



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 07 2016

Ms. Mary T. Knapp, Director of Health Services
Foulkeways at Gwynedd
1120 Meeting House Road
Gwynedd, Pennsylvania 19436

RE: Foulkeways at Gwynedd
License #: 127740

Dear Ms. Knapp:

As a result of the Department of Human Services' annual licensing inspection on July 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: 12774 - 07/01/2016 - Kazimer, Lauren
 PGH Name: FOULKEWAYS AT GWYNEDD

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

There was an ice cream container in the kitchen freezer that was partially opened and dented.

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.

Plan of Correction

2600.103 (g)

On 7/1/2016 the ice cream was discarded

All freezers were checked and have sealed food containers as of 7/1/2016.

Dining staff have received additional training to check freezers to insure containers are sealed as of 7/1/2016

Ongoing monitoring of compliance will be performed by the Dining Services managers through direct observation and daily rounds 6-7 days a week s of 7/1/2016

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Mary T Knapp

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

MARY T KNAPP DIRECTOR HEALTH SERVICES

Date 8/19/2016

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The above plan of correction is approved as of

8/11/16
 (Date)

Plan of correction implementation status as of

8/11/16
 (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: 12774 - 07/01/2016 - Kazimer, Lauren
 PCH Name: FOULKEWAYS AT GWYNEDD

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 record for resident #1 does not include PRN Q-Tussin cough syrup.
- Resident #2 has an order for Folic Acid 1mg. The July 2016 MAR lists Folic Acid 1mg and Folic Acid 1000mcg.

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.

SEE ATTACHED POC

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Mary T Knapp

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

MARY T KNAPP DIRECTOR OF HEALTH SERVICES

Date

8/9/2016

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The above plan of correction is approved as of

[Signature]
 (Date)

Plan of correction implementation status as of

[Signature]
 (Date)

The above plan of correction was approved by

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Plan of Correction

2600.187 (a)

There was a protocol physician medication order for the PRN Q-Tussin cough syrup on Resident #1 order form. Recently the Resident had a cough. The Q-Tussin was placed on the medication record, it was administered and then removed when the cough resolved. Rather than discard the bottle of Q-Tussin, at the expense of the Resident, the remaining Q-Tussin was secured with the resident's medications. It was not on the MAR and it was not given. See Attachment #1 for order

We do not believe that we are in violation of this regulation as the Q-Tussin was not being administered and for that reason was not on the MAR.

As of 7/1/2016 the Q-Tussin was discarded.

Resident #2 had an order for Folic Acid 1 mg. When the MAR was produced by the Pharmacy the original order and the generic format for the same medication was transcribed to the MAR. Only one dose of Folic Acid was given to the Resident as ordered.

As of 7/1/2016 the Folic Acid order was clarified on the MAR. The pharmacist was notified of the MAR transcription.

The Pharmacist and the nursing staff who are responsible for MAR reconciliations were re-educated to monitor the MAR for double entries on the MAR related to the Folic Acid as of 7/1/2016.

Ongoing monitoring will be performed by the Pharmacist and the medication reconciliation nursing staff as of 7/1/2016

Violation Report: 12774 - 07/01/2016 - Kazlmer, Lauren
 PCH Name: FOULKEWAYS AT GWYNEDD

1. REGULATION 65 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 On 7/1/16, at 9am resident #3's Oxycodone ER 20mg was administered. Staff initialed resident #3's narcotic count sheet for Oxycodone 5mg PRN instead of Oxycodone ER 20mg at 9am.

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.

Plan of Correction

2600.187 (b)

We do not believe we are in violation of this regulation as the medication was recorded at the time it was given as cited in the regulation. See attached MAR the Oxycodone ER 20 mg was given at 9:00 AM and recorded as such on the MAR.

On the Pharmacy narcotic count form, not the MAR, the nurse recorded Oxycodone 20 mg mistakenly on the Oxycodone 5mg narcotic count form. This documentation mistake would have been corrected at 15:00 during shift to shift narcotic count. The documentation was corrected immediately on 7/1/2016 when noted by the surveyor. See Attachment # 2

The documentation mistake did not involve the Resident's administration of the medication at the correct time it was administered. The documentation mistake was related to pharmacy records for narcotic counts for which there is no Personal Care regulatory violation, the documentation mistake was not on the Resident MAR. The medication was given at 9:00 AM and documented on the MAR at that time. See Attachment #3

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MARY F KNAPP DIRECTOR HEALTH SERVICES* Date *8/9/2016*

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The above plan of correction is approved as of *8/11/16* (Date)

Plan of correction implementation status as of *8/11/16* (Date)

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