



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 0 1 2016

Ms. Katie Catchmark, Executive Director
Three Reading, LP
803 Penn Street
Reading, Pennsylvania 19601

RE: The Manor at Market Square
License #: 205890

Dear Ms. Catchmark:

As a result of the Department of Human Services' annual licensing inspection on August 9, 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 20589 - 08/09/2016 - Novak, Ryan
 PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 Resident #1, date of admission [redacted] 16, did not sign the contract prior to or within 24 hours of admission.

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.

2600.25 (b)

- The date the admission agreement for resident #1 was signed and cannot be retroactively corrected.
- Staff responsible for admitting residents were re-educated by the administrator.
- The administrator or designee will audit new resident agreements on a monthly basis and report results to the Quality Assurance committee.

In order to ensure current compliance, an audit of existing resident contracts shall be undertaken as well. CP - 9/2/16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kati Catchmark, PCHA</i>	Date <i>09/04/2016</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>9/2/16</u> (Date)	Plan of correction implementation status as of <u>9/2/16</u> (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: 20589 - 08/09/2016 - Novak, Ryan PCH Name: THE MANOR AT MARKET SQUARE	
1. REGULATION 55 Pa.Code §2600 2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.	
2a. DESCRIPTION OF VIOLATION The home routinely staffs the building with 4 staff persons from 11pm-7am. The building has 2 fire safe stairwells and 4 floors. It has been determined through staff interviews that the home evacuates the residents outside the stairwells on each floor due to limited space in the stairwells themselves. It has also been determined through staff interviews that the home is evacuating the 1st and 2nd floor to areas in the home that are not deemed fire safe from a fire safety expert. The home currently serves 7 residents that require one person assist out of bed and two residents that require a two person assist out of bed. The home is required to evacuate to a fire safe area within 4 minutes and 30 seconds. During the 11p-7am shift the home is unable to meet the needs of the residents in the event of an emergency.	
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.	
2600.60 (a) <ul style="list-style-type: none"> • The Home has changed the procedure for overnight fire drills to promote more efficient evacuation of Personal Care Home residents. Overnight staff have been in-serviced on the new overnight procedure. • The two residents requiring a two person assist to evacuate have been co-horted in the same room on the first floor across the hall from a fire safe area. • A resident who requires the assistance of one to transfer has consented to a move to the first floor which will take place by September 30, 2016. • The Home has hired a Fire Safety Expert to review and modify current procedures; inspect the building; determine areas of refuge; and provide training to staff members to ensure that evacuations are in compliance with the evacuation time and fire safe areas determined by the Fires Safety Expert. • Expert to ensure that drills are conducted and documented in accordance with 55 Pa. Code Chapter 2600. - and staff the home based on res. needs. <i>Q</i> • The Administrator will audit fire drill records on a monthly basis and report findings to the Quality Assurance Committee. • <i>Based on the home's new fire drill letter (1328d), the home will run one additional drill in 30 days w/ receipt modeling # of overnight staff only.</i> 	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 08/12/2015 <i>Q</i>
Signature of Legal Entity Representative (Required on EVERY Page) <i>K Catchmark</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Katu Catchmark, PCHA</i>	
Date <i>09/04/2016</i>	
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The above plan of correction is approved as of <u>10-14-16</u> (Date)	Plan of correction implementation status as of <u>10-14-16</u> (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: 20589 - 08/09/2016 - Novak, Ryan
 PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 58 Pa.Code §2600
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
 Staff person D, the home's administrator, completed only 23 of the required 24 hours of annual training in 2015.

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.

2600.64(c)

- The training record for staff person D cannot be retroactively corrected.
- Staff person D was re-educated on the training requirements.

Adm will ensure compliance w/ all future training and submit an additional hour of training from 2016 - clearly marked "TO BE COUNTED FOR ADMIN TRAINING YEAR 2015". A copy of same will be submitted to the Northern Regional Office. CC 9/2/16


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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Katie Catchmark* Date *09/04/2016*

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 (Initials)

Plan of correction implementation status as of 9/2/16
 (Date)

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

Violation Report: 20588 - 08/09/2016 - Novak, Ryan
 PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff persons A hired [redacted] 08, B hired [redacted] 16 and ancillary staff person C hired [redacted] 12 did not receive training in resident rights, The Older Adult Protective Services Act and fire safety training conducted by a fire safety expert for training year 2015.

