



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to HERITAGE MILLS PERSONAL CARE CENTER LLC
LEGAL ENTITY

To operate HERITAGE MILLS PERSONAL CARE CENTER
NAME OF FACILITY OR AGENCY

Located at 846 EAST WICONISCO AVENUE, TOWER CITY, PA 17980
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

<small>ADDRESS OF SATELLITE SITE</small>	<small>ADDRESS OF SATELLITE SITE</small>
<small>ADDRESS OF SATELLITE SITE</small>	<small>ADDRESS OF SATELLITE SITE</small>
<small>ADDRESS OF SATELLITE SITE</small>	<small>ADDRESS OF SATELLITE SITE</small>

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 60
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 30

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from October 5, 2016 until October 5, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 226360

Robert E. Robinson
ISSUING OFFICER

Gay Bank
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 05 2016

Ms. Susan Keefer, Member
Heritage Mills Personal Care Center LLC
401 Moltke Avenue
Scranton, Pennsylvania 18505

RE: Heritage Mills Personal Care Center
846 East Wiconisco Avenue
Tower City, Pennsylvania 17980
License #: 226360

Dear Ms. Keefer:

As a result of the Department of Human Services' licensing inspection on August 5, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: HERITAGE MILLS PERSONAL CARE CENTER		License Number: 22636
Address: 846 EAST WICONISCO AVE., PA 17980		County: Schuylkill
Administrator: AMANDA CURREN <i>Curran</i>		Region: NORTHEAST
Legal Entity Name: HERITAGE MILLS PERSONAL CARE CENTER LLC		
Legal Entity Address: 401 MOLTKE AVE, SCRANTON, PA 18505		
Certificate(s) of Occupancy		
I-1 03/28/2012 BOROUGH OF TOWER CITY	I-2 03/28/2012 BOROUGH OF TOWER CITY	
Staffing Hours		
Resident Support: 24	Total Daily Staff: 83	Waking Staff: 62
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/05/2016: Yellenic, Cindy; Valence, Duane		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 60	Number of Residents who:	
Number of Residents Served: 35	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 35	
Area: 2nd floor	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 30	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 17	Have a Mobility Need: 24	
Number of Current Hospice Residents: 4	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 13		

Violation Report: 22636 - 08/05/2016 - Yellenic, Cindy
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 The home failed to report incidents of medication errors to the Department within 24 hours. Resident #1's Lovastatin 40 mg tablet was not given as prescribed at 8PM on 7/29/16 since the medication was not available in the home. Resident #1 also did not receive their Hydrocodone-Acetaminophen 325 mg tablet from 7/20/16 through 7/25/16 as this medication was not available in the home.

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.

Please see attached incident report.

nursing supervisor review reportable incidents with staff and placed copy of reportable incidents in nursing office.

nursing staff educated to notify nursing supervisor if a medication is not available immediately.

administrator and nursing supervisor will monitor for ongoing compliance

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Amanda Curran administrator* Date *8/31/16*

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

The above plan of correction is approved as of 9/6/16 (Date) Plan of correction implementation status as of 9/6/16 (Date)

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

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

Violation Report: 22636 - 08/05/2016 - Yeilenic, Cindy
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:
 (1) The reportable incident and condition reporting procedures.
 (2) Complaint procedures.
 (3) Staff person training.
 (4) Licensing violations and plans of correction, if applicable.
 (5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION
 The home's quality management plan states meetings will be held quarterly. The home's last recorded quality management meeting was 1-14-16.

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.

Under new/current ownership, quality management review is scheduled annually and prn.
*The annual review and summary are responsibility of the administrator. * Please see attached policy*

Administrator has quality management review scheduled for week of September 26th.

Administrator will continue to track review and schedule yearly and prn to ensure ongoing compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Amanda Curran administrator* Date *8/31/16*

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Violation Report: 22636 - 08/05/2016 - Yellenic, Cindy
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa. Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff Person A's, date of hire [redacted] 16, first day orientation does not include the mandatory element of telephone use and notification of emergency services.

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.

Mandatory element of telephone use and notification of emergency services added to trainings prior to or on first day of work.

Current staff is being trained again in telephone use and notification of emergency services during staff's mandatory meetings scheduled in September.

