



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 3 1 2016

Mr. Adam Devlin, President/Owner
Tri-County Respite, Inc.
5201 St. Joseph Road, P.O. Box 1001
Limeport, Pennsylvania 18060

RE: Mt. Trexler Manor
License #: 216630

Dear Mr. Devlin:

As a result of the Department of Human Services' annual licensing inspection on June 1, 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 21883 - 08/01/2016 - Faulkas, Kimberl
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.28(a) - If, after the home gives notice of discharge or transfer in accordance with § 2600.228(b) (relating to notification of termination) and the resident moves out of the home before the 30 days are over, the home shall give the resident a refund equal to the previously paid charges for rent and personal care services for the remainder of the 30-day time period. The refund shall be issued within 30 days of discharge or transfer. The resident's personal needs allowance shall be refunded within 2 business days of discharge or transfer.

2a. DESCRIPTION OF VIOLATION

Resident # 1 had a discharge date of [redacted] 18 and did not receive their PNA refund of \$387.91 until 05/03/18.

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 Social Services Department will communicate all discharges and pending discharges to the finance office within a timely manner. The finance office will be reminded of the regulatory requirements for refunds. The Administrator will insure compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Barbara Stachura

Date

7/19/16

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

The above plan of correction is approved as of

7/21/16
(Date)

Plan of correction implementation status as of

7/21/16
(Date)

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

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

Violation Report: 21663 - 06/01/2016 - Foulkes, Kimberl
PGH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2800
2800.88(s) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
The 2nd floor women's shared bathroom had black colored, dirty soap scum along the caulking found in the seam of the entire shower surround.

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.

Direct care workers and housekeepers will be reeducated regarding the regulatory requirements for keeping floors, walls, ceilings, windows, doors and other surfaces clean, in good repair and free of hazards. Direct care workers and housekeepers will be encouraged to report immediate concerns to their direct supervisor or administration. The Administrator will insure compliance.

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

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(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21883 - 08/01/2016 - Fouikes, Kimberli
PCH Name: MT TREXLER MANOR


1. REGULATION 88 Pa.Code §2800
2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION
The home's main refrigerator had sliced tomatoes, sliced onions, shredded cheese and three bean salad left over from the salad bar that was not labeled and dated.

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 chef and other staff members working in the kitchen will be reeducated regarding the regulation for storing all food including left overs. The head chef will take responsibility for the proper oversight and storage of all food. The Administrator will insure compliance.

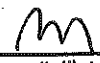
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Ms. Taryn Stuckhuse Date 7/19/16

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(Date)

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(Initials)

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(Date)

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Violation Report: 21883 - 06/01/2016 - Foulkes, Kimberl
 FCH Name: MT TREXLER MANOR

1. REGULATION 56 Pa.Code §2800
 2800.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident # 2's DME, dated 12/23/15, did not include the resident's dietary needs and the resident has a diagnosis of diabetes.
 Resident # 3's DME, dated 04/08/16, did not include if the resident was capable of self-medicating or participating in his/her medication administration.

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 nursing and social services department will be responsible for reviewing all completed medical evaluations. The nursing department will communicate observed errors or discrepancies to the assessing medical professional for correction. The Administrator will insure compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Toby Tarquin-Stackhouse	7/19/16

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The above plan of correction is approved as of <u>7/20/16</u> (Date)	Plan of correction implementation status as of <u>7/21/16</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: 21853 - 06/01/2016 - Foulkes, Kimberl PCH Name: MT TREXLER MANOR	
1. REGULATION 56 Pa.Code 52800 2800.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.	
2a. DESCRIPTION OF VIOLATION There was evidence of smoking in an undesignated smoking area off of the 300 wing exit. A chair was found on the left side of the small porch with approximately 15 to 20 extinguished cigarette butts observed lying on the ground.	
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.	
Residents will be counseled and educated on the home rules for smoking at the time of admission; annually; and periodically during resident house meetings. The Administrator will insure compliance.	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 07/01/2015
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
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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: 21883 - 08/01/2016 - Fouikes, Kimberli
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION
Resident # 4 was prescribed Ibuprofen 600mg tablets, take one tablet by mouth every 6 hours as needed for mild pain for ten days on 5/7/16. On 6/1/16 this medication was still located in the home's medication cart.

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.

Medication carts will be routinely reviewed for expired and discontinued medications. The nursing department will oversee this process. The administrator will insure compliance.

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) By Terquin-Stackhouse Date 7/19/16

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Violation Report: 21683 - 06/01/2016 - Foulkes, Kimberli
 PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2800
 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

The home did not implement procedures for the safe use of medical equipment. Resident # 2 is prescribed accuchecks 4 times daily at 8am, 12pm, 4pm, and 8pm. At the time of the inspection representatives reviewed the resident's glucometer and noted that there were blood glucose readings recorded on the Medication Administration Record (MAR) that were not found in the resident's glucometer. Representative were informed that the resident had a second glucometer. The majority of the blood glucose readings were then found in the second glucometer that were recorded on the MAR. The following blood glucose readings were recorded on the MAR and were not located in the two glucometers while onsite: 6/25/16 at 12pm = 126, 6/25/16 at 4pm = 188, 6/25/16 at 8pm = 126, and 6/26/16 at 12pm = 148. On 6/7/16 the home notified the Department that a third glucometer was located for the resident in the nurses drawer.