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.

2600.65(g)

- The home cannot retroactively correct the 2015 training records of staff persons A, B & C.
- A staff member trained by a fire safety expert provided fire safety training to direct care staff, ancillary staff persons and substitute personnel in June 2016.
- The Home has hired a Fire Safety Expert to conduct additional fire safety training. Training by the fire safety expert will be completed by September 30, 2016.
- Direct care staff, ancillary staff persons and substitute personnel received training specific to the Older Adult Protective Services and Resident Rights in May of 2016. Staff will receive additional training on the Older Adult Protective Services Act and Residents Rights by the Ombudsman or designee by October 31, 2016.
- The administrator or designee will audit employee training records to ensure compliance with required trainings. Results will be reported to the Quality Assurance committee.

A, B & C

Admin would be responsible for ongoing compliance
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Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *K Catchmark*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kate Catchmark PCHA* Date *09/04/2016*

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 (Date)

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 (Initials)

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Violation Report: 20589 - 08/09/2016 - Novak, Ryan
 PCH Name: THE MANOR AT MARKET SQUARE

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
 The housekeeping cart was left unattended on the 4th floor (high side). The cleaning supplies, which stated "seek medical attention if swallowed or call the Poison Control Center", were on an open shelf on the cart and were not locked. Not all of the residents of the home are assessed to safely handle and identify 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.

2600.82 (c)

- The housekeeper using the housekeeping cart left in hallway was immediately re-educated on the need to keep residents staff from poisonous materials. The housekeeping cart was removed from the hallway.
- Housekeeping staff have been in serviced by the Maintenance & Housekeeping Director.
- The Maintenance & Housekeeping Director or designee will audit compliance 5 time per week for 6 weeks. If compliance is achieved audits will be conducted weekly. Results will be reported to the Quality Assurance Committee.

Adm is responsible for ongoing compliance of 9/2/16

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Katie Catchman PCHA* Date *09/04/2016*

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Violation Report: 20589 - 08/09/2016 - Novak, Ryan
 PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 65 Pa.Code §2600
 2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 The homes dumpster was open, allowing for the penetration of insects and rodents.

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.

2600.85 (e)

- The dumpster was closed upon learning that it was open.
- Staff have been in serviced on the need to keep the dumpster closed to prevent penetration by insects and rodents.
- The Dietary Director or designee will audit compliance 5 time per week for 6 weeks. If compliance is achieved audits will be conducted weekly. Results will be reported to the Quality Assurance Committee.

*D.M. will be responsible for ongoing compliance
 QP, 9/21/16*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *K. Cutchmark*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kate Cutchmark PCHA* Date *09/04/2016*

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Violation Report: 20589 - 08/09/2016 - Novak, Ryan
 PCH Name: THE MANOR AT MARKET SQUARE

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

2a. DESCRIPTION OF VIOLATION
 The refrigerator in the kitchen had 6 wrapped sandwiches in it that were not labeled or dated.

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.

2600.103 (i)

- The unlabeled sandwiches were removed from the refrigerator.
- The Dietary Director re-educated kitchen staff on the importance of labeling and dating all opened food items to ensure that outdated or spoiled is not served to residents.
- The Kitchen Manager or designed will audit compliance 5 time per week for 6 weeks. If compliance is achieved audits will be conducted weekly. Results will be reported to the Quality Assurance Committee.

adm will be responsible for ongoing compliance. 9/21/16

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Katie Catchmark, RHA* Date *09/04/2016*

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Violation Report: 20589 - 08/09/2016 - Novak, Ryan
 PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa.Code §2600
 2600.105(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
 The dryers on the 2nd and 3rd floors of the building had an excessive amount of lint in the traps.

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.

