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

| | |
|--|---|
| Signature of Legal Entity Representative (Required on EVERY Page) | Kelly Hahn <small>Digitally signed by Kelly Hahn DN: cn=Kelly Hahn, o=Glucolodge, ou, email=kellyh@glucolodge.com, c=US Date: 2016.06.30 03:12:47 -0400</small> |
|--|---|

| | |
|---|-----------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | Date |
| Kelly Hahn LPN | 6/30/2016 |

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

| | |
|--|---|
| The above plan of correction is approved as of <u>7-19-16</u> (Date) | Plan of correction implementation status as of <u>7-19-16</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: 24172 - 04/14/2016 - Harvey, Jason
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Staff member B did not receive training for care of residents with mental illness for 2015 training year.

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 facility did have dementia training that touched base with the care mental health residents and potential behavior issues. We did not have a separate training specifically for mental health residents. In the future we will have a separate training for the care of residents with mental health issues if that population is present in the facility.


The Administrator will ensure all staff complete all required training topics on an annual basis in order to ensure ongoing compliance. Cp. 7-19-16

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

| | |
|--|---|
| Signature of Legal Entity Representative (Required on EVERY Page) | Kelly Hahn <small>Digitally signed by Kelly Hahn DN: cn=Kelly Hahn, o=Glucolodge, ou, email=kellyh@glucolodge.com, c=US Date: 2016.06.30.03:13:08 -0400</small> |
|--|---|

| | |
|--|-------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kelly Hahn LPN | Date 6/30/2016 |
|--|-------------------|

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

| | |
|--|---|
| The above plan of correction is approved as of <u>7-19-16</u> (Date) | Plan of correction implementation status as of <u>7-19-16</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: 24172 - 04/14/2016 - Harvey, Jason
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600
 2600.97 - Each elevator and stair glide must have a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa.Code Chapter 405 (relating to elevators and other lifting devices).

2a. DESCRIPTION OF VIOLATION
 The facility's certificate of operation issued by the Department of Labor and Industry for the elevator located in the facility expired on 9/30/14.

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 elevator has been inspected several times, the last of which was on 4/19/2016. We did not receive a copy of our certificate because the Department of Labor and Industry did not have our proper mailing address. We have ordered a copy of that certificate and it will be here within 60 days. We will provide a copy of it to the Department of Human Services when we receive it.

The Administrator will ensure the proper certificate of operation are current to confirm ongoing compliance. ep. 7-19-16

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


| | |
|--|--|
| Signature of Legal Entity Representative (Required on EVERY Page) | Kelly Hahn <small>Digitally signed by Kelly Hahn DN: cn=Kelly Hahn, o=Glucolodge, ou, email=kelly@glucolodge.com, c=US Date: 2016.06.30.03:13:37 -0400</small> |
|--|--|

| | |
|--|-------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kelly Hahn LPN | Date 6/30/2016 |
|--|-------------------|

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

The above plan of correction is approved as of 7-19-16
 (Date)

Plan of correction implementation status as of 7-19-16
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 24172 - 04/14/2016 - Harvey, Jason
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home did not have an observed fire drill and fire safety inspection by a fire safety expert within the past 12 months. On 1/15/2015 the home had observed fire drill and fire safety inspection; the annual observed fire drill and fire safety inspection was conducted on 2/4/2016 more than one year and 15 day from the last annual observed fire drill and fire safety inspection.

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.
 We had a difficult time contacting the fire professional that conducts our annual training because he had moved. We set up the training as soon as we were able to contact him. The training and inspection were done on 2/4/2016. In the future we will make sure it is done within the required time frame.

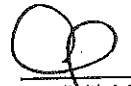
The Administrator will ensure fire safety requirements are met within the stipulated timeframes to ensure ongoing compliance. QP, 7-19-16

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

Signature of Legal Entity Representative **Kelly Hahn**
Digitally signed by Kelly Hahn
 DN: cn=Kelly Hahn, o=Glucolodge, ou=
 cma=KellyHahn@glucolodge.com, c=US
 Date: 2016.06.30 03:14:05 -0400
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative **Kelly Hahn LPN** Date **6/30/2016**
 (Required on EVERY Page)

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

| | |
|--|---|
| The above plan of correction is approved as of <u>7-19-16</u> (Date) | Plan of correction implementation status as of <u>7-19-16</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: 24172 - 04/14/2016 - Harvey, Jason
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The home did not properly maintain the monthly fire drill log. The drill held on 11/28 indicated the year was 2016 instead of 2015.