Please see attached forms we will complete to verify compliance.

The administrator shall monitor and assure ongoing compliance. M 9/6/16

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Amanda Curran Administrator* Date *8/31/16*

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Violation Report: 22636 - 08/05/2016 - Yellenic, Cindy
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

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

A half full plastic 32oz spray bottle containing Orange Force Multi -- Surface cleaner was found in an unlocked base cabinet in the first floor secured dementia unit dining / activity room. The label indicated "keep out of reach of children." "Seek medical attention immediately." The administrator stated that none of the 17 residents residing in the unit cannot safely use or avoid poisonous materials.

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.

Orange Force Multi Surface Cleaner immediately removed from cabinet on secured dementia unit. Staff educated that all poisonous materials must be locked and inaccessible to residents.

All staff to monitor for unsecured poisonous materials and immediately remove if found. Cleaning products secured in housekeeping and in nursing office.

Administrator will monitor for ongoing compliance.

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)

Amanda Curran Administrator

Date

8/31/16

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Violation Report: 22636 - 08/05/2016 - Yellenic, Cindy
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 The hot water temperature in the bathroom of resident bedroom # 212 occupied by two residents had a temperature reading of 123.2 degrees and exceeds the maximum required temperature of 120 degrees.

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.

Maintenance man has adjusted temperature on hot water heater. Room # 212 was then checked and was in compliance.
 Housekeeping staff are doing random water temperature checks weekly on six rooms. Since inspection and temperature adjustment, all rooms have been in compliance.

Administrator will do random monitoring monthly to ensure compliance.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Manda Curran Administrator* Date *8/31/16*

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Violation Report: 22636 - 08/05/2016 - Yellenic, Cindy
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The emergency telephone numbers required by this regulation were not posted on or near the Marketing Director's office telephone that has an outside line.

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.

phone list immediately placed in marketing office.

staff created a small laminated emergency list to attach with a zip tie to each phone in building.

Housekeeping will check phones weekly to ensure list is attached.

Administrator will do random monthly checks to ensure compliance.

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)

Amanda Curran Administrator

Date 8/31/16

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Violation Report: 22638 - 08/05/2016 - Yellenic, Cindy
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 56 Pa. Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 Resident #2 who resides in room 212 does not have an operable bedside lamp or other source of lighting that can be turned on at bedside.

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's inoperable lamp was removed from bedside and staff replaced it with an operable functioning bedside lamp.

Housekeeping staff will check bedside lamps during weekly cleaning to ensure they are operable.

Proper lighting can reduce risk of falls.

Administrator will do random monthly checks to ensure ongoing compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Amancia Curran, Administrator* Date *8/31/16*

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Violation Report: 22635 - 08/05/2016 - Yellenic, Cindy
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The home's written emergency procedures have not been submitted to the local municipal emergency management agency since 6/14/12. Since the last submission of the plan the home has gone through a sale of legal entity.

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.

To ensure local emergency management are aware of our emergency procedures, administrator contacted Schuylkill County Emergency management Agency and sent plan to Deputy Director. [REDACTED]

EMA is process of reviewing plan, and making necessary suggestions/changes. once this is complete, EMA will return plan with copy of plan of Schuylkill County and with letter of approval.

• Administrator will submit letter to DHS upon its arrival.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Amanda Curran Administrator Date 8/31/16

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Violation Report: 22636 - 08/05/2016 - Yellenic, Cindy
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa. Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

Since the notification of resident evacuation needs to the local fire department on 5-13-16, the evacuation needs of the home has changed with the addition of three more residents with mobility needs. The home has not notified the fire department of these changes.

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.

To help the fire department evacuate residents quickly, administrator updated local fire department in writing of current mobility needs of residents as well as floor plans of building, mailed August 30th 2016 - see attached

Administrator will monitor DME's for mobility as well as mobility needs of new admissions and status changes of current residents. If a change is noted, Administrator will notify fire department with an updated letter

see attached letter

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Amanda Curran

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

Amanda Curran Administrator

Date

8-31-16

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Violation Report: 22635 - 08/05/2016 - Yellenic, Cindy
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa. Code §2600
 2600.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

2a. DESCRIPTION OF VIOLATION
 The home's emergency procedures do not address how residents will be notified that the home's fire alarm or smoke detectors are inoperable in the event of a fire evacuation situation.

