



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]

MAILING DATE: June 10, 2016

Mr. Daniel Millett, Member
Millett Pines LLC
1300 Morgan Highway
Clarks Summit, Pennsylvania 18411

RE: The Pines at Clarks Summit
License #226120

Dear Mr. Millett:

As a result of the Department of Human Services' licensing inspection on May 2, 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 "Michele Moskalczyk".

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 22612 - 05/02/2016 - Foulkes, Kimberli
 PCH Name: The Pines at Clarks Summit

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 #1's Medication Administration Record (MAR) for April 2016 has Lorazepam 1mg/ml gel, 1 pump of cream to wrist every 4 hours as needed for anxiety listed. This medication was discontinued on 4/28/16 and remained on the MAR and in the medication cart at the time of 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.

This regulation is important because it ensures that the home does not keep medications that have been discontinued and residents do not receive medication that was discontinued.

The Director of Wellness had requested that this medication be discontinued when the physician was on-site 4/28/16 to see the resident. The medication had only been used twice since it was ordered, once on 4/22/16 and once on 4/23/16. The DOW proactively requested it be discontinued and received the order, however it was not removed from the MAR or the medication cart. The medication was immediately removed from the MAR and the cart. The physician was notified.

The DOW will make periodic reviews of the resident administration records to ensure ongoing accuracy and completeness when transcribing orders. The Administrator or Designee will ensure ongoing compliance with the regulations.

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

Signature of Legal Entity Representative (Required on EVERY Page) *SM Rechlicz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Stacie M Rechlicz Administrator Date 5-10-16

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

The above plan of correction is approved as of <u>5/18/16</u> (Date)	Plan of correction implementation status as of <u>5/18/16</u> (Date)
The above plan of correction was approved by <u>m</u> (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: 22612 - 05/02/2016 - Foulkes, Kimberli
 PCH Name: The Pines at Clarks Summit

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 #1 does not include a diagnosis or purpose for Lorazepam 1mg/ml gel, 1 pump of cream to wrist every 4 hours as needed.

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 diagnosis must be included on the MAR per regulation 2600.187(a) because the same medications may be used to treat different conditions. This medication was discontinued. The DOW will perform periodic reviews of the MAR's to ensure that all the required information is included per the regulation. The Administrator or Designee will ensure ongoing compliance with the regulations.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/22/2015
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative (Required on EVERY Page) *SM. Rechlicz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Stacie Rechlicz Administrator	Date 5-10-16
---	-----------------

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

The above plan of correction is approved as of <u>5/18/16</u> (Date)	Plan of correction implementation status as of <u>5/18/16</u> (Date)
The above plan of correction was approved by <u><i>m</i></u> (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: 22612 - 05/02/2016 - Foulkes, Kimberli
PCH Name: The Pines at Clarks Summit

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
 Resident #1 refused medications on 4/11/16 at 11:02pm and 4/15/16 at 11:21pm. The home did not report these refusals to the resident's doctor as required.

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 regulation ensures that residents are safe and protects the facility if refusal of medication leads to health complications. This Hospice resident had been refusing for days before and days after the 4/11/16 and 4/15/16 refusals. The physician had been properly notified about all of the refusals except for these 2 occasions. The Administrator and the Director of Wellness met with the staff members involved. Staff was counselled about the importance of following the protocol for the refusal of medication. The DOW will conduct periodic reviews of resident medication records and orders to ensure proper notification of the doctor for a medication refusal. The physician was promptly notified about medication refusal on 4/11 and 4/15. The Administrator or the Designee will ensure ongoing compliance with the regulations.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *SM Rechlicz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Stacie Rechlicz Administrator	Date 5-10-16
--	------------------------

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

The above plan of correction is approved as of <u>5/18/16</u> (Date)	Plan of correction implementation status as of <u>5/18/16</u> (Date)
The above plan of correction was approved by <u>m</u> (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: 22612 - 05/02/2016 - Foulkes, Kimberli
PCH Name: The Pines at Clarks Summit

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

2a. DESCRIPTION OF VIOLATION

Resident 1's Medication Administration Record (MAR) for April 2016 has three PRN, as needed, orders for Lorazepam listed and each prescribed by a different physician. They are as follows: Lorazepam 0.5mg tabs, take 2 (0.5mg) tabs by mouth every 6 hours as needed for anxiety; Lorazepam 1mg/ml gel, 1 pump of cream to wrist every 4 hours as needed **Lorazepam 5mg per gram**; and Lorazepam 2mg/ml Conc, take 0.25ml (0.5mg) under tongue every 4 hours as needed for anxiety or restlessness. On 4/21/16 staff person A administered Lorazepam 2mg/ml Conc, take 0.25ml (0.5mg) under tongue every 4 hours as needed for anxiety or restlessness, at 12:44pm. On 4/21/16 staff person B administered Lorazepam 2mg/ml Conc, take 0.25ml (0.5mg) under tongue every 4 hours as needed for anxiety or restlessness, at 4:39pm. On 4/25/16, staff person A administered Lorazepam 2mg/ml Conc, take 0.25ml (0.5mg) under tongue every 4 hours as needed for anxiety or restlessness, at 1:35pm. On 4/25/16, staff person B administered Lorazepam 0.5mg tabs, take 2 (0.5mg) tabs by mouth every 6 hours as needed for anxiety, at 5:25pm.

Resident #1 was prescribed Norco 5-325mg tabs, take on tab by mouth twice daily, in the morning and at bedtime, for pain. The physician wrote an order on 4/25/16 to change the medication to every 12 hours PRN, as needed. The home did not discontinue the standing order until 4/28/16, and the medication continued to be administered twice daily, in the morning and at bedtime from 4/25/16 through 4/27/16.

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.

This regulation ensures that residents receive medications and treatments as ordered by a physician.

The Director of Wellness reviewed with staff person A that the dose of the Lorazepam was given 5 minutes too early. Staff person A was counseled regarding the importance of following the exact orders of the physician to ensure proper treatment and safety of the resident. The DOW reviewed with staff person B that the dose of Lorazepam was given 10 minutes too early. Staff person B was counseled regarding the importance of following the exact orders of the physician

An additional order was obtained by the DOW from the physician for overall parameters regarding the frequency of the Lorazepam taking into account all three orders. This ensures that staff is not over-medicating the resident. The DOW has reviewed the regulation 2600.187(d). The DOW will review the MARS periodically to ensure that all orders have been entered on the MAR accurately.

The Administrator or the Designee will ensure ongoing compliance with the regulations.

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

Signature of Legal Entity Representative (Required on EVERY Page) *SM Rechlicz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **Stacie Rechlicz** **Date** 5-10-16

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

The above plan of correction is approved as of 5/18/16
 (Date)

Plan of correction implementation status as of 5/18/16
 (Date)

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

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