



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 12 2016

Ms. Mary Ann Parisse, VP Residential Living and Personal Care
Philadelphia Protestant Home
Building 5, Floors 2, 3, 4
6500 Tabor Road, Midway Manor
Philadelphia, Pennsylvania 19111

RE: Philadelphia Protestant Home
License #: 144500

Dear Ms. Parisse:

As a result of the Department of Human Services' annual licensing inspections on July 12, 2016 and July 13, 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 cursive script, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 14450 - 07/12/2016 - Gray, Dean
 PCH Name: PHILADELPHIA PROTESTANT HOME

1. REGULATION 55 Pa.Code §2600
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
 On 7/13/16, resident information regarding doctor's appointments was posted on a cabinet and visible through the windows of the 4th floor medication room.

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 list that contained information regarding date and time of appointments for the residents, was removed immediately and is now being posted inside the cabinet in the medication room for the nursing staff.

See attached in-service.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *M. Ann Parise*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Parise
 VP Residential Living & Recreational Care* Date *9/6/16*

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

The above plan of correction is approved as of <i>9/6/16</i> (Date)	Plan of correction implementation status as of <i>9/6/16</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 14450 - 07/12/2016 - Gray, Dean
 PCH Name: PHILADELPHIA PROTESTANT HOME

1. REGULATION 55 Pa.Code §2600
 2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

- On 7/12/16, the seat on Resident #1's roller walker was stained.
- On 7/12/16, Resident #2's wheelchair was dirty and littered with crumbs.

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's roller walker and resident #2's wheelchair were both cleaned immediately by Housekeeping.

All walkers and wheelchairs will be thoroughly cleaned on a weekly basis, more frequently if necessary.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Me. Ann Parnis*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Me. Ann Parnis, Resident Liaison & Personal Care* Date *9/6/16*

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

The above plan of correction is approved as of <u>9/7/16</u> (Date)	Plan of correction implementation status as of <u>9/7/16</u> (Date)
The above plan of correction was approved by <u><i>AP</i></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: 14450 - 07/12/2016 - Gray, Dean
 PCH Name: PHILADELPHIA PROTESTANT HOME

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 On 7/12/16, a male urinal, containing urine, was observed atop the toilet tank in room # 4310.

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 urinal was immediately emptied by staff.

Staff instructed to make sure all urinals are free of urine at all times.
 See attached in-service.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Megan Purvis*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Megan Purvis, Director of Residential Living & Personal Care</i>	Date <i>9/16/16</i>
---	---------------------

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

The above plan of correction is approved as of *9/9/16*
 (Date)

Plan of correction implementation status as of *9/16/16*
 (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: 14460 - 07/12/2016 - Gray, Dean
 PCH Name: PHILADELPHIA PROTESTANT HOME

1. REGULATION 65 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

- The bathroom floor was wet after being mopped. There was no "wet floor" sign posted after being cleaned,
- The shower floor in room #2505 has a hole; posing a hazard to residents.
- The wall next to the microwave, located in the 2nd floor pantry, is soiled.
- The bottom of the door, located on the 4th floor medication room, has numerous droplets of unidentified dried liquid stains.
- On 7/12/16, food crumbs were found on the chair rail in the "Chapters" dining room.

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.

Wet floor sign was immediately placed over wet floor.
 Housekeeping was instructed to make sure wet floor signs are placed over wet floor immediately after cleaning.

The shower floor that had a hole was actually in the 2nd floor Shower room and was corrected on 7/13/16. The hole in the concrete was patched with hydraulic cement and non-slip mats were applied to the base of the threshold. Staff instructed to report any safety issues immediately to Maintenance Dept.

The wall next to the microwave, located in the 2nd floor pantry was immediately cleaned by Housekeeping. All Housekeeping staff have been instructed on proper cleaning of walls. See P&P

Housekeeping immediately cleaned the bottom of the 4th floor med room door.

The food crumbs on the chair rail in the Chapters (secure dementia unit) dining room were immediately removed by Housekeeping.