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.

Administrator contacted Schuylkill County emergency management to consult on above. They recommended the following:

In the event of a fire evacuation situation where detectors/alarms are inoperable, staff will utilize PA system to notify residents of situation. If PA system is not functioning, staff will verbally alert each resident of situation and assist resident to safe area.

Above added to Emergency procedures by administrator.

• The administrator shall monitor and assure ongoing compliance
 9/6/16

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Amanda Curran*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Amanda Curran, Administer Date 8-31-16

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Violation Report: 22636 - 08/05/2016 - Yellenic, Cindy
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
 The administrator conducted a fire drill held on 7-4-16 at 2:13am. The administrator pulled the alarm, kept track of the time, helped evacuate the residents, and counted his/herself as part of the participating staff.

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.

Unannounced drills ensure staff and residents will be prepared to evacuate without hesitation in event of real fire.

Administrator or designee will hold unannounced fire drill at least once a month. They will not count themselves as part of participating staff.

^{new} Administrator will monitor drills/logs for ongoing compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Amanda Curran Administrator* Date *8-31-16*

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Violation Report: 22636 - 08/05/2016 - Yellenic, Cindy
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10).


2a. DESCRIPTION OF VIOLATION
 The initial Medical Evaluation dated [redacted] 16 for Resident #3 is incomplete. Information about the resident's Blood Pressure and Temperature were left blank under section (1) General Physical Examination.

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.

Nursing Supervisor will review DME upon receiving from medical professional. If any areas are incorrect or there are any omissions she will contact medical professional who completed evaluation and receive permission to correct DME. She will document date, time and person spoken to on DME next to correction.

Administrator will review all DME's to ensure ongoing compliance.

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

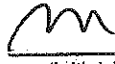
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Amanda Curran Administrator* Date: *8-31-16*

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Violation Report: 22636 - 08/05/2016 - Yellenic, Clindy
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION
 Cigarette butts where found on the ground at the home's main entrance and under shrubbery adjacent to the main entrance. A resident was also observed smoking near the main entrance. The main entrance is not the designated smoking area for the home.


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.

Cigarette butts removed from ground and under shrubbery by main entrance.

Resident educated that main entrance is not a designated smoking area. Resident educated where designated smoking area is located and importance of policy to prevent fires from unsafe smoking practices.

Administrator will continue to monitor main entrance to ensure compliance.

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) Amanda Curran Administrator Date 8-31-16

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Violation Report: 22636 - 08/05/2016 - Yellenic, Cindy
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.162(d) - Past menus of meals that were served, including changes, shall be kept for at least 1 month.

2a. DESCRIPTION OF VIOLATION
 The home has not maintained documented copies of meal menus for past months. The administrator and dietary staff could not provide documentation of meals served for the month of July, 2016 and for prior months.

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.

To verify our meals regularly meet dietary recommendations, dietary manager will retain past menus of meals served including changes for a minimum of 1 month. Administrator provided dietary manager with binder to store past menus. Administrator will check binder monthly to ensure ongoing compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Amanda Curran Administrator* Date *8-31-16*

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>9/6/16</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: 22636 - 08/05/2016 - Yellenic, Cindy
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION
 The medication cart on the 1st floor had a 1/2 of a pill laying in the bottom of the drawer. The pill was for Resident #4. The medication cart on the 2nd floor had a loose pill in the bottom of the drawer. Staff were not sure who the pill belonged to.

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.

Loose pills were removed from cart immediately.
 Med Techs educated on proper administration and cart cleanliness.
 Administrator scheduled monthly cart audits to be completed by nursing supervisor

The administrator shall monitor and assure ongoing compliance

[Signature]
 9/8/16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Amanda Civan Administrator* Date *8-31-16*

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 (Date)

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

Plan of correction implementation status as of 9/6/16
 (Date)

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

Violation Report: 22636 - 08/05/2016 - Yellenic, Cindy
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600,183(d) - Only current prescription, OTC, sample and GAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #5 has a physician's order for Lantus 100 units. The medication was not dated when it was opened.
 Resident #6 has a physician's order for Vitamin D3. The medication expired 4/16.
 Resident #7 has a physician's order for Melatonin 3 mg.. The medication expired 8/27/15.
 Resident #8 has a physician's order for Acetaminophen 325mg. The medication expired 7/6/16.
 Resident #9 has a physician's order for Amiactin 12% lotion. The medication expired 2/16.

