



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 07 2016

Ms. Jolynn Carl, Administrator
Pleasant View Retirement Community
544 North Penryn Road
Manheim, Pennsylvania 17545

RE: Pleasant View Retirement Community
License #: 321850

Dear Ms. Carl:

As a result of the Department of Human Services' annual licensing inspections on July 7, 2016 and July 8, 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 32185 - 07/07/2016 - Gillespie, Denise
 PCH Name: PLEASANT VIEW RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

Bismoline Medicated Powder, with a manufacturer's label indicating, "If accidentally ingested call poison control," was found unlocked and accessible in Room #108 of the secured dementia care unit. Residents of the home, including Resident #3, have not been assessed capable of recognizing and using poisons safely.

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.

1. What specific change will be made?
 - a. Medicated Powder was immediately removed from room #108 and was secured as resident #3 (room 108) was not assessed capable of recognizing and using poisons safely.
 - b. Poisonous materials will be inaccessible to residents unable to identify or avoid.
2. Who will make the change?
 - a. Immediate change made on 7/8/16 by Director of Resident Services
 - b. Administrator and Director of Resident Services will ensure change is sustained.
3. What system or steps will be implemented to make sure the same violation will not occur again?
 - a. Audit secure unit on a monthly basis.
 - b. Audit medical evaluation and support plans with the secure unit environment audit to ensure accuracy.
 - i. Audits will be completed by Administrator and Director of Resident Services.
4. What training will be provided to staff?
 - a. This regulation will be reviewed with Secure Unit staff on a one-to one basis along with results of monthly audits.
5. When will this change be made?
 - a. July 2016
 - b. October 2016
 - c. Administrator will report on progress at montly QA meeting until 0% error rate.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Kerly Disalvo, Administrator Date 9/28/16

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

The above plan of correction is approved as of <u>10-26-16</u> (Date)	Plan of correction implementation status as of <u>10-26-16</u> (Date)
The above plan of correction was approved by <u>KDC</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: 32185 - 07/07/2016 - Gillespie, Denise
 PCH Name: PLEASANT VIEW RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drills conducted on 6/22/15, 7/20/15, 8/28/15, 9/28/15, 10/21/15, 11/13/15, 12/17/15, 1/22/16, 2/18/16, 3/9/16, 4/11/16 and 6/30/16 does not include the number of residents that evacuated during each fire drill.

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.

1. What specific change will be made?
 - a. Monthly fire drills will include the number of residents evacuated during each drill.
2. Who will make the change?
 - a. Administrator and Director of Facilities.
3. What system or steps will be implemented to make sure the same violation will not occur again?
 - a. Administrator will re-do fire drill record form and provide one-to one education with all staff conducting the drill
 - b. Administrator will review fire drill record after it was conducted for accuracy.
4. What training will be provided to staff?
 - a. This regulation will be reviewed with maintenance staff conducting the drill.
5. When will this change be made?
 - a. October 2016
 - b. Administrator will report on progress at montly QA meeting until 0% error rate.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Kathy Disalvo, Administrator Date 9/28/16

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The above plan of correction is approved as of 10-26-16
 (Date)

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

Plan of correction implementation status as of 10-26-16
 (Date)

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

Violation Report: 32185 - 07/07/2016 - Gillespie, Denise
 PCH Name: PLEASANT VIEW RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home's designated evacuation time from a fire safety expert is 8 minutes. The home's evacuation time for the drill conducted on 2/18/16 was 10 minutes and 21 seconds.

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.

1. What specific change will be made?
 - a. Monthly fire drills will be completed within the designated 8 minute evacuation time.
2. Who will make the change?
 - a. Administrator and Director of Facilities.
3. What system or steps will be implemented to make sure the same violation will not occur again?
 - a. Administrator will review fire drill record after it was conducted to ensure accuracy.
 - b. Pleasant View, Terrace Gardens, Fire Drill Policy will be edited and reviewed for clarification.
 - c. If over the 8 minute evacuation time the Fire Drill will be conducted again for the second time at a later date and time.
4. What training will be provided to staff?
 - a. This regulation will be reviewed with maintenance staff conducting the drill.
5. When will this change be made?
 - a. October 2016
 - b. Administrator will report on progress at montly QA meeting until 0% error rate.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kathy Disalvo, Administrator Date 9/28/16

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Violation Report: 32185 - 07/07/2016 - Gillespie, Denise
 PCH Name: PLEASANT VIEW RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2800.132(i) - A fire alarm or smoke detector shall be set off during each fire drill.

2a. DESCRIPTION OF VIOLATION

During the fire drill on 8/30/16, the fire alarm was not activated. Instead, staff verbally communicated to residents to evacuate.

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.

1. What specific change will be made?
 - a. The fire alarm will be set off for during each monthly fire drill.
2. Who will make the change?
 - a. Administrator and Director of Facilities.
3. What system or steps will be implemented to make sure the same violation will not occur again?
 - a. Administrator will review fire drill record after it was conducted.
 - b. Ensure fire alarm or smoke detector was set off during each drill. If not, drill will be conducted again for the second time at a later date and time.
4. What training will be provided to staff?
 - a. This regulation will be reviewed with maintenance staff conducting the drill.
5. When will this change be made?
 - a. October 2016
 - b. Administrator will report on progress at montly QA meeting until 0% error rate.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Kathy DiSalvo, Administrator Date 9/29/16

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The above plan of correction is approved as of 10-20-16
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

Plan of correction implementation status as of 10-20-16
 (Date)

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

Violation Report: 32185 - 07/07/2016 - Gillespie, Denise
 PCH Name: PLEASANT VIEW RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #2's initial medical evaluation was completed on 2/18/15; the resident's last medical evaluation was completed on 3/8/16.

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.

1. What specific change will be made?
 - a. Medical evaluation paperwork will be completed at least annually.
2. Who will make the change?
 - a. Administrator and Director of Resident Services
3. What system or steps will be implemented to make sure the same violation will not occur again?
 - a. New practice to schedule annual medical evaluation appointments beginning at 11 months to ensure it is completed within the 365 day + 15 day grace period time frame.
 - b. Administrator will track all evaluations on a monthly basis.
4. What training will be provided to staff?
 - a. This regulation will be reviewed with all nursing staff, including the Director of Resident Services.
5. When will this change be made?
 - a. July 2016
 - b. October 2016
 - c. Administrator will report on progress at monthly QA meeting until 0% error rate.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Karen D'Amico, Administrator Date 9/28/16

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Violation Report: 32185 - 07/07/2016 - Gillespie, Denise
 PCH Name: PLEASANT VIEW RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The initial assessment for Resident #1, admitted on [redacted] 16, was completed on 4/6/16.

The initial assessment for Resident #4, admitted on [redacted] 16, was completed on 7/28/15.

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.

1. What specific change will be made?
 - a. Initial assessments will be completed within 15 days of admission.
2. Who will make the change?
 - a. Administrator and Director of Resident Services
3. What system or steps will be implemented to make sure the same violation will not occur again?
 - a. New practice for Administrator to track all medical evaluations, and support plans to ensure all is completed within the required time frame.
 - b. Administrator will track initial and support plans on a monthly basis.
4. What training will be provided to staff?
 - a. This regulation will be reviewed with all nursing staff, including the Director of Resident Services.
5. When will this change be made?
 - a. July 2016
 - b. July 2016
 - c. Administrator will report on progress at montly QA meeting until 0% error rate.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Korly DiSalvo, Administrator</u>	Date <u>9/28/16</u>
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- Not Implemented