2600.105(g)(1)

- The lint was removed from the dryers noted as all other dryers were inspected.
- Staff have been re-educated that lint needs to be removed from the lint trap and drum after each use to reduce the risk of fire.
- Residents have been educated that lint needs to be removed from the lint trap and drum through the posting of signs in the laundry rooms and through resident council.
- The Maintenance & Housekeeping Director or designee will audit compliance 5 time per week for 6 weeks. If compliance is achieved audits will be conducted weekly. Results will be reported to the Quality Assurance Committee.

and could be assisted by staff as necessary. *Ⓟ*
 Adm will oversee to ensure ongoing compliance. *Ⓟ 9/2/16*


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

Signature of Legal Entity Representative
 (Required on EVERY Page) *K Catchmark*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Katie Catchmark* Date *09/04/2016*

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Violation Report: 20589 - 08/09/2016 - Novak, Ryan
 PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa. Code §2600
 2600.125(b) - Combustible materials shall be inaccessible to residents.

2a. DESCRIPTION OF VIOLATION
 The dryers on the 1st, 3rd, and 4th floors, low side, had newspapers, dryer sheets, towels, socks and a hair band behind them. These items are combustible and/or flammable and can be ignited by a heat source.

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.

2600.125(b)

- The laundry rooms were cleaned and combustible materials were removed.
- Staff have been re-educated that areas near a heat source needs to be free from combustible material to reduce the risk of fire.
- The Maintenance & Housekeeping Director or designee will audit compliance 5 time per week for 6 weeks. If compliance is achieved audits will be conducted weekly. Results will be reported to the Quality Assurance Committee.

Adm will oversee for continuing compliance. *[Signature]*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Katie Catchmark, PCHA</i>	Date <i>09/04/2016</i>
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Violation Report: 20589 - 08/09/2016 - Novak, Ryan PCH Name: THE MANOR AT MARKET SQUARE	
1. REGULATION 55 Pa.Code §2600 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	
2a. DESCRIPTION OF VIOLATION The fire drill conducted on 3/24/16 does not include the exit routes used. It has been determined through staff interviews that the home is not documenting the exact time when timing the fire drills. The times are rounded.	
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.	
2600.132(c) <ul style="list-style-type: none"> • The Home has hired a Fire Safety Expert to conduct fire drills. • The Administrator will oversee all work performed by the Fire Safety Expert to ensure that drills are conducted and documented – including exit route - in accordance with 55 Pa. Code Chapter 2600. • The Administrator will audit fire drill records on a monthly basis and report findings to the Quality Assurance Committee. <i>-as well as be responsible for ongoing compliance. Q. 9-21-16</i> 	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 08/12/2015
Signature of Legal Entity Representative (Required on EVERY Page) <i>K Catchmark</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Katie Catchmark, RHA</i>	Date <i>09/04/2016</i>
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Violation Report: 20589 - 08/09/2016 - Novak, Ryan
 PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 The fire drill conducted on 7/27/16 at 4:35am notes an evacuation time of 10 minutes. The fire drill conducted on 4/26/16 at 2:51pm notes an evacuation time of 6 minutes. The fire safety expert indicated 4 minutes and 30 seconds as a safe evacuation time based on the physical construction of 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.

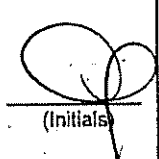
- 2600.132(d)
- The Home has hired a Fire Safety Expert to review and modify current procedures; inspect the building; determine areas of refuse; and provide training to staff members to ensure that evacuations are in compliance with the evacuation time and fire safe areas determined by the Fires Safety Expert.
 - The Fire Safety Expert will observe an unannounced fire drill on September 6. ?
 Recommendations based on observation of the fire drill, review of the home's procedure and building inspection will be provided to the Administrator by September 10, 2016.
 - The Fire Safety Expert will provide s re-education and in-service staff on new procedures based on these recommendations to be completed by September 30.
 - The Administrator will oversee all work performed by the Fire Safety Expert to ensure that drills are conducted and documented in accordance with 55 Pa. Code Chapter 2600.
 - The Administrator will audit fire drill records on a monthly basis and report findings to the Quality Assurance Committee. - as well as be responsible for ongoing compliance. Q

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *K Catchmark*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Katie Catchmark* Date *09/04/2016*

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Violation Report: 20589 - 08/09/2016 - Novak, Ryan
 PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The homes most recent sleeping hour fire drill was conducted on 7/27/16 at 4:35am, the previous was conducted on 11/15/15 at 11:05pm.