The home did not implement procedures for the safe use of medications. Resident # 6 is prescribed Ketoconazole cream 2%, apply to affected areas twice daily as needed. On 6/1/16, it was not available in the home.

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 reason the individual had more than one meter was because they required more accucheck readings than were prescribed due to extreme high and low readings that periodically would occur. This would result in the individual running out of test strips and the need to purchase a new meter/strips to keep up with the demand of the testing. The nursing department will work with the individual's insurance and treating medical professionals to determine adequate testing; lower the cost of the individual's diabetic supplies; and streamline the process.

The nursing department will oversee all incoming scripts and work to insure all medications are received in a timely manner. The nursing department staff will work with the pharmacy to expedite new orders. MARS and med carts will be routinely inspected to insure medications that are prescribed are available to the residents. When a delay in obtaining a medication arises, the Director of Wellness will document attempts as needed.

The administrator will insure compliance.

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) Stephanie Stuchman

Date 7/19/16

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 (Date)

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 (Initials)

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Violation Report: 21663 - 08/01/2016 - Foulkes, Kimberl
 PCH Name: MT TREXLER MANOR

1. REGULATION 85 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 gluco checks 4 times daily, at 8am, 12pm, 4pm, and 8pm. On 5/29/16 at 8pm the blood glucose reading in the resident's glucometer was 324. The blood glucose reading was incorrectly transcribed on the resident's Medication Administration Record (MAR) as 327. On 5/30/16 at 8am the blood glucose reading in the resident's glucometer was 47. The blood glucose reading was incorrectly transcribed on the MAR as 74. On 5/31/16 at 4pm the blood glucose reading in the resident's glucometer was 228. The blood glucose reading was incorrectly transcribed on the resident's MAR as 258. On 5/30/16 at 4pm the blood glucose reading in the resident's glucometer was 287. There was nothing recorded on the resident's MAR, it was blank.

Resident # 6 has a physician's order for "Blood sugar checks before breakfast, lunch and dinner daily". The medication administration record has listed "Blood sugar check before breakfast on Monday, Wednesday, and Friday for 10 weeks" and also has columns labeled "BK, LUN, DINN". The home was completing them three times daily and recording them on the medication administration record (MAR) with the exception of the reading on 5/29/16 before dinner when the blood glucose in the resident's glucometer was 206 and this was not recorded 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.

All trained med techs will be reeducated on the importance of accurate documentation. The nursing department will periodically audit glucometers to MARs to insure documentation is accurate and complete.

The administrator shall monitor and assure ongoing compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/01/2015

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tracy Tarquin - Structure* Date *7/19/16*

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Plan of correction implementation status as of 7/21/16 (Date)

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- Not Implemented

Violation Report: 21663 - 08/01/2016 - Foulkes, Kimberli
 PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2800
 2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION
 On 5/26/16 and 5/29/16 at 8am and 5/27/16 at 12pm, resident #2 refused to have an accucheck completed. The home did not report the refusal to the resident's doctor as required.
 On 5/2/16, 5/8/16, 5/9/16, 5/11/16, 5/13/16, 5/18/16, 5/20/16, 5/23/16, 5/25/16, 5/27/16, and 5/30/16 at 8am resident #7 refused to have an accucheck completed. The home did not report the refusal 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.

The nursing department will routinely review the MAR for declined medications and cross check with completed medication refusal forms to insure the declined medication is communicated with the prescribing medical professional. The administrator will insure compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Toby Tavghin Stuckhouse	7/19/16

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Violation Report: 21883 - 08/01/2018 - Foulkes, Kimberli
 PCH Name: MT TREXLER MANOR

1. REGULATION 89 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident # 6 has a physician's order for accuchecks daily before breakfast, lunch and dinner. On 5/29/18 the accucheck was not completed before breakfast and 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.

When reviewing the MAR it appeared that the individual's blood sugar was not checked at the time prescribed. The nursing department will follow the directions of the prescriber. If an individual declines a medication or treatment the nursing department will complete document communication with the prescriber. if the medication or treatment is omitted, the nursing department will communicate with the prescriber and a reportable incident will be completed if needed. The administrator will insure compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/01/2015
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Tom Tarquin - Stakeholder	7/19/16

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Violation Report: 21863 - 08/01/2016 - Foulkes, Kimberli
 PCH Name: MT TREXLER MANOR

1. REGULATION 56 Pa.Code §2600
 2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
 On 5/22/16, from 10pm-6am, staff person A, who has not successfully completed the Department-approved medications administration course, administered medications to residents of the home.

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.

When reviewing the staff person's med tech training file it was identified that the individual did not have documented MAR reviews periodically as needed to keep up the training file. MAR reviews were conducted and the individual was remediated as needed. The med tech trainer will periodically audit med tech training files to insure med techs remain in good standing. The administrator will insure compliance.

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 7/19/16

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Violation Report: 21663 - 08/01/2016 - Foulkes, Kimberl

PCH Name: MT TREXLER MANOR

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

Resident # 8's progress notes on 04/18/16 and 04/27/16 had indicated that this resident had been experiencing a decline in their mental health where they were not eating and were refusing their medications. The home did not update the resident's RASP to address the resident's change in their mental health status and state how the home planned to manage his/her mental health needs.

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 Social Service department will conduct periodic chart reviews and compare written progress notes to the resident's RASP to insure significant changes that occur are documented and plans are developed. The administrator will insure compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Date

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M
(Initials)

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