



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to GAHC3 YORK PA ALF TRS SUB LLC  
LEGAL ENTITY

To operate SENIOR COMMONS AT POWDER MILL  
NAME OF FACILITY OR AGENCY

Located at 1775 POWDER MILL ROAD, YORK, PA 17403  
(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 166  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.  
(MAXIMUM CAPACITY)  
Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 28

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services 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 November 9, 2016 until May 9, 2017,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **332101**

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
DIRECTOR

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:**

**NOV 09 2016**

Ms. Danielle R. Reed, Executive Director  
GAHC3 York PA ALF TRS SUB, LLC  
18191 Von Karman Avenue Suite 300  
Irvine, California 92612

**RE: Senior Commons at Powder Mill**  
1775 Powder Mill Road  
York, Pennsylvania 17403  
License #: 332101

Dear Ms. Reed:

As a result of the Department of Human Services' (Department) licensing inspections on June 7, 2016, June 8, 2016, June 20, 2016, September 27, 2016 and September 28, 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 #332100 dated June 30, 2016 to June 30, 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 June 30, 2016 to June 30, 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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
16c	li	111	\$5	\$555	5 calendar days from mailing date of this letter
42b	ll	111	\$5	\$555	5 calendar days from mailing date of this letter
187d	ll	111	\$5	\$555	5 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

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

Ms. Danielle R. Reed

3

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,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is fluid and cursive, with the first letter "J" being particularly large and stylized.

Jacqueline L. Rowe  
Director

Enclosures  
License  
Licensing Inspection Summary

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

PCH Name: SENIOR COMMONS AT POWDER MILL		License Number: 33210
Address: 1775 POWDER MILL ROAD, YORK, PA 17403		County: York
Adminstrator: Danielle Reed		Region: CENTRAL
Legal Entity Name: GAHC3 YORK PA ALF TRS SUB LLC		
Legal Entity Address: 1775 POWDER MILL ROAD, YORK, PA 17403		
Certificate(s) of Occupancy C-2 LP 07/23/2001 Labor & Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 140 Waking Staff: 105		
Type of Inspection: Full EHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 06/07/2016: McCloskey, Jason; Gillespie, Denise 06/08/2016: McCloskey, Jason; Gillespie, Denise 06/20/2016: McCloskey, Jason; Gillespie, Denise		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 166 Number of Residents Served: 107 Secured Dementia Care Unit in Home: Yes Area: Rosewood & Arlington Courts Secured Dementia Unit Capacity, if Applicable: 28 Number of Residents Served in Secured Dementia Care Unit, if applicable: 23 Number of Current Hospice Residents: 7 Number of Hospice Residents in past year: 14	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 107 Have Mental Illness: 3 Have an Intellectual Disability: 0 Have a Mobility Need: 33 Have a Physical Disability: 1	

Violation Report: 33210 - 06/07/2016 - McCloskey, Jason  
 PCH Name: SENIOR COMMONS AT POWDER MILL

**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**

On 6-7-16, the home did not have the Licensing Inspection Summaries for the inspections conducted on 9-16-15, 12-15-15 and 12-19-15 posted in a conspicuous and public place 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 homes previous practice was to post only annual licensure survey on the bulletin board in the main hallway of the personal care home. On 6-7-16 the home made copies of all types of survey's to include annual, re-licensure, complaint and added them to the bulletin board in the main hallway of the personal care home. One year's duration of all types of surveys will be posted in such a manner and will be refreshed if needed by the Administrator or designee.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Dani K. Fabel PCHA</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>DANIELLE R. REED</i>	<i>7/21/16</i>

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

The above plan of correction is approved as of <u>8/4/16</u> (Date)	Plan of correction implementation status as of <u>9/27/16</u> (Date)
The above plan of correction was approved by <u>WRAS</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: 33210 - 06/07/2016 - McCloskey, Jason  
 PCH Name: SENIOR COMMONS AT POWDER MILL

**1. REGULATION 55 Pa.Code §2600**

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

**2a. DESCRIPTION OF VIOLATION**

On 1-19-16, Resident 1 was neglected as evidenced by a staff person failing to respond appropriately to signs and symptoms of a stroke. Treatment for the resident was delayed for an hour until additional staff evaluated the resident and requested emergency services by calling 911. The home did not report the neglect to the local Area Agency on Aging and the Pennsylvania Department of Aging.

