



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 0 1 2016

Ms. Beth McMaster, Vice President of Operations/COO  
United Church of Christ Homes, Inc.  
30 North 31<sup>st</sup> Street  
Camp Hill, Pennsylvania 17011

RE: Thornwald Home  
442 Walnut Bottom Road  
Carlisle, Pennsylvania 17013  
License #: 343420

Dear Ms. McMaster:

As a result of the Department of Human Services' annual licensing inspection on May 10, 2016, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes).

Sincerely,

A handwritten signature in black ink, appearing to read "Jay Bausch".

Jay Bausch  
Deputy Secretary

Enclosure  
Licensing Inspection Summary



Violation Report: 34342 - 05/10/2016 - Hasmer, Laura  
 PCH Name: THORNWALD HOME

1. REGULATION 66 Pa.Code §2600

2800.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

On 5/10/2016, there was an accumulation of lint in the lint trap of each of the three large dryers in the main laundry area used by staff.

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.

5/10/2016 Lint was immediately removed from the lint traps  
 5/11/2016 Dryer Cleaning Report was advised to state, "Dryers Must Be Cleaned After Each Load"  
 The report is required to be signed every day, each shift, for each of the three dryers.  
 Dryer Cleaning Procedure updated to read "Dryers need to be cleaned after each load".  
 5/11/2016- 5/19/2016 All laundry staff were educated on the updated policy and procedure discussed above. All laundry staff signed counseling report.  
 \*A copy of the Dryer Cleaning Report and Dryer Cleaning Procedure attached for review.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Sara Ann Moore*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Beverly A. McMaster* Date *5/19/16*

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

The above plan of correction is approved as of <u>5/20/16</u> (Date)	Plan of correction implementation status as of <u>5/20/16</u> (Date)
The above plan of correction was approved by <u>BAAS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 34342 - 05/10/2016 - Heemer, Laura  
 PCH Name: THORNWALD HOME

**1. REGULATION 55 Pa.Code §2600**

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

**2a. DESCRIPTION OF VIOLATION**

On 5/10/2016, Resident 1's record did not include a current list of medications. In the resident's locked storage cabinet was a bottle of Metformin HCL tabs 500 mg that was not included on the Medication Administration Record of Resident 1.

The Medication Administration Record for Resident 1 included the following medications that were available for Resident 1:

- Calcium 600 Vit D 200 Tablets, one table by mouth every morning and bedtime
- Januvia 100 MG Tablet, take one tablet by mouth every morning
- Metamucil Capsule, take one capsule by mouth every morning
- Vitamin D3 2,000 unit tablet, take one tablet by mouth every morning
- Xalatan 0.005% Eye Drops, administer 1 drop in each eye at bedtime

**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.*

5/10/16 Medications that were not on the Medication Record were removed from residents' cabinet. LPN and resident discussed what medications he is currently taking. LPN notify physician with a updated list of medications for approval.

5/11/16 Physician came to Thornwald Home and met with the resident and reconciled all medications. Only medications that are on the Medication Record are now in the residents' locked storage area. Resident received education that if there are any changes in his current medication regime, he is required to notify Personal Care LPN immediately.

LPN will complete a medication audit monthly for 3 months (June, July, and August). If audit shows compliance those three months than the audit will then be conducted quarterly to preserve the residents' right to privacy. Documentation of the due dates for the LPN is posted on the daily flip calendar to assure that audit is completed. Results of audit will be written on the resident's Kardex form.

\*Medication Record audit is attached for review

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

Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	
<i>Berna Amador</i>	

Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
<i>Berna Amador</i>	<i>5/19/16</i>

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

The above plan of correction is approved as of 5/20/16  
 (Date)

The above plan of correction was approved by *BA*  
 (Initials)

Plan of correction implementation status as of 5/20/16  
 (Date)

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