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.

This was an inscription error that was made when transferring data from the original to a more neatly presented page. The fire drill was performed on 11/28/2015 and all of the other information was present. We will proof read our fire inspection paperwork in the future to avoid inscription errors.

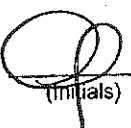
The Administrator will review the home's fire drill logs on a monthly basis in order to ensure ongoing compliance. (P) 7-19-16

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

| | | |
|--|------------|--|
| Signature of Legal Entity Representative (Required on EVERY Page) | Kelly Hahn | <small>Digitally signed by Kelly Hahn DN: cn=Kelly Hahn, ou=Glucolodge, ou=Glucolodge, email=kellyh@glucolodge.com, c=US Date: 2016.06.30 03:14:29 -0400</small> |
|--|------------|--|

| | | | |
|---|----------------|------|-----------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | Kelly Hahn LPN | Date | 6/30/2016 |
|---|----------------|------|-----------|

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

| | |
|--|---|
| The above plan of correction is approved as of <u>7-19-16</u> (Date) | Plan of correction implementation status as of <u>7-19-16</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: 24172 - 04/14/2016 - Harvey, Jason
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The home's fire drill record indicates the home is not alternating exit routes during monthly fire drills. The home fire drill log indicates the home used all exits during monthly fire drills on the following dates:

8/27/2015, 9/29/2015, 10/26/2015, 11/28/2015, 12/29/2015, 1/28/2016 and 2/29/2016

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 new staff person responsible for fire safety didn't realize that we needed to alternate exits and administration did not realize that it was not being done. We have added a copy of the state regulations regarding fire drills to our fire drill binder so that any staff that may be involved in fire safety will have access to it and this mistake won't be made again.

The Administrator will review the home's fire drill log on a monthly basis in order to insure ongoing compliance. CP, 7-19-16

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


| | |
|--|---|
| Signature of Legal Entity Representative (Required on EVERY Page) | Kelly Hahn <small>Digitally signed by Kelly Hahn DN: cn=Kelly Hahn, o=Glucolodge, ou= email=kellyh@glucolodge.com, c=US Date: 2016.06.30 03:14:51 -0400</small> |
|--|---|

| | |
|--|-------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kelly Hahn LPN | Date 6/30/2016 |
|--|-------------------|

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

The above plan of correction is approved as of 7-19-16
 (Date)

Plan of correction implementation status as of 7-19-16
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 24172 - 04/14/2016 - Harvey, Jason
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

The home's fire drill records indicated that all residents were not evacuated to a designated meeting place or fire-safe area during the fire drills held on the following dates:

| Date of Fire Drill | Number of residents in home | Number of residents evacuated |
|--------------------|-----------------------------|-------------------------------|
| 10/26/2015 | 38 | 33 |
| 1/28/2016 | 42 | 41 |
| 2/29/2016 | 40 | 38 |

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.

This problem is mostly due to lack of resident participation in regard to drills. We have implemented a resident fire safety training once a week as part of their activity schedule to remind the residents of where they need to go and what they need to do to keep themselves safe in the event of a fire. Fire drill participation is mandatory for all residents as indicated in our contract. We have amended our contract to include the following, "Fire drill participation is mandatory by state regulation 2600.132h. If a resident refuses to participate they will be given a written warning. A second refusal to participate will result in a 30 day notice of eviction." This will be explained to new admissions and their families and they will need to sign the contract agreeing to these terms in order to gain admission to our facility.

The above steps will be documented and the home will retain the documentation.