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.

2600.132(e)

- The Home has hired a Fire Safety Expert to conduct fire drills as required in 55 Pa. Code Chapter 2600, including conducting a fire drill during sleeping hours every six months.
- A sleeping hours fire drill will be conducted September 30, 2016 and at least every six months thereafter.
- The Administrator will oversee all work performed by the Fire Safety Expert to ensure that drills are conducted and documented in accordance with 55 Pa. Code Chapter 2600.
- The Administrator will audit fire drill records on a monthly basis and report findings to the Quality Assurance Committee, as well as be responsible for ongoing compliance. P.


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

Printed Name and Title of Legal Entity Representative
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Violation Report: 26589 - 08/09/2016 - Novak, Ryan
 PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa. Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

It has been determined through an interview that the residents evacuate to the fire safe doorway but not actually into the fire safe stairwells due to there not being enough room for all of the residents.

Resident #2 refused to evacuate during the 7-27-16 fire drill at 4:35am. It has also been determined through Interviews that the residents sometimes will get out of bed during a fire drill, but most of the times the residents refuses and a staff person will sit with [REDACTED] during the drill.

It has been determined through interviews that the 1st and 2nd floor will evacuate to the hallways. These areas are not designated fire safe areas by a fire safety expert.

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.

2600.132(h)

- The Home has hired a Fire Safety Expert to review and modify current procedures; inspect the building; determine areas of refuge; and provide training to staff members to ensure that evacuations are in compliance with the evacuation time and fire safe areas determined by the Fires Safety Expert.
- Resident #2 and [REDACTED] POA have been counseled on the importance and requirement of evacuating during fire drills and have been provided with written notice that repeated violation of home rules will result in discharge from the Home.
- Resident #2 has been moved to the first floor near a fire safe area.
- Resident #2 has been evaluated and treated by a Physical and Occupational therapist who have created a safe transfer plan for [REDACTED] [REDACTED] RASP has been updated to reflect this safe transfer plan.
- Staff members have been in-serviced on how to handle difficult residents during emergencies.
- Staff members have been in-serviced on the need to evacuate residents into a fire safe area.
- The Administrator will monitor resident compliance and staff performance during fire drills to ensure that evacuations during fire drills are in compliance 55 Pa. Code Chapter 2600.
- The Administrator will audit fire drill records on a monthly basis and report findings to the Quality Assurance Committee.

Repeat Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *K Catchmark*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kate Catchmark RHA* Date *09/04/2016*

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The above plan of correction is approved as of 10-14-16
 (Date)
new fire safe areas identified in 132(d) letter.

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

Plan of correction implementation status as of 10-14-16
 (Date)

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

Violation Report: 20589 - 08/09/2016 - Novak, Ryan
 PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

The home did not have any documentation for medication administration training at the time of the inspection.

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.

2600.182(b)

- The medication administration training was located following the end of the inspection and provided to the Department Representative for review. *
- The medication administration training files have been moved to the Administrator's office to ensure that they are properly maintained and available for inspection.

* The documents were hand delivered to the Notton Regional office after the renewal inspection.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Katie Cutchmark, RHA* Date *09/04/2016*

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The above plan of correction is approved as of 10-14-16
 (Date)

Plan of correction implementation status as of 10-14-16
 (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: 20589 -08/09/2016 -Novak, Ryan
 PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 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

Resident #3's PRN albuterol was unlocked and accessible in the residents room. The resident is unable to self administer medications.

Resident #4's nymyc powder was unlocked and accessible in the residents room. The resident is unable to self administer medications.

