



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 14 2016

Ms. Celeste Dashiell, Administrator/President  
TEC, Corp.  
P.O. Box 447  
Point Pleasant, Pennsylvania 18950

RE: Family and Friends (Stone Ridge Building)  
112 Cafferty Road  
Pipersville, Pennsylvania 18947  
License #: 136330

Dear Ms. Dashiell:

As a result of the Department of Human Services' annual licensing inspection on June 20, 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: 13633 - 06/20/2016 - Gray, Dean  
 PCH Name: FAMILY AND FRIENDS STONE RIDGE BUILDING

1. REGULATION 55 Pa.Code §2600  
 2600.102(j) - Towels and washcloths shall be in the possession of the resident in the resident's living space unless the resident has access to the home's linen supply.

2a. DESCRIPTION OF VIOLATION  
 On 6/20/16 an unlabeled resident's washcloth/loofah was found in the first floor bathroom.

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.

- Loofah was labeled with individual's initials and returned to their bath caddy on 6/21/16. (see attached)
- Support staff retrained to ensure that towels, washcloths, etc, must be labeled and be in the individual's room/possession unless in use. Training held 7/19/16. (see attached agenda and training statement/acknowledgement).
- Training statement + acknowledgement regarding towels, washcloths included in staff orientation packet for future hires on 7/18/16.
- Housekeeping/laundry staff to check daily that all linens are maintained in the individual's possession (see attached AM/PM rounds sheet)

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

Signature of Legal Entity Representative (Required on EVERY Page) *Celeste Dashnell*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Celeste Dashnell / Administrator*      Date *7-19-16*

**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 *CD*  
 (Initials)

Plan of correction implementation status as of 8/4/16  
 (Date)

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

Violation Report: 13633 - 06/20/2016 - Gray, Dean  
 PCH Name: FAMILY AND FRIENDS STONE RIDGE BUILDING

1. REGULATION 56 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #1 does not include Loraldine-Pseudoephedrine ER 10 mg - 240 mg PRN.

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.

- Medical Coordinator contacted pharmacy for correction on 6/24/16.
- Medical Coordinator hand corrected MAR. Pharmacy correction expected for 8/16's MARs.
- Medical Coordinator and Director of Residential Services checked all other medication records for errors on 6/24/16.
- Medical Coordinator and Director of Residential Services will continue to check MARs for accuracy with each monthly cycle delivery 6/24/16 on going

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Celeste DaShrell*

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

Celeste DaShrell / Administrator

Date

7-19-16

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The above plan of correction is approved as of

*8/4/16*  
 (Date)

Plan of correction implementation status as of

*8/4/16*  
 (Date)

The above plan of correction was approved by

*(Signature)*  
 (Initials)

- Fully Implemented
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