The Admin stated will review the home's monthly fire drill logs and any supplemental documentation to ensure ongoing documentation compliance. 7-19-16

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

Signature of Legal Entity Representative (Required on EVERY Page) **Kelly Hahn**
Digitally signed by Kelly Hahn
 DN: cn=Kelly Hahn, c=US, email=kellyh@glucolodge.com, c=US
 Date: 20160630 03:15:06 -0400

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **Kelly Hahn LPN** Date **6/30/2016**

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

| | |
|--|---|
| The above plan of correction is approved as of <u>7-19-16</u> (Date) | Plan of correction implementation status as of <u>7-19-16</u> (Date) |
| The above plan of correction was approved by  (Initials) | <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented |

Violation Report: 24172 - 04/14/2016 - Harvey, Jason
 PCH Name: GLUCO LODGE

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 #3 completed on 10/28/15 does not include the resident's Height, or Temperature.
 The medical evaluation for resident #4 completed on 12/31/15 does not include the resident's Temperature.
 The medical evaluation for resident #5 completed on 1/6/16 does not include if the resident requires body positioning or movement.
 The medical evaluation for resident #6 completed on 8/10/15 does not include if the resident requires body positioning or movement.

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.
 These are forms that are completed by the PCP's and submitted to us. A staff member will review these documents as they are submitted and send them back to the PCP for missing information or call them and have them verbally give the information to our nurse.

*Adm will oversee ongoing compliance
 of all completed med evals. Q. 7-19-16*

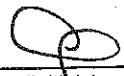
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) **Kelly Hahn**
Digitally signed by Kelly Hahn
 DN: cn=Kelly Hahn, o=Glucolodge, ou=
 ema=kelly.hahn@glucolodge.com, c=US
 Date: 2016.06.30 09:15:30 -0400

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **Kelly Hahn LPN** Date **6/30/2016**

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

The above plan of correction is approved as of 7-19-16 (Date) Plan of correction implementation status as of 7-19-16 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 24172 - 04/14/2016 - Harvey, Jason
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600

2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

On 2/7/16 resident #2 was observed to have a stage one decubitus ulcer on the resident's sacrum. On 2/12/16 the resident's wound opened. The facility contacted a home health agency to provide care to the resident's decubitus ulcer on the resident's sacral area. On 2/14/16 the Calmoseptine ointment that was being applied to the wound was no longer sticking to the area as the wound was getting larger in diameter. On 2/15/16 the wound was again noted to have expanded in diameter. The wound was cleaned and a Mepilex Foam dressing was applied to the wound. On 2/18/16 the wound was evaluated by a certified registered nurse practitioner. Wound care supplies were ordered to care for the wound. Santyl was also ordered due to presence of necrotic tissue. On 2/19/16 the resident was sent to the Hospital due to a change in mental status. The resident was placed on in-patient Hospice. The resident was evaluated and determined to have four wounds, 3 of which were unstageable. The wound to the resident's sacral area was 15cm by 15 cm. The wound was noted to be very deep with black eschar surrounding the wound. Wounds on the resident's heels were also noted. The resident's left heel had a wound approximately 3cm by 2cm and the right heel wound measured 10cm by 3cm. The facility had knowledge of the residents stage one wound on 2/7/16. Despite knowledge that the resident's health status including the resident's wound was significantly declining, the facility failed to secure proper medical care for the resident until 2/18/16.

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.

The resident's RASP was updated and the family was informed of the decubitus ulcer when we were able to contact them. In this situation the family was responsible for the medical care however when it became apparent that the family was unable to provide such care our DON stepped in and setup the appropriate care. The RASP was updated on 2/12/2016. We have amended our contract to include the following: , "The POA / Health Care Proxy agrees to allow Gluco Lodge to assist with the management of health care as needed to remain in compliance with state regulations."

The licensed home is ultimately responsible for resident health. QP, 7-19-16

Adm could be responsible for oversight of res. health status to ensure ongoing compliance. QP 7-19-16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kelly Hahn

Digitally signed by Kelly Hahn
 DN: cn=Kelly Hahn, o=Gluco Lodge, ou=
 email=kelly.hahn@gluco-lodge.com, c=US
 Date: 2016.06.30 09:15:48 -0700

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

Date 6/30/2016

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

The above plan of correction is approved as of

7-19-16
 (Date)

Plan of correction implementation status as of 7-19-16
 (Date)

The above plan of correction was approved by


 (Initials)

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

Violation Report: 24172 - 04/14/2016 - Harvey, Jason
 PCH Name: GLUCO LODGE

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
 The home's first aid kit contained an expired bottle of Hydrogen Peroxide (expired 2/2016).