**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 staff is trained in responses to diseases and conditions prevalent in the elderly. They are also provided with assistance in response to situations where additional guidance may be needed. Because the situation was reported after the resident had left the facility, there was a break in protocol and an error in the regular reporting procedures occurred. All discharges and transfers will be reviewed to insure that any concerns are appropriately addressed in a timely manner. Staff will be reminded via the electronic medical record 24 hour report to inform their supervisor or administrator of any concerns or suspicions of neglect or abuse. This will occur for three consecutive days July 18, 19, 20. Staff will complete annual orientation via electronic education regarding the requirement to identify and report all instances of suspected neglect/abuse immediately to their supervisor or the Agency/Department.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/16/2015		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Danielle R. Reed PCHA*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *DANIELLE R. REED* Date *9/21/16*

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

The above plan of correction is approved as of 8/4/16  
 (Date)

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

Plan of correction implementation status as of 9/27/16  
 (Date)

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

Violation Report: 33210 - 08/07/2016 - McCloskey, Jason  
 PCH Name: SENIOR COMMONS AT POWDER MILL

**1. REGULATION 55 Pa. Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

On 1-19-16, Resident 1 was neglected as evidenced by a staff person failing to respond appropriately to signs and symptoms of a stroke. Treatment for the resident was delayed for an hour until additional staff evaluated the resident and requested emergency services by calling 911. The home did not report the incident of neglect to the Department.

A medication error occurred on 5-10-16 when the full dose of *Novolog Insulin* was not administered to Resident #2. The home did not report the incident to the Department.

**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.*

Regarding Resident 1 - Because the situation was reported after the resident had left the facility, there was a break in protocol and an error in the regular reporting procedures occurred. All discharges and transfers will be reviewed to insure that any concerns are appropriately addressed in a timely manner. Staff will be reminded via the electronic medical record 24 hour report to inform their supervisor or administrator of any concerns or suspicions of neglect or abuse. This will occur for three consecutive days July 18, 19, 20. Staff will complete annual training via electronic education regarding the requirement to identify and report all instances of suspected neglect/abuse immediately to their supervisor or the Agency/Department.

A medication error was discovered during survey that had not been discovered previously. All medications are now recorded in two medication systems to insure accuracy of medication passes; Quick Mar Pro and Tabula Pro. The Director of Wellness (Nursing) and/or Designee will review the medication passes daily to check for alerts and missed medications. Any missed medications will be reported to the Department within 24 hours using the prescribed manner designated.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/29/2015	09/16/2015
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Signature of Legal Entity Representative (Required on EVERY Page) *Daniel Reed PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DANIELLE R. REED* Date *7/21/16*

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

The above plan of correction is approved as of *8/1/16*  
(Date)

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

Plan of correction implementation status as of *7/27/16*  
(Date)

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

Violation Report: 33210 - 06/07/2016 - McCloskey, Jason  
 PCH Name: SENIOR COMMONS AT POWDER MILL

**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 the evening of 1-19-16, Resident 1 complained of having no feeling in his/her right leg and right side. Staff Member B felt that the resident was dehydrated and gave the resident a glass of water and stated that the staff member would check on the resident in an hour. After an hour, a different staff member re-assessed the resident and called 911 to arrange for transport to the hospital for signs and symptoms of a stroke. The resident was admitted to the hospital on this date. Staff Member B was terminated on [redacted] 16 subsequent to the home's investigation into the matter. The home documented the reason for this termination as the actions of Staff Member B "prevented this resident from receiving life saving treatment and brain injury because of the delay in seeking immediate assistance."

