



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 21 2016

Ms. Jodie L. Smiley, Executive Director
Paxton Street Home Benevolent Society, Inc.
2001 Paxton Street
Harrisburg, Pennsylvania 17111

RE: Paxton Street Home Benevolent Society
License #: 342010

Dear Ms. Smiley:

As a result of the Department of Human Services' annual licensing inspections on July 13, 2016 and July 14, 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: 34201 - 07/13/2016 - Gansil, Lori
 PCH Name: PAXTON STREET HOME BENEVOLENT SOCIETY

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 #1's most recent medical evaluation was completed on 6/9/16. The previous medical evaluation was completed on 5/18/15, more than one year prior.

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 Page 2A of 3.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Jodie Smiley</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Jodie Smiley, Executive Director</i>	<i>8/25/16</i>

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

The above plan of correction is approved as of <u>9-16-16</u> (Date)	Plan of correction implementation status as of <u>9-16-16</u> (Date)
The above plan of correction was approved by <u>JS</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

Plan of Correction - 8/24/16

2600.141(b)(1) – A resident shall have a medical evaluation at least annually. JR

Violation: Resident #1 was examined by the physician for the initial DME on [REDACTED] 2015, but the DME form was not completed by the physician until 6/18/2015. Staff mistakenly referred to the "Date Form Completed" as the DME date. The annual medical evaluation took place on 6/9/2016, [REDACTED] days beyond the 15 day grace period.

Corrective action:

1. On 7/13/2016, during our annual inspection, the spreadsheet used for tracking annual resident due dates for DMEs and RASPs was modified. It now prompts staff to record "Evaluation Date" of previous and current DMEs as the dates of record.
2. Also on 7/13/2016 our Resident Care Manager reviewed all resident files, assuring the DME dates for previous and current year's DME recorded and on the spreadsheet were in fact the "Evaluation Date", minimizing the risk of this error in the future.
3. On 7/18/2016 our Inspection File Checklist, which is used by staff completing periodic file reviews, was modified, prompting staff to check "Evaluation Date" of current and previous DME to measure compliance.

 8/25/16

Jodie Smiley Date

Executive Director (Administrator)

Violation Report: 34201 - 07/13/2016 - Gensil, Lori
 PCH Name: PAXTON STREET HOME BENEVOLENT SOCIETY

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

2a. DESCRIPTION OF VIOLATION

On 7/3/16 at 12:00 pm, Resident # 2's blood sugar measured 130. The home administered 3 units of insulin to the resident. The sliding scale instructions require 5 units of insulin to be administered for a blood sugar reading between 121-150.

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 Pages 3A of 3.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Jodie Smiley</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jodie Smiley, Executive Director	8/25/16

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

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

Plan of correction implementation status as of 9-16-16
 (Date)

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

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

Plan of Correction - 8/24/16

2600.187(d) - The home shall follow the directions of the prescriber.

JE

Violation: On 7/3/2016 at 12:00 pm Resident #2's blood sugar measured 130. Staff administered 3 units of insulin to the resident. The sliding scale instructions require 5 units of insulin to be administered for a blood sugar reading between 121-150.

Corrective action:

1. On 7/20/2016, our medication coordinator met with the staff member who made the error with the sliding scale insulin on 7/3. Together they reviewed the procedural problem that led to the error, and the staff member verbalized steps to be taken to address that procedural problem. They also reviewed all the steps of proper medication administration procedures. The medication coordinator also performed a practicum observation of the staff member administering sliding scale insulin.
(See attached Medication Error Counseling/Corrective Action Form)
2. On 7/26/2016, our medication coordinator completed a review of the current MARs for all five of our residents who receive insulin on a sliding scale. That review showed no other instances where staff failed to follow the directions of the provider.
3. On 8/10/2016, at our monthly department meeting, the medication error on 7/3 was reviewed with staff administering medications. The discussion included an admonition to be extremely cautious with all medication administrations in general, and with insulin in particular. Staff were reminded to check, double check and triple check before injecting insulin. It was decided that staff should take the extra step of writing down the blood sugar reading, carefully read and re-read the order for sliding scale insulin and write down the amount of regular and sliding scale insulin to be administered, followed then by the administration of the insulin and the required computer based documentation.
4. On-going - The administrator or designee will complete a monthly audit of the medication administration of insulin by Paxton staff.

 8/25/16
Jodie Smiley Date

Executive Director (Administrator)