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.
 We will add a checklist to our first aid kit to check for expiration dates on a monthly basis.

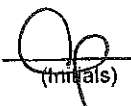
Adm will be responsible to oversee ongoing compliance. Cp. 7-19-16

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

Signature of Legal Entity Representative (Required on EVERY Page) **Kelly Hahn**
Digitally signed by Kelly Hahn
 DN: cn=Kelly Hahn, o=Glucoc Lodge, ou=
 Email=kellyhahn@glucocodge.com, c=US
 Date: 2016.06.30 08:16:06 -0400

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kelly Hahn LPN
 Date 6/30/2016

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

| | |
|---|--|
| The above plan of correction is approved as of <u>7-19-16</u> (Date) The above plan of correction was approved by  (Initials) | Plan of correction implementation status as of <u>7-19-16</u> (Date) <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: 24172 - 04/14/2016 - Harvey, Jason
 PCH Name: GLUCO LODGE

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 #7's medication of Cetirizine HCL 10mg was not labeled with the resident's name.
 Resident #8's medication of Cetirizine HCL 10mg was not labeled with the resident's name.
 Resident #9's medication of Health and Lutein was not labeled with the resident's name.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This issue has been discussed with our staff and the med techs have been reminded that all medications coming in must be labeled appropriately. To prevent this from happening in the future a checklist will be assigned to one staff member on a weekly basis to look for proper documentation. Please see attached checklist.

*Adm will ensure ongoing compliance
 Q. 7-19-16*

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

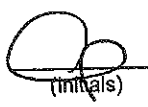
| | | |
|--|------------|--|
| Signature of Legal Entity Representative (Required on EVERY Page) | Kelly Hahn | <small>Digitally signed by Kelly Hahn DN: cn=Kelly Hahn, o=Glucolodge, ou= email=Kelly@glucolodge.com, c=US Date: 2016.06.30 09:16:27 -0400</small> |
|--|------------|--|

| | | | |
|---|----------------|------|-----------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | Kelly Hahn LPN | Date | 6/30/2016 |
|---|----------------|------|-----------|

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

The above plan of correction is approved as of 7-19-16
 (Date)

Plan of correction implementation status as of 7-19-16
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 24172 - 04/14/2016 - Harvey, Jason
 PCH Name: GLUCO LODGE

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

It is the home's policy that two staff persons count the narcotic medication at the beginning and end of each shift. On 4/14/16 (pm) to 04/15/16 (am) at the end of the 10:00pm- 6:00am shift, the home did not count the correct number of narcotics for resident #3. The resident's narcotic sheet for Hydromorphone indicated that were 10 tablets available but only 8 tablets were on hand.

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 investigation of this matter it was determined that all narcotics were accounted for. Our med tech mistakenly recorded the 8am narcotic in the place of the 8pm and vice versa. This was an inscription error. This violation has been reviewed with the med techs and they have been instructed to be more observant in the future to avoid inscription errors.

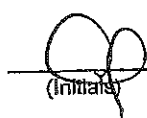
Adm will ensure that proper safeguards remain in place to secure all narcotics, thus ensuring ongoing compliance. Q. 7-19-16

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

Signature of Legal Entity Representative (Required on EVERY Page) **Kelly Hahn**
Digitally signed by Kelly Hahn
 DN: cn=Kelly Hahn, o=Glucolodge, ou,
 email=kellyh@glucolodge.com, c=US
 Date: 2016.06.30 07:16:41 -0400

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kelly Hahn LPN
 Date 6/30/2016

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

| | |
|---|--|
| The above plan of correction is approved as of <u>7-19-16</u> (Date) The above plan of correction was approved by  (Initials) | Plan of correction implementation status as of <u>7-19-16</u> (Date) <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: 24172 - 04/14/2016 - Harvey, Jason
PCH Name: GLUCO LODGE

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

The Medication Administration Record for resident #10 did not indicate a diagnosis or purpose for Aspirin 81mg.