**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.*

Resident 1 complained of symptoms indicative of a stroke and Staff Member B incorrectly identified the symptoms. Staff Member B neglected to send resident 1 to the hospital immediately and a second staff member had to send the resident to the hospital for treatment. Staff Member B was neglectful by not initiating the appropriate treatment immediately. Staff members are trained to identify and respond to diseases and conditions prevalent in the elderly. They are also provided with assistance in response to situations where additional guidance may be needed. Staff will be reminded via the electronic medical record 24 hour report to inform their supervisor or administrator of any concerns or suspicions of neglect or abuse. This will occur for three consecutive days July 18, 19, 20. Staff will complete annual orientation via electronic education regarding the requirement to identify and report all instances of suspected neglect/abuse immediately to their supervisor or the Agency/Department.

*Continued on Page 5A*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/16/2015	
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Signature of Legal Entity Representative (Required on EVERY Page) *Danielle R. Reed PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Danielle R. Reed* Date *7/21/16*

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

The above plan of correction is approved as of 8/4/16  
 (Date)  
*10/31/16*

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

Plan of correction implementation status as of 9/27/16  
 (Date)

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

2600.42(b) page 5A of 13

All staff will receive training on identifying and reporting of Abuse and Neglect by the local Area Agency on Aging Protective Services Unit. Staff who attend the training shall sign and print their name on a sign-in sheet. This document shall be maintained in the home's files for Department review. This training shall occur as soon as is able to be scheduled by the Area Agency on Aging.

All staff will receive training by the Director of Wellness on the signs and symptoms of stroke. Staff who attend the training shall sign and print their name on a sign-in sheet. This document shall be maintained in the home's files for Department review. This training shall occur within two months from the receipt of this report from the Department.

*BAS*  
*10/31/16*

Violation Report: 33210 - 06/07/2016 - McCloskey, Jason  
 PCH Name: SENIOR COMMONS AT POWDER MILL

**1. REGULATION 55 Pa.Code §2600**

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
  - (i) Safe management techniques.
  - (ii) ADLs and IADLs.
  - (iii) Personal hygiene.
  - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person A, hired on [redacted] 16, provided unsupervised ADL services prior to completion of the online direct care staff training and passing of the competency test, which was completed on 4-18-16.

**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.*

Direct Care staff person A was identified during an audit conducted by staff as not having completed the online training and passing the competency test. Since that time (4-18-16) new staff has been completing the online training and competency test during the classroom portion of orientation or they are not permitted to begin training on the floor. This practice has resolved this issue as evidenced by no other citations or instances since that date.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Danielle R. Reed PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Danielle R. Reed* Date *7/21/16*

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

The above plan of correction is approved as of 8/4/16 (Date)

Plan of correction implementation status as of 8/27/16 (Date)

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

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

Violation Report: 33210 - 06/07/2016 - McCloskey, Jason  
 PCH Name: SENIOR COMMONS AT POWDER MILL

1. REGULATION 55 Pa.Code 52600  
 2600.85(a) - Sanitary conditions shall be maintained.

**2a. DESCRIPTION OF VIOLATION**

The home uses glucometers belonging to one resident to check the blood sugar of other residents. Sharing of glucometers was confirmed by analysis of glucometer readings and recorded blood sugar readings for multiple residents during the month of May 2016 and June 2016 and was corroborated with interviews of residents and staff.

Resident #3's glucometer was used to test Resident #4's blood sugar on 6-3-16 at 4:00 pm and on 6-7-16 at 4:00 pm.;  
 Resident #2's glucometer was used to test Resident #3's blood sugar on 6-1-16 at 11:00 am.