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.

Nursing supervisor and administrator did cart audits and removed all expired and undated medications immediately.
Staff educated on dating medications when opened.
Monthly carts audits scheduled by administrator and will be completed by nursing supervisor.
Administrator will monitor for ongoing compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Amanda Curran Administrator* Date *8-31-16*

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

Violation Report: 22636 - 08/05/2016 - Yellenic, Cindy
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

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

Resident #10 has a physician's order for a blood glucose (BG) test to be administered 1 x day. On 8-1-16 at 7:57am, Resident #10's BG#107 was recorded in the MAR as 108 and on 8-3-16 the BG#238 was recorded in the MAR as 218. Resident #11 has a physician's order for gentamycin 0.3% to be given at 1:00pm. On 8-5-16, the medication was given however the staff person forgot to initial the MAR.

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.

*Staff educated on proper documentation in MAR.
 Nursing supervisor monitoring blood glucose testing results monthly*

*• administrator will monitor for ongoing compliance.
 * As of September 19th 2016, we will be converted to computerized MAR. Report will be run after each shift to ensure proper documentation.*

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

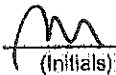
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Amanda Curran Administrator</i>	Date <i>8-31-16</i>
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 (Initials)

Violation Report: 22636 - 08/05/2016 - Yellenic, Cindy
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 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 8-5-16, Staff Person C was signing the medication administration record prior to administering medications to the residents.

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.

Staff educated on proper administration of medications including signing MAR after medication is administered to ensure accuracy.

Nursing supervisor is observing med techs doing med-passes and educating during observations.

Administrator will monitor for ongoing compliance to ensure accuracy of MAR's

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Amanda Curran Administrator* Date *8-31-16*

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Plan of correction implementation status as of 9/6/16
 (Date)

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

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

Violation Report: 22636 - 08/05/2016 - Yellenic, Cindy
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

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

2a. DESCRIPTION OF VIOLATION

The home failed to administer Resident #1's Lovastatin 40mg tablet on 7/29/16 at 8PM because the medication was not available. The resident's Hydrocodone-Acetaminophen 325 tablet to be taken twice a day at 8AM and 8PM was also not available in the home and was not administered to Resident #1 at 8PM on 7/20/16 and was not administered at 8AM and 8PM from 7/21/16 through 7/25/16. The home failed to follow the directions of Resident #1's medication prescriber in administering medication to the resident. Resident #9 has a physician's order for a blood glucose test to be administered 2 x daily. On 8-2-16 and 8-3-16 at 4:00pm, the home did not administer Resident #9's blood glucose test. Resident # 12 has a physician's order for Hydrocodone-Acetaminophen 5-325mg. to be given at 8:00am and 8:00pm daily. On 8-1-16 the resident missed both the 8:00am and the 8:00pm medication administration and on 8-2-16 the resident missed the 8:00am medication administration of this medicine as it was not available in the facility.

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.

Medication was reordered and delivered prior to inspection.
 Staff educated to order medications in appropriate time frame and notify nursing supervisor immediately.
 Staff educated on importance of proper documentations related to medications and fingerstick blood sugars. glucometers audits will be completed monthly by nursing supervisor and administrator will monitor for ongoing compliance.

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)			Date
Amanda Curran			8-31-16

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The above plan of correction is approved as of	9/6/16 (Date)	Plan of correction implementation status as of	9/6/16 (Date)
The above plan of correction was approved by	<i>M</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: 22636 - 06/05/2016 - Yellenic, Cindy
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa. Code §2600
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
 No documentation was provided to indicate that the home notified Resident #1's prescriber that the home failed to administer Resident #1's Lovastatin 40mg tablet on 7/29/16 at 8PM because the medication was not available. The resident's Hydrocodone-Acetylaminophen 325 tablet to be taken twice a day at 8AM and 8PM was also not available in the home and was not administered to Resident #1 at 8PM on 7/20/16 and was not administered at 8AM and 8PM from 7/21/16 through 7/25/16.