The Medication Administration Record for resident #11 did not indicate a diagnosis or purpose for Omeprazole 20mg and Victoza 18mg/3ml injectable pen.

Resident #14 is prescribed Humalog Insulin based on a sliding scale of the resident's blood sugar levels. On the following days the facility incorrectly documented the resident's blood sugar level on the resident's Medication Administration Record (MAR) as followed:

| Date | Time | Glucometer | MAR |
|---------|---------|------------|-----|
| 4/10/16 | 8:04pm | 101 | 109 |
| 4/9/16 | 4:27pm | 191 | 169 |
| 4/8/16 | 11:33am | 48 | 68 |
| 4/8/16 | 7:40am | 222 | 210 |
| 4/7/16 | 4:51pm | 142 | 140 |
| 4/7/16 | 5:58am | 216 | 226 |

Resident #12 is prescribed Humalog Insulin based on a sliding scale of the residents blood sugar levels. On 4/12/16 at 7:27am the resident's blood sugar level was measured to be 70. The facility incorrectly documented that the resident's blood sugar level was 211 on the resident's Medication Administration Record (MAR).

Resident #13 is prescribed Apidra Insulin based on a sliding scale of the resident's blood sugar levels. On 4/10/16 at 8:24am the resident's blood sugar level was measured to be 111. The facility incorrectly documented that the resident's blood sugar level was 216 on the resident's (MAR). On 4/12/16 at 8:13pm the resident's blood sugar level was measured to be 252. The facility did not document this reading on the resident's (MAR). On 4/13/16 at 8:26am the resident's blood sugar level was measured to be 113. The facility incorrectly documented that the resident's blood sugar level was 150 on the resident's (MAR).

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 please →

Violation Report: 24172 - 04/14/2016 - Harvey, Jason
 PCH Name: GLUCO LODGE

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.

Our staff will highlight all diagnoses in the individual medication boxes on the MAR to ensure that all boxes are marked appropriately. We are currently looking into digital documentation for our glucometers. We will have everything set up and the staff trained by July 15th, 2016. This will eliminate the need for the staff to transcribe the blood glucose readings.

Adm will ensure that the home maintains ongoing compliance w/ all 14 aspects of this regulation. OP. 7-19-16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kelly Hahn

Digitally signed by Kelly Hahn
 DN: cn=Kelly Hahn, o=Glucolodge, ou,
 email=kelly.h@glucolodge.com, c=US
 Date: 2016.06.30 03:17:07 -0400

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

Date 6/30/2016

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

The above plan of correction is approved as of 7-19-16
 (Date)

Plan of correction implementation status as of 7-19-16
 (Date)

The above plan of correction was approved by

OP
 (Initials)

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

Violation Report: 24172 - 04/14/2016 - Harvey, Jason
 PCH Name: GLUCC LODGE

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

2a. DESCRIPTION OF VIOLATION

Resident #12 is prescribed Humalog Insulin based on a sliding scale of the residents blood sugar levels. On 4/12/16 at 7:27am the resident's blood sugar level was measured to be 70. The facility incorrectly documented that the resident's blood sugar level was 211 on the resident's Medication Administration Record (MAR). The resident did not require any insulin coverage; however the facility administered 8 units of insulin based off of the incorrect reading documented on the (MAR).

Resident #14 is prescribed Apidra Insulin based on a sliding scale of the resident's blood sugar levels. On 4/10/16 at 8:24am the resident's blood sugar level was measured to be 111. The facility incorrectly documented that the resident's blood sugar level was 216 on the resident's (MAR). The resident did not require any insulin coverage; however the facility administered 2 units of insulin based off of the incorrect reading documented on the (MAR). On 4/12/16 at 8:13pm the resident's blood sugar level was measured to be 252. The facility did not document this reading on the resident's (MAR). The resident required 4 units of insulin coverage based upon the resident's blood sugar reading; however the facility did not administer any insulin to the resident.

Resident #14 is prescribed Humalog Insulin based on a sliding scale of the residents blood sugar levels. On 4/9/16 at 4:27pm the resident's blood sugar level was measured to be 191. The facility incorrectly documented that the resident's blood sugar level was 169 on the resident's Medication Administration Record (MAR). The resident required 2 units of insulin coverage; however the facility administered 4 units of insulin based off of the incorrect reading documented on the (MAR).