**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 does not permit sharing of resident glucometer's. Each resident has a glucometer of their own which is labeled with their own name and stored in a single case. All staff receives training on care of diabetic residents through Wellspan Endocrinology Services prior to providing this type of resident care. This training is renewed annually. Staff responsible for utilizing glucometers will receive additional training on their use from the Resident Care Director or designee no later than August 30, 2016. An additional glucometer was purchased by the facility to be used in an emergency if a resident does not have a functioning one, this will then be used only for that resident. Resident #2, #3 and #4 were contacted as were their physicians and all declined any further testing or evaluation for the alleged sharing of glucometers. Physician for two affected residents noted that, "glucometer is just a machine" and requested copies of the citations. She shared that this was not a infection control concern.

*Continued on Page 7A*

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Danielle R. Reed PCHA</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
<i>Danielle R. Reed</i>		<i>7/21/16</i>	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of	<i>8/14/16</i> (Date) <i>10/31/16</i>	Plan of correction implementation status as of	<i>8/20/16</i> (Date)
The above plan of correction was approved by	<i>DRS</i> (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

2600.85(a)

The Director of Wellness shall audit the actual readings on a resident's glucometer as compared with the documented readings on the resident's Medication Administration Record. This shall be done on a weekly basis on a 10% sample of residents who receive blood glucose testing. The weekly audits shall occur for a period of three months.

The Administrator or Director of Wellness shall observe each staff responsible for diabetic care perform blood glucose checks. Each staff will be observed once per week for a period of 3 months. After which, each staff will be observed once per month for a period of 3 months. Documentation of the observations shall be maintained by the home for Department review.

BWS  
10/31/16

Violation Report: 33210 - 06/07/2016 - McCloskey, Jason  
 PCH Name: SENIOR COMMONS AT POWDER MILL

**1. REGULATION 55 Pa.Code §2600**  
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**2a. DESCRIPTION OF VIOLATION**  
 On 6-8-16, the blister card for Resident #5's *Alprazolam .25 mg* had 4 blisters with large punctures that were taped over. The blister card for Resident #6's *Lorazepam 1 mg* had a blister with a large puncture that was taped over.

**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 staff who handles medications has been told to examine each medication card after carts are filled by the pharmacy to insure no medication cards have punctures to the backs. Staff was also told to insure that medication drawers are arranged so that medication cards are not crowded pushing medications through the backing. Staff was made aware that they are not permitted to tape any medication back into a card; they must destroy the medication per facility policy. Staff will sign a copy of this plan of correction statement no later than August 15 to demonstrate compliance. Cart audits will be conducted for three months to insure that this plan of correction is being followed. These audits will be conducted in August, September and October by the Director of Nursing or designee and recorded.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Danielle R. Reed PEHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Danielle R. Reed</i>	Date <i>7/21/16</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of *8/4/16*  
 (Date)

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

Plan of correction implementation status as of *9/27/16*  
 (Date)

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

Violation Report: 33210 - 08/07/2016 - McCloskey, Jason  
 PCH Name: SENIOR COMMONS AT POWDER MILL

**1. REGULATION 55 Pa.Cs. §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**

Resident #3 is ordered to receive *blood sugar testing four times daily and Novolog Inj Flexpen 4 units, 3 times a day with meals.* The resident's blood sugar testing was not performed on 6-19-16 at 11:00 am and 4:45 pm, and on 6-20-16 at 6:00 am because test strips for the resident's glucometer were not available.

Resident #2 only received 7 of 10 units of *Novolog Inj Flexpen* on 5-10-16 at 4:00 pm. The MARs state that the "Novolog was not reordered. Awaiting pharmacy delivery."

The home does not have a policy that adequately addresses the acquisition of necessary medications and medical equipment in a timely manner.

**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 staff who handles resident medication is aware that medication can be "stat" ordered from the pharmacy and will be delivered within four hours. Staff has been in-serviced by the administrator that medications not being available is considered a medication error and is not acceptable; this includes supplies such as test strips as well. Staff will be directed to reorder test strips when 20 strips remain. A reminder will be placed in the electronic system. The staff members who have not yet received this education will sign a copy of this plan of correction statement no later than August 15, 2016 to demonstrate compliance. Monitoring will be conducted by the Director of Nursing, 2<sup>nd</sup> Shift Nursing Supervisor, and Administrator via the Electronic Medical Record to identify any staff inappropriately allowing medications and/or supplies to become unavailable to the residents.