All Housekeeping staff have been instructed on the proper procedure for cleaning.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Borisse*

Printed Name and Title of Legal Entity Representative *Mary Ann Borisse* Date *9/6/16*
 (Required on EVERY Page) *VP Residential Living Administration*

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

The above plan of correction is approved as of 9/7/16
 (Date)

Plan of correction implementation status as of 9/6/16
 (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: 14450 - 07/12/2016 - Gray, Dean PCH Name: PHILADELPHIA PROTESTANT HOME	
1. REGULATION 55 Pa.Code §2600 2600.89(a) - The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.	
2a. DESCRIPTION OF VIOLATION The bathroom sink, in Center West's 4th floor bathroom, does not have sufficient hot water pressure.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>This issue was corrected on 7/14/16. Maintenance found the washer of the shut-off valve had failed and obstructed the line causing the low water pressure.</p> <p>Maintenance staff have been instructed to check all bathroom shut-off valves for proper operation and to replace any defective ones immediately.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Mary Ann Porisse</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Ann Porisse VP Residential Living & Personal Care</i>	Date <i>9/6/16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>9/2/16</i> (Date)	Plan of correction implementation status as of <i>9/2/16</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 14460 - 07/12/2016 - Gray, Dean
 PCH Name: PHILADELPHIA PROTESTANT HOME

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

- A water flow stop device was observed in a container, in room # 4314, instead of installation on the floor. The device is utilized to shut off water in an emergency situation.
- The medicine cabinet door in room 3501 is missing magnets preventing the door from shutting properly. The open cabinet doors poses a hazard for residents.
- A hanging extension cord in room 2505 presented a tripping hazard.
- A grate covers the landing of the fire exit from Chapters West private dining room. The grate is rusted and in disrepair posing a tripping hazard.
- The gasket on the refrigerator door, located in the 2nd floor television area, is in disrepair.

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 water flow stopper that was observed in a container, in room # 4314, instead of on the floor, was corrected immediately. The resident as well as nursing staff have been instructed on the purpose of this device and reminded that these units must be placed on the floor near the toilet.

The medicine cabinet door in room 3501 that was missing magnets, was replaced immediately. Nursing staff have been instructed to report any missing magnets on medicine cabinets immediately to Environmental Services.

The extension cord in room 2505 was immediately removed and the Maintenance Dept provided a proper length power strip to the resident. Nursing staff have been instructed to be observant of this type of issue and report it to the Maintenance Dept immediately.

The rusted grate located at the exterior fire exit of the Midway Private Dining Room has been removed and was not needed and will not be replaced, eliminating this issue from re-occurring. See attached picture.

The refrigerator was replaced on the 2nd floor on 7/20/16. Monthly rounds will be conducted by Maintenance on all public area refrigerators.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mary Ann Parisse*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Ann Parisse* Date *9/6/16*
VP Resident Living & Personal Care

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

The above plan of correction is approved as of <u>9/7/16</u> (Date)	Plan of correction implementation status as of <u>9/7/16</u> (Date)
The above plan of correction was approved by <u><i>PA</i></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: 14450 - 07/12/2016 - Gray, Dean
 PCH Name: PHILADELPHIA PROTESTANT HOME

1. REGULATION 65 Pa.Code §2600
 2600.103(b) - Kitchen surfaces must be of a nonporous material and cleaned and sanitized after each meal.

2a. DESCRIPTION OF VIOLATION
 - The dish warmer, located in the Chapters dining room has built up grease and debris.
 - The bottom and interior ledge of the refrigerator located in Chapters dining room is stained and dirty.

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 dish warmer was immediately cleaned by Dining staff.

The Dining Supervisor will check the dish warmer after each meal to ensure that it is free of grease and debris.

The bottom and interior ledge of the refrigerator located in the Chapters Dining Room was cleaned immediately by Housekeeping. All staff instructed to be mindful if something spills in the refrigerator to clean immediately.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mary Ann Parisse*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Ann Parisse*
VP Residential Living & Personal Care Date *9/6/16*

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

The above plan of correction is approved as of <i>9/7/16</i> (Date)	Plan of correction implementation status as of <i>9/7/16</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 14450 - 07/12/2016 - Gray, Dean
 PCH Name: PHILADELPHIA PROTESTANT HOME

1. REGULATION 65 Pa.Code §2600
 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

- An unlabeled and undated container of ice cream was found in the freezer of the 2nd floor south television area.
- An unlabeled, undated bottle of tomato juice was observed in the Chapters dining room refrigerator.
- Two unlabeled containers of juice were observed in the 2nd floor west pantry.

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 undated and unlabeled items mentioned above were removed immediately and discarded.

Dining staff and Nursing staff in-serviced on importance of dating and labeling food prior to placing in refrigerator (see in-service)

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Perusse*

Printed Name and Title of Legal Entity Representative *Mary Ann Perusse* Date *9/6/16*
 (Required on EVERY Page) *VP Residential Living + Development*

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

The above plan of correction is approved as of <u>9/6/16</u> (Date)	Plan of correction implementation status as of <u>9/6/16</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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: 14450 - 07/12/2016 - Gray, Dean
 PGH Name: PHILADELPHIA PROTESTANT HOME

1. REGULATION 65 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 - On 7/12/16, there was no thermometers in the 3rd floor dining room ice cream freezer and in the Chapters dining room refrigerator and freezer.