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.

2600.183 (b)

- The medications were removed from the resident rooms.
- Medication Technicians were re-educated on the safe storage of medications.
- Resident rooms were audited to ensure that residents do not have prescription, CAM or OTC medications or syringes unlocked in their rooms.
- Rooms will be audited weekly by the administrator or designee to ensure compliance.

Results will be reported to the Quality Assurance Committee.

Adm will be responsible for ongoing compliance.

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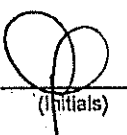
Signature of Legal Entity Representative
 (Required on EVERY Page) *K Catchmark*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kate Catchmark</i>	Date <i>09/04/2016</i>
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 (Date)

Plan of correction implementation status as of 9/21/16
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report; 20589 - 08/09/2016 - Novak, Ryan
 PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa.Code §2600
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 (1) The resident's name.
 (2) The name of the medication.
 (3) The date the prescription was issued.
 (4) The prescribed dosage and instructions for administration.
 (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #3's Novolog flex pen did not have a pharmacy label attached.
 Resident # 5's Levemir flex touch pen did not have a pharmacy label attached.

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.

2600.184(a)

- The medications were removed.
- The med cart was audited to ensure that all medications have proper labels.
- Medication Technicians and the pharmacist were re-educated on the labeling requirements.
- A pharmacy technician will complete a monthly audit of the cart to ensure that medications continue to have proper labels. The administrator or designee will conduct periodic audits. Results will be reported to the Quality Assurance Committee.


Adm will be responsible for ongoing compliance. P.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kate Catchmark* Date *09/09/2016*

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

The above plan of correction is approved as of <u>9/21/16</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>9/21/16</u> (Date) <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
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Violation Report: 20589 - 08/09/2016 - Novak, Ryan
 PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 The home's policy is to sign the controlled drug count sheet at change of shift by the oncoming and offgoing staff person. On 8/1/16 the count sheet was not signed by the 3pm-11pm oncoming or offgoing staff person.

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.

2600.185(a)

- The missing signature on the narcotic count sheet cannot be retroactively corrected.
- Medication Technicians were re-educated on the Home's procedure for safe storage, access, distribution and use of medications.
- The Administrator or designee will audit the narcotic count log weekly.
- Results will be reported to the Quality Assurance Committee.

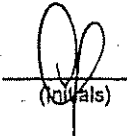
Adm will be responsible for ongoing compliance. (C)

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kate Catchmark, PCHA* Date *09/04/2016*

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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: 20589 - 08/09/2016 - Novak, Ryan
 PCH Name: THE MANOR AT MARKET SQUARE

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 #6 has a physician's order for a blood glucose (BG) test to be administered four times daily. On 8-4-16 at 7:30am the BG# 232 was not recorded in the E-MAR system, on 8-5-16 at 11:30am the BG# 157 was recorded in the E-MAR system as 156, and on 8-5-16 at 8:00pm the BG# 361 was not recorded in the E-MAR system.

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.

2600.187 (a)

- The medication record of resident #6 cannot be retroactively corrected.
- Medication Technicians were re-educated on the need for careful transcription and to track all medication a resident received and ensure all medications are administered as prescribed.
- A procedure was put in place to monitor blood glucose readings on a daily basis.
- The Administrator or designee will audit the blood glucose monitoring log on a weekly. Results will be reported to the Quality Assurance Committee.

*as well as problems noted and any corrective actions taken.
 Adm will oversee to ensure ongoing compliance*

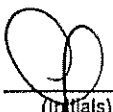
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kate Catchmark*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kate Catchmark, PCHX</i>	Date <i>09/04/2016</i>
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The above plan of correction is approved as of 9/2/16
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 9/2/16
 (Date)

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

Violation Report: 20589 - 08/09/2016 - Novak, Ryan
 PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #5 refused the 9am medications on 8/2/16, the prescriber was not notified regarding the refusals.

Resident #4 refused the lidocaine patch on 8/5/16 at 9am, the prescriber was not notified regarding the refusal.

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.