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
Danielle F. Reed		7/21/16

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

The above plan of correction is approved as of 8/14/16  
(Date)

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

Plan of correction implementation status as of 9/27/16  
(Date)

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

Violation Report: 33210 - 06/07/2016 - McCloskey, Jason  
 PCH Name: SENIOR COMMONS AT POWDER MILL

**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 records (MARs) for multiple residents lacked the diagnosis or purpose for the prescribed medications. These included:

- Resident #7's *Amplodipine Tab 5 mg* and *Escitalopram Tab 5mg*
- Resident #8's *Clopidogrel Tab 75 mg* and *Daily Vite Tab*
- Resident #9's *Allopurinol Tab 100 mg* and *Budesonide Sus 0.5mg / 2*

The MARs for Resident #10 contain conflicting administration directions and times. According to the instructions on the MARs, *Novolog Flexpen* is to be administered twice daily at morning and bedtime, however, the administration times are listed as morning and 11am. *Novolog Flexpen* is to be administered at lunch, however, the administration time is marked as 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.*

All affected residents missing diagnoses on the MARs were corrected to include the appropriate diagnoses. The correct instructions for use of the Novolog Flex pen were made to the MAR to reflect the physicians order. The DON/Designee will review resident orders to insure that appropriate diagnoses and instructions are included for all medications, this will be completed through the use of the electronic Medication Program - Quick Mar Pro and electronic medical records program- Tabula Pro. Monthly audits will be completed on 10% of all active residents to insure compliance for three months August, September and October 2016.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	 Daniel R. Reed PCHA
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
DANIELLE R. REED	7/21/16

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

The above plan of correction is approved as of 8/4/16  
 (Date)

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

Plan of correction implementation status as of 9/27/16  
 (Date)

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

Violation Report: 33210 - 08/07/2016 - McCloskey, Jason  
 PCH Name: SENIOR COMMONS AT POWDER MILL

**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**

On 6-2-16 and 6-9-16, Resident #11 refused to take the prescribed doses of *Calc Acetate Tab 667 mg*, *Furosemide Tab 40 mg*, and *Humalog Kwik Inj 100 / ml*. 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.*

Resident 11's physician was immediately notified of [redacted] refusal's to take [redacted] prescribed medications. All staff responsible for medication administration are to contact the physician of each resident who refuses medicine or treatments. The physician will instruct the staff member of the frequency of refusals are permitted before future notification or other instructions related to the refusals such as discontinuation of the medication or treatment. Staff has been directed to follow this procedure but will sign a copy of this plan of correction statement no later than August 15 to demonstrate compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Danielle R. Reed PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DANIELLE R. REED* Date *7/21/16*

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

The above plan of correction is approved as of *8/4/16*  
 (Date)

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

Plan of correction implementation status as of *9/27/16*  
 (Date)

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

Violation Report: 33210 - 06/07/2016 - McCloskey, Jason  
 PCH Name: SENIOR COMMONS AT POWDER MILL

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

2a. DESCRIPTION OF VIOLATION

Resident #3 is ordered to receive blood sugar testing four times daily and Novolog Inj Flexpen 4 units, 3 times a day with meals. The resident's blood sugar testing was not performed on 6-19-16 at 11:00 am and 4:45 pm, and on 6-20-16 at 6:00 am because test strips for the resident's glucometer were not available. In addition, the administration of the Novolog Inj Flexpen did not occur on 6-19-16 at 11:45 am and 4:45 pm.

Resident #2 only received 7 of 10 units of Novolog Inj Flexpen on 5-10-16 at 4:00 pm. The MARs state that the "Novolog was not reordered. Awaiting pharmacy delivery."

