



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 02 2016

Ms. Carisa Livingston, Personal Care Administrator
Philadelphia Presbytery Homes, Inc.
2000 Joshua Road
Lafayette Hill, Pennsylvania 19444

RE: Rosemont Presbyterian Village
404 Cheswick Place
Rosemont, Pennsylvania 19010
License #: 176630

Dear Ms. Livingston:

As a result of the Department of Human Services' annual licensing inspection on May 12, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Sincerely,

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

Violation Report: 17663 - 05/12/2016 - Kazimer, Lauren
 PCH Name: ROSEMONT PRESBYTERIAN VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 The lid for the recycled trash in the kitchen has two round holes for easy disposal. This type of lid does not prevent penetration by insects and rodents.

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.

Preparation and/ or execution of the Plan of Correction do not constitute admission by the providers of the truth of the facts alleged, or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared solely as a matter of compliance with state law. The recycle can in the kitchen with two round holes has been replaced with a recycle can that has a closed lid. Dining Services Managers have been re-educated regarding regulation 85 (d) as it relates to covered receptacles.

Going forward, Dining Services Manager or designee will audit the trash receptacles in the kitchen to ensure they remain covered. Will report findings to the monthly community Quality Management Process.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Carissa Livingston*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Carissa Livingston Administrator* Date *6/16/2016*

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

The above plan of correction is approved as of *6/21/16*
 (Date)

Plan of correction implementation status as of *6/21/16*
 (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: 17663 - 05/12/2016 - Kazimer, Lauren
 PCH Name: ROSEMONT PRESBYTERIAN VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

There were no emergency phone numbers posted in room #310 and one of three phones in room #111 had a partial listing of emergency phone numbers that was legible.

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

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An emergency phone number sticker was placed on the phone in apartment 310 immediately following the inspection. The resident indicated that this was a new telephone.

The emergency phone sticker was replaced in apartment 111 immediately following the inspection.

All Personal Care Apartments have been checked to verify emergency numbers are in place.

Housekeepers have been re-educated regarding regulation 91 as it relates to emergency numbers posted on outside lines.

Going forward, housekeepers will conduct weekly audits for the presence and condition of emergency phone stickers in Personal Care Apartments. The Housekeeping Manager will report findings through the monthly community Quality Management Process to monitor and ensure ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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 (Required on EVERY Page) *Carusa Livingston*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Carusa Livingston Administrator* Date *6-16-2016*

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Violation Report: 17663 - 05/12/2016 - Kazimer, Lauren
 PCH Name: ROSEMONT PRESBYTERIAN VILLAGE

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

2a. DESCRIPTION OF VIOLATION
 The label for resident #1's Levothyroxine 75 mg states to administer in the morning does not match the medication administration record (MAR) which states to administer at 9:00 PM.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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The original prescription for Resident # 1 Levothyroxine indicated directions of 1x daily without a specific time listed. This prescription was presented during the inspection. The providing pharmacy assigned a default time of administration leading to the difference in times between the bottle and the MAR.

The resident did receive her medication in accordance with the prescriber.
 A direction change label was placed on the medication bottle at the time of the survey.
 The nursing department has been re-educated regarding regulation 184 (a) (4) and ensuring correct instructions on the medication labels.
 Going forward, Personal Care Manager or designee will conduct medication audits to ensure matching information on the label and the MAR.
 Findings will be reviewed through the monthly community Quality Management Process.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/28/2015
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Signature of Legal Entity Representative
 [Required on EVERY Page] *Carisa Livingston*

Printed Name and Title of Legal Entity Representative
 [Required on EVERY Page] *Carisa Livingston* Date *6-16-2016*

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Violation Report: 17663 - 05/12/2016 - Kazimer, Lauren
 PCH Name: ROSEMONT PRESBYTERIAN VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:

- (1) Documentation of the receipt of controlled substances and prescription medications.
- (2) A process to investigate and account for missing medications and medication errors.
- (3) Limited access to medication storage areas.
- (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Fentanyl 25 mcg/hr transdermal patch every 72 hours. On 04/30/16 and 05/09/16 the removal of the transdermal patch was not documented on the control drug record.

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

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The nurses who removed the patch on 4/30/16 and on 5/9/16 have completed a late entry signature to indicate patch removal on the paper narcotic record. In addition, the MAR does reflect that the patch was removed at the time of removal.

During the inspection, the surveyors did check the resident to ensure that there was no old patch left on the resident. There was only the patch administered on the day of the inspection 5/12/2016. Nursing staff have been re-educated on regulation 185 (b) # 4 as it relates to documentation of medication administration.

Going forward, Personal Care Manager or Designee will conduct audits of the paper narcotic records to ensure documentation of administration and removal are in place if applicable. Findings will be reviewed through the monthly community Quality Management Process.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Carol Livingston*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Carol Livingston Administrator* Date *6-16-2016*

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Violation Report: 17663 - 05/12/2016 - Kazimor, Lauren
 PCH Name: ROSEMONT PRESBYTERIAN VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Fentanyl 25 mcg/hr transdermal patch every 72 hours. On 5/9/16, Staff member A removed the patch from the medication cart and signed the electronic treatment log. Staff member B offered to assist staff member A by applying the Fentanyl 25 mcg/hr transdermal patch on resident #2. The control drug log was initiated by Staff member B. Staff member A continued to administer medications to the other residents.

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

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On 5/9/2016 the Personal Care Manager who is also an LPN was assisting a nurse who does not normally work on the floor resident #2 lives on. The medication was given as directed. Both nurses along with the rest of the nursing department have been re-educated regarding regulation 187 (a) # 14 related to name and initials of staff person administering medication, and are aware that only the nurse who physically administers the medication may sign records. Going forward, Personal Care Manager or designee will audit narcotic paper administration records vs. the signature on the MAR to ensure they match. Findings will be reviewed through the monthly Quality Management process

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carissa Livingston Administrator* Date *6-16-2016*

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