



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: APR 26 2017

Ms. Holly Moylan Executive Director
227 Evergreen Road Operations LLC
227 Evergreen Road
Pottstown, Pennsylvania 1946

RE: Sanatoga Court
License #: 136140

Dear Ms. Moylan:

As a result of the Department of Human Services' licensing inspection on July 29, 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,



Patricia Adams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 13614 - 07/29/2016 - Gray, Dean
 PCH Name: SANATOGA COURT

1. REGULATION 55 Pa.Code §2600

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 3/8/16, at 7:00 PM, the home did not administer Tramadol 50 mg for resident #1, who requires assistance with medication administration.
- On 3/8/16, at 9:00 PM, the home did not administer Ativan 0.5 mg for resident #2, who requires assistance with medication administration.
- On 3/8/16, at 11:00 PM, the home did not provide the correct dosage of Tramadol 50 mg and Temazepam 15 mg for resident #3, who requires assistance with medication administration.
- On 3/8/16, at 9:00 PM, the home did not provide the correct dosage of one Lorazepam 1 mg tablet for resident #4, who requires assistance with medication administration.

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.

On 3/9/16, the med tech that worked on 3/8/16 and made the errors was removed ^{from} medication administration. She was offered to be re-educated on medication administration and declined. This staff member did not return to medication administration and did terminate her employment on [redacted] 16. Administration will monitor.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Holly Maylan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Holly Maylan, Executive Director</i>	Date <i>1/23/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1/26/17</u> (Date)	Plan of correction implementation status as of <u>1/26/17</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: 13614 - 07/29/2016 - Gray, Dean
 PCH Name: SANATOGA COURT

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

2a. DESCRIPTION OF VIOLATION

- On 3/8/16, Resident #1's 7:00 PM Tramadol 50 mg medication was not administered.
- On 3/8/16, Resident #2's 9:00 PM Ativan 0.5 mg medication was not administered.
- On 3/8/16, Resident #3 was prescribed Tramadol 50mg and was administered two Tramadol 50 mg tablets.
- On 3/8/16, Resident #4 was prescribed Lorazepam 1mg and was administered Lorazepam 0.5 mg.

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.

On 3/9/16, the med tech that worked on 3/8/16 and made the errors was removed from medication administration. She was offered to be re-educated on medication administration and declined. This staff member did not return to medication administration and did terminate her employment on [redacted] 16. All physicians were notified and residents observed for any complications. Administration will monitor and is responsible for continued compliance. (u)

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Holly Maylan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Holly Maylan, Executive Director* Date *1/23/17*

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