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 staff who handles resident medication is aware that medication can be "stat" ordered from the pharmacy and will be delivered within four hours. Staff has been in-serviced by the administrator that medications not being available is considered a medication error and is not acceptable; this includes supplies such as test strips as well. The staff members who have not yet received this education will sign a copy of this plan of correction statement no later than August 15, 2016 to demonstrate compliance. Monitoring will be conducted by the Director of Nursing, 2<sup>nd</sup> Shift Nursing Supervisor, and Administrator via the Electronic Medical Record to identify any staff inappropriately allowing medications and/or supplies to become unavailable to the residents.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/29/2015	09/10/2015
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Dair Field PCHA*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *DANIELLE R. REED* Date *7/21/16*

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

The above plan of correction is approved as of 8/4/16  
 (Date)

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

Plan of correction implementation status as of 7/27/16  
 (Date)

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

Violation Report: 33210 - 06/07/2016 - McCloskey, Jason  
 PCH Name: SENIOR COMMONS AT POWDER MILL

**1. REGULATION 55 Pa.Code §2600**

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

**2a. DESCRIPTION OF VIOLATION**

Resident #12, a resident of the home's Secured Dementia Care Unit, admitted on [REDACTED] 15, did not have a preadmission screening completed in collaboration with a physician or geriatric assessment team.

**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 Preadmission Screening Tool for Resident #12 in a secure dementia care unit cannot be altered as this occurred in 2015. In 2016 the procedure for completing the Preadmission Screening tool was changed to include review by the Administrator and Director of Nursing. Since that time there have been no identified non-compliant preadmission screens completed for the secure dementia care unit. This procedure will continue to be implemented as it has since maintained compliance with this regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Danielle R. Reed PCHA*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Danielle R. Reed* Date *7/21/16*

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

The above plan of correction is approved as of *8/4/16*  
 (Date)

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

Plan of correction implementation status as of *8/27/16*  
 (Date)

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

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

PCH Name: SENIOR COMMONS AT POWDER MILL		License Number: 33210
Address: 1775 POWDER MILL ROAD, YORK, PA 17403		County: York
Administrator: Danielle Reed		Region: CENTRAL
Legal Entity Name: GAHCS YORK PAALF TRS SUB LLC		
Legal Entity Address: 18191 VON KARMAN AVE SUITE 300, IRVINE, CA 92612		
<b>Certificate(s) of Occupancy</b>		
C-2 LP 07/23/2001 L&I		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 144	Waking Staff: 103
Type of Inspection: Partial	<b>BHA Docket Number:</b>	<b>Notice: Unannounced</b>
<b>Reason(s) for Inspection(s)</b>		
Interim, Monitoring		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
09/27/2016: Heemer, Laura; Gillespie, Denise 09/28/2016: Heemer, Laura; Gillespie, Denise		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity: 166</b> <b>Number of Residents Served: 111</b> <b>Secured Dementia Care Unit in Home: Yes</b> <b>Area: Arlington and Rosewood Courts</b> <b>Secured Dementia Unit Capacity, if Applicable: 28</b> <b>Number of Residents Served in Secured Dementia Care Unit, if applicable: 28</b> <b>Number of Current Hospice Residents: 7</b> <b>Number of Hospice Residents in past year: 14</b>	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income: 0</b> <b>Are 60 Years of Age or Older: 111</b> <b>Have Mental Illness: 3</b> <b>Have an Intellectual Disability: 0</b> <b>Have a Mobility Need: 33</b> <b>Have a Physical Disability: 1</b>	

Violation Report: 33210 - 09/27/2016 - Heemer, Laura  
 PCH Name: SENIOR COMMONS AT POWDER MILL

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

Resident 1 is prescribed Morphine sulfate 15 mgs, 2 tabs to be given twice a day. Only one tab was administered on 9/17/16 in the evening, only one tab was administered on 9/18/16 in the morning in the evening, only one tab was administered on 9/18/16 in the evening, and only one tab was administered on 9/19/16 in the morning. The home did not submit an incident report for these medication errors to the department until 9/24/16.