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.

Thermometers were immediately put in the 3rd floor Dining Room ice cream freezer and Chapters Dining Room refrigerator and freezer. It was noted that the thermometer for the ice cream freezer had fallen into an ice-cream box.

All Dining, Nursing and Maintenance have been instructed to check all refrigerators and freezers for thermometers.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Parisse*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Ann Parisse VP Residential Living & Personal Care</i>	Date <i>9/6/16</i>
--	-----------------------

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

The above plan of correction is approved as of *9/7/16*
 (Date)
9/7/16

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 14450 - 07/12/2016 - Gray, Dean
 PCH Name: PHILADELPHIA PROTESTANT HOME

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

2a. DESCRIPTION OF VIOLATION
 - The orange juice and thickening agent, in the 2nd floor south television area refrigerator, was opened and unsealed.
 - A container of salad dressing, located in the Chapters dining room refrigerator, was opened and unsealed.
 - A five gallon container of ice cream, located in the main kitchen ice cream freezer, was opened and unsealed.

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 above mentioned open and unsealed items were removed immediately from the 2nd floor south television area refrigerator, Chapters Dining Room and Main Kitchen.
 Nursing staff and Dining staff in-serviced on importance of dating, labeling and covering all items mentioned above. (see in-service)

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Perisse*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Ann Perisse VP Residential Living & Personal Care</i>	Date <i>9/6/16</i>
--	-----------------------

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

The above plan of correction is approved as of <i>9/5/16</i> (Date)	Plan of correction implementation status as of <i>9/5/16</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 14460 - 07/12/2016 - Gray, Dean
 PCH Name: PHILADELPHIA PROTESTANT HOME

1. REGULATION 55 Pa.Code §2600
 2600.103(j) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
 On 7/12/16, two six pound, 10 ounce cans of diced pineapple and one six pound, 10 ounce can of sliced peaches were 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.

The 3 dented cans were removed immediately from the inventory and placed on the dented can shelf.
 Signs have been posted as reminders to staff; if a can has a dent in it, even the slightest, please place the can on the dented can shelf. Do not put out for usage on shelf. (see attached in-service)

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Parisee*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Parisee* Date *9/6/16*
V.P. Residential Living + Personal Care

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

The above plan of correction is approved as of *9/5/16*
 (Date)

Plan of correction implementation status as of *9/2/16*
 (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: 14450 - 07/12/2016 - Gray, Dean
 PCH Name: PHILADELPHIA PROTESTANT HOME

1. REGULATION 65 Pa.Code §2600
 2800.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 On 07/12/16, there was an accumulation of lint in the lint trap of the resident laundry room located in the basement.

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 lint was actually observed under the lint trap and was removed immediately.

A dryer safety inspection sheet has been placed in laundry for staff to sign that lint has been removed from the trap and drum is also free of lint. (see attached form)

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *McAnn Pounce*

Printed Name and Title of Legal Entity Representative *Mary Ann Pounce*
 (Required on EVERY Page) *VP Residential Living & Personal Care* Date *9/6/16*

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

The above plan of correction is approved as of <i>9/7/16</i> (Date)	Plan of correction implementation status as of <i>9/7/16</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 14450 - 07/12/2016 - Gray, Dean
 PCH Name: PHILADELPHIA PROTESTANT HOME

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 The Center base exit door located in the basement, has a sign above the door stating "fire exit". The exit is through a set of stairs to the outside door. The exterior ground is covered with medium sized boulders and enclosed by a fence. The passageway is difficult to navigate; requiring the use of the wall or fence for support. In addition, the exit gate for the fence is padlocked on the other side of the fence.

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.

This issue was corrected on 7/13/16.

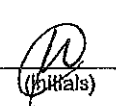
PPh had a landscaper remove the medium sized boulders and install pavers as walk way through this area for access to the parking lot. Security staff removed the padlock on the gate permanently. All fire exits have been inspected for accessibility and all areas were clear. When future landscaping is performed, PPh will ensure this situation does not occur again. (see attached photo)

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)	Mary Ann Rorisse VP Residential Living & Personal Care	Date	9/6/16
---	---	------	--------

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

The above plan of correction is approved as of	<u>9/6/16</u> (Date)	Plan of correction implementation status as of	<u>9/7/16</u> (Date)
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: 14450 - 07/12/2016 - Gray, Doan
 PCH Name: PHILADELPHIA PROTESTANT HOME

1. REGULATION 56 Pa.Code §2800
 2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:
 (1) Identify the correct resident.
 (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
 (3) Remove the medication from the original container.
 (4) Crush or split the medication as ordered by the prescriber.
 (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
 (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
 (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION
 On 7/12/16, Resident #4's medication administration record (MAR) was initiated to document the administration of prescribed Depakote 250 mg and Colace 100 mg. At 10:04 AM, the medications were observed atop a small table in the residents room.