Resident #11 is prescribed Humalog Insulin based on a sliding scale of the resident's blood sugar levels. On 4/12/16 at bed time the resident's blood sugar level was not measured in the resident's glucometer. The facility documented that the reading on the resident's (MAR) was 252. The resident received 6 units of insulin coverage.

On 4/8/16 at 7:28am the resident's blood sugar level was measured to be 173. The resident required 2 units of insulin coverage; however the facility did not administered 2 units of insulin based off of the glucometer reading documented on the (MAR). On 4/7/16 at 7:27am the resident's blood sugar level was measured to be 158. The resident required 2 units of insulin coverage; however the facility did not administered 2 units of insulin based off of the glucometer reading documented on the (MAR).

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.

We are currently looking into digital documentation for our glucometers. We will have everything set up and the staff trained by July 15th, 2016. This will eliminate the need for the staff to transcribe the blood glucose readings. We will continue to audit glucometers, 25% each month.

Adm will ensure that the new system functions correctly and there is a back up system in place in the event the computerized system fails. Q. 7-19-16

See next page please →

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kelly Hahn

Digitally signed by Kelly Hahn
 DN: cn=Kelly Hahn, o=Glucoc Lodge, ou,
 email=kellyh@glucolodge.com, c=US
 Date: 2016.06.30.02:12:00 -0400

Violation Report: 24172 - 04/14/2016 - Harvey, Jason
PCH Name: GLUCO LODGE

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

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

Date 6/30/2016

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

The above plan of correction is approved as of 7-19-16
(Date)

Plan of correction implementation status as of 7-19-16
(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: 24172 - 04/14/2016 - Harvey, Jason
 PCH Name: GLUCC LODGE

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 2/7/16 resident #2 was observed to have a stage one decubitus ulcer on the resident's sacrum. On 2/12/16 the resident's wound opened. The facility contacted a home health agency to provide care to the resident's decubitus ulcer on the resident's sacral area. On 2/14/16 the Calmosepline ointment that was being applied to the wound was no longer sticking to the area as the wound was getting larger in diameter. On 2/15/16 the wound was again noted to have expanded in diameter. The wound was cleaned and a Mepilex Foam dressing was applied to the wound. On 2/18/16 the wound was evaluated by a certified registered nurse practitioner. Wound care supplies were ordered to care for the wound. Santyl was also ordered due to presence of necrotic tissue. On 2/19/16 the resident was sent to the Hospital due to a change in mental status. The resident was placed on in-patient Hospice. The resident was evaluated and determined to have four wounds, 3 of which were unstageable. The wound to the resident's sacral area was 15cm by 15 cm. The wound was noted to be very deep with black eschar surrounding the wound. Wounds on the resident's heels were also noted. The resident's left heel had a wound approximately 3cm by 2cm and the right heel wound measured 10cm by 3cm. On 2/12/16 the facility updated the resident's assessment and support plan completed on 9/4/15 to indicate that the resident required repositioning every 2 hours for the residents decubitus ulcer, however the facility failed to properly assess the resident's care needs regarding the resident's wounds and the care necessary to treat the wounds properly.

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 resident's RASP was updated on 2/12/2016 when the ulcer was a stage I. The wound did not open until 2/14/2016. We will continue to update our RASP's as needed, annually, and at the request of the Department as stated in the regulation. We have conducted training with our staff reminding them of the importance of their observations and the communication of those observations to the appropriate persons.

Adm will ensure that the home maintains compliance w/ this process on an ongoing basis in order to ensure compliance. Q 7-19-16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kelly Hahn

Digitally signed by Kelly Hahn
 DN: cn=Kelly Hahn, ou=Glucoc Lodge, ou,
 email=kellyh@glucolodge.com, c=US
 Date: 2016.06.30 09:47:52 -0400

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

Date
 6/30/2016

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

The above plan of correction is approved as of 7-19-16
 (Date)

Plan of correction implementation status as of 7-19-16
 (Date)

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

The above plan of correction was approved by


 (Initials)