On 9/27/16, the home did not check the blood sugar of Resident 2 and did not administer 10 units Novolog Inj flexpen at 11 am. The home did not submit an incident report to the Department regarding this incident.

**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.

Staff have been instructed to follow the 5 rights of medication administration which is included in a education binder to be reviewed monthly. Individualized medication cart audits have been initiated to identify medication errors in a more timely manner. The audits are collected monthly. Staff will receive education on required reporting of medication errors via the education binder to be completed by the end of October.

- The Administrator shall be informed of all medication errors and shall receive a copy of the report sent to the Department track the completion and timeliness of the report.
- The home will develop a medication error reporting form. This form will be reviewed weekly by the administrator and/ or designee, and in conjunction with the medication cart audits described above. Any staff found to have failed to properly report a medication error shall immediately receive re-training.
- Documentation for the completion of the audits, the medication error reporting form, and staff re-training shall be maintained by the home.

BAS 10/24/16

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/29/2015	08/16/2015
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Signature of Legal Entity Representative (Required on EVERY Page) *Daniel K. Reed*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Danielle R. Reed, PCHA* Date *10/11/16*

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

The above plan of correction is approved as of 10/24/16 (Date)

Plan of correction implementation status as of 10/24/16 (Date)

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

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

Violation Report: 33210 - 09/27/2016 - Heemer, Laura  
 PCH Name: SENIOR COMMONS AT POWDER MILL

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

2a. DESCRIPTION OF VIOLATION

Resident 2 is ordered to receive blood sugar testing twice a day (fasting and 2 hours after breakfast) and Novalog Inj Flexpen 10 units at 11am and 4pm. On 9/27/16 the blood sugar of Resident 2 was not checked 2 hours after breakfast and the Novalog Inj Flexpen 10 units was not administered at 11 am.

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 Med Tech in this incident was re-educated on location of supplies and the importance of asking for assistance when necessary. The Resident has since received [redacted] insulin correctly and the family and physician were notified, no ill effects were noted.

All staff have been educated on additional locations of overflow of extra supplies. Staff will be educated to contact the physician if at any time a resident is without needed supplies. They will follow the physicians directions at that time.

- Staff have been instructed to follow the five rights of medication administration which is included in an education binder to be reviewed monthly.

- The home will complete monthly audits of the medication carts and supplies required for the residents' medication administration.

- Documentation for the completion of the audits and staff re-training shall be maintained by the home.

BAS 10/24/16

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/29/2015	09/16/2015
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Signature of Legal Entity Representative (Required on EVERY Page) *Dan K. Reed*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **DANIELLE R. REED, PCHA** Date **10/11/2016**

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

The above plan of correction is approved as of 10/24/16  
 (Date)

Plan of correction implementation status as of 10/24/16  
 (Date)

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

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

Violation Report: 33210 - 08/27/2016 - Heemer, Laura  
 PCH Name: SENIOR COMMONS AT POWDER MILL

**1. REGULATION 55 Pa.Code §2600**

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

**2a. DESCRIPTION OF VIOLATION**

Resident 6 was admitted to the SDCU on [redacted] 2016. The preadmission screening on 8/10/2016 did not have a complete cognitive screening completed by a Geriatric Assessment Team Representative or a Physician. The areas for "Diagnosis" and "Date Screening Completed" in Part IV: Cognitive Screening, were left blank.

**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.*

Preadmission screening for residents in SCDU's will now require a minimum of two signatures by the Geriatric Assessment Team to insure the tool is thoroughly completed to include the diagnosis and date completed.

- The home will immediately perform an audit on the pre-admission screening forms for all current residents of the Secured Dementia Care Unit to identify and correct any missing information.
- The administrator, designee, and any other employee of the home involved in the pre-admission screening shall receive reeducation on the completion of the form and the home's plan to have two signatures on the form.

BAS 10/24/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Danielle R. Reed, PCHA	10/11/16

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

The above plan of correction is approved as of 10/24/16  
 (Date)

Plan of correction implementation status as of 10/24/16  
 (Date)

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

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