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.

There were extenuating circumstances in this particular situation. The med tech went into the residents room to give the above medication and she observed the resident in a sitting position on the floor, she sat the pill cup on the small table and while attending to this resident, a co-worker came into room and requested assistance as another resident had just passed away down the hall. With all going on the med tech did not realize that she had left the medication in the residents room on table.

All staff have been in-serviced on medication administration and documentation. (see attached in-service)

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Parisse*

Printed Name and Title of Legal Entity Representative *Mary Ann Parisse* Date *9/6/16*
 (Required on EVERY Page) *VP Residential Living & Personal Care*

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

The above plan of correction is approved as of *9/7/16*
 (Date)

Plan of correction implementation status as of *9/7/16*
 (Date)

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

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

Violation Report: 14450 - 07/12/2016 - Gray, Dean
 PCH Name: PHILADELPHIA PROTESTANT HOME

1. REGULATION 65 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 On 7/12/16, Resident #4's medication administration record (MAR) was initiated to document the administration of prescribed Depakote 250 mg and Colace 100 mg. At 10:04 AM, the medications were observed atop a small table in the residents room unlocked and accessible.

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.

There were extenuating circumstances in this particular situation. The med tech went into the residents room to give the above medication and she observed the resident in a sitting position on the floor, she sat the pill cup on the small table and while attending to this resident, a co-worker came into room and requested assistance as another resident had just passed away down the hall. With all going on the med tech did not realize that she had left the medication in the residents room on table.

All staff have been in-serviced on medication administration and documentation. (see attached in-service)

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Perisse*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Ann Perisse VP Residential Living & Personal Care</i>	Date <i>9/6/16</i>
--	-----------------------

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

The above plan of correction is approved as of <i>9/5/16</i> (Date)	Plan of correction implementation status as of <i>9/5/16</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 14460 - 07/12/2016 - Gray, Dean
 PGH Name: PHILADELPHIA PROTESTANT HOME

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 07/13/16, Resident #5's Humulin R and Lantus 100 ml were not dated after opening. Manufacturers guidelines require dating of open vials in order to avoid the administration of expired medication.
 - On 07/13/16, Resident #6's Humalog 100 ml was not dated after opening. Manufacturers guidelines require dating of open vials in order to avoid the administration of expired medication.

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 undated vials of insulin were re-ordered immediately from the Pharmacy and all Nursing/Supervisory staff have been in-serviced on dating insulin vial when first opened.

All insulin vials to be checked every shift for dates on insulin vials. (see attached in-service)

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Parisse*

Printed Name and Title of Legal Entity Representative *Mary Ann Parisse* Date *9/6/16*
 (Required on EVERY Page) *VP Residential Living + Personal Care*

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

The above plan of correction is approved as of <i>9/9/16</i> (Date)	Plan of correction implementation status as of <i>9/7/16</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 14450 - 07/12/2016 - Gray, Dean PCH Name: PHILADELPHIA PROTESTANT HOME	
1. REGULATION 55 Pa.Code §2800 2800.187(d) - The home shall follow the directions of the prescriber.	
2a. DESCRIPTION OF VIOLATION - Resident #2 is prescribed Metformin Tablet 500 mg 1 tablet by mouth 2 times daily during meals. The medication is being administered before meals. - Resident #7 is prescribed Zolpidem 5 mg tablet, PRN for insomnia. It was administered for anxiety on 7/10/16.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
Resident # 2's Metformin order was reviewed immediately with MD on 7/13/16 and MD gave new order for Metformin to be administered twice daily. (see attached MD order)	
Resident #7 gets very anxious when unable to sleep, staff accidentally documented anxiety, knowing full well that Zolpidem is for insomnia as per MAR.	
Nursing staff and med techs instructed to be mindful of instructions when administering medications	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Mary Ann Parisse</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Ann Parisse VP Residential Living & Personal Care</i>	Date <i>9/6/16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>9/7/16</i> (Date)	Plan of correction implementation status as of <i>9/7/16</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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