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.

Damary care physician/prescriber was notified that Lovastatin and Hydrocodone - Acetaminophen were not administered.

nursing staff educated on medication errors and reporting any medication not available to nursing supervisor immediately. Med techs educated on ordering medications by the time medication reaches 1 week supply left and ordering narcotics when medication reach 2 week supply since narcotics require hard copy of script needed by pharmacy.

nursing supervisor and administrator to monitor and check medications periodically to ensure ongoing compliance.

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) Amanda Curran Administrator Date

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Plan of correction implementation status as of 9/6/16 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 22636 - 08/05/2016 - Yellenic, Cindy
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

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
 Resident #13 was admitted to the home on [redacted] 16. Resident #13's initial assessment was completed on [redacted] 16 which is not within 15 days of the resident's admission date to the home.

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.

To create a profile of residents needs and a plan to meet those needs, nursing supervisor will assess resident and complete written assessment form within 15 days of admission.

Administrator and nursing supervisor have tracker in place to ensure RASPs are completed.

Administrator reviewing all assessments to ensure accuracy and compliance

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Amanda Curran Administrator* Date *8-31-16*

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The above plan of correction is approved as of 9/6/16
 (Date)

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

Plan of correction implementation status as of 9/6/16
 (Date)

- Fully implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22636 - 08/05/2016 - Yellenic, Cindy
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa. Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
 (1) Annually.
 (2) If the condition of the resident significantly changes prior to the annual assessment.
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 Resident #1 did not have an annual assessment completed. Resident #1's last assessment was an initial assessment completed on [redacted] 5.

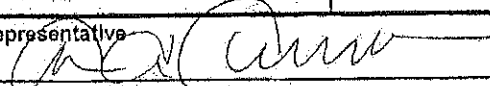
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

To create a comprehensive profile of resident's needs and a plan to meet those needs, nursing supervisor will complete annual assessments.

Nursing Supervisor and administrator have tracking schedule in place to ensure RASPs are completed.

Administrator will monitor assessment to ensure ongoing compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Annunzio Curran Administrator	Date 8/31/16
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Violation Report: 22836 - 08/05/2016 - Yellenic, Cindy
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa. Code §2600
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION
 Resident #1's support plan was not updated annually. Resident #1's last support plan was completed on 7/16/15. Resident #14 was certified for hospice care on [redacted] 15 by Compassionate Care Hospice did not have a revised support plan completed due to Resident #14's changing need for hospice services.

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.


RASPS will be completed annually and as changes in the residents needs are indicated on current assessment.

Nursing Supervisor will update RASPS when changes in needs are identified and annually.

Administrator will review RASPS to ensure ongoing compliance.

Nursing Supervisor and Administrator have tracker for annual RASP due dates.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Amanda Curran Administrator Date 8-31-16

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 (Initials)

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- Not Implemented

Violation Report: 22636 - 08/05/2016 - Yellenic, Cindy
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa. Code §2600
 2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 Resident #3 was admitted to the home's secured dementia unit on [redacted] 6. There is no documentation in Resident #3's record to indicate Resident #3 and their designated person have not objected to Resident #3's placement into the home's secured dementia unit.

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.

Please see attached consent form to be signed by resident, and designated person on admission or transfer to dementia secured unit.

Director of marketing and administrator will ensure consent is signed and completed at time of admission or transfer, to ensure ongoing compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Amanda Curran Administrator</u>	Date <u>8-31-16</u>
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Violation Report: 22636 - 08/05/2016 - Yellenic, Cindy
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION
 The narcotic count down sheet for Resident #15 had white-out over the count down numbers from 7-30-16 to 8-2-16. There were other numbers written over the white-out to indicate the correct # of narcotic pills taken from the container.

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 white out immediately removed from nursing offices and med carts.

Staff educated on proper documentation including drawing a line through error, labeling error, initialing and dating error, as well as never using white out on resident's record.

Nursing supervisor will monitor records to ensure compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Amanda Curran Administrator* Date *8-31-16*

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