2600.187 (c)

- The refusal of Residents 4 and 5 were reported to their physicians.
- Medication Technicians were re-educated on the proper reporting of medication refusals to the prescriber.
- The Administrator or designee will audit ten percent of MARs weekly to ensure that refusals have been properly reported. Results will be reported to the Quality Assurance Committee. *until a complete audit has been conducted.*
Adm will oversee to ensure ongoing compliance.

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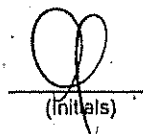
Signature of Legal Entity Representative
 (Required on EVERY Page) *K Catchmark*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Katie Catchmark* Date *09/04/2016*

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Violation Report: 20589 - 08/09/2016 - Novak, Ryan
 PCH Name: THE MANOR AT MARKET SQUARE

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

2a. DESCRIPTION OF VIOLATION

Resident #6 has a physician's order for a blood glucose (BG) test to be administered four times daily and insulin to be administered based on a sliding scale for insulin coverage. On the following dates and times, the resident required insulin and received none; on 8/3/16 at 11:30am, required 4 units received 0; on 8/3/16 at 4:30pm, required 2 units received 0; on 8-3-16 at 8:00pm, required 2 units received 0; on 8-4-16 at 7:30am required 4 units received 0; on 8-4-16 at 11:30pm required 2 units received 0; on 8-5-16 at 7:30pm required 6 units received 0; on 8-5-16 at 8:00pm required 12 units received 0; on 8-7-16 at 7:30pm required 4 units received 0; and , on 8-8-16 at 11:30am required 2 units received 0.

Resident #5 has a physician's order for a blood glucose (BG) test to be administered four times daily. The following dates and times the resident did not have a BG test administered: 8-6-16 at 11:30am; 8-8-16 at 7:30am; and, 8-8-16 at 11:30am. The resident receives insulin based on a sliding scale for insulin coverage. The following days and times the physician's orders were not followed: on 8-5-16 at 6:58am the BG# 403 required 10 units and a call to the MD, the resident did not receive any insulin and the MD was not called; On 8-5-16 at 11:28am the BG# 263 required 6 units of insulin, the resident received 0; on 8-5-16 at 3:26pm the BG# 364 required 10 units of insulin, the resident received 12 units; on 8-7-16 at 11:41am the BG# 282 required 6 units of insulin, the resident received 0; and, on 8-8-16 at 3:39pm the BG# 445 required 10 units of insulin and a call to the MD, the resident received 0 units and the MD was not called.

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.

- POAs and Physicians of residents 5 and 6 were notified of the failure to follow the prescriber's orders.
- Medication Technicians were re-educated on the necessity of ensuring that residents receive medication as prescribed.
- The Administrator or designee will audit ten percent of MAR weekly to ensure that medication is administered, according to physician's orders. Results will be reported to the Quality Assurance Committee.

*Until a complete audit is complete.
 Adm will oversee ongoing compliance.*

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

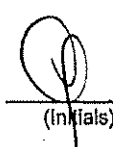
Signature of Legal Entity Representative
 (Required on EVERY Page) *K Catchmark*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kate Catchmark* Date *09/09/2016*

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 (Date)

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 (Initials)

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Violation Report: 20589 - 08/09/2016 - Novak, Ryan
 PCH Name: THE MANOR AT MARKET SQUARE

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 #7, date of admission [redacted] 16, and Resident #8, date of admission [redacted] 16, have not had a Resident Assessment and Support Plan completed. Resident #9, date of admission [redacted] 16, Resident Assessment and Support Plan was completed on [redacted] 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.

2600.225 (a)

- The timing of the support plans for residents #7 and #8 cannot be retroactively corrected.
- A support plan was completed for resident #7.
- Charts were audited to ensure RASPs are in place for all residents.
- Staff responsible for completing RASPs were re-educated.
- The administrator or designee will audit a five charts per month to ensure that RASPs are completed in a timely manner. Results will be reported to the Quality Assurance Committee.

until a complete audit has been conducted.

Adm will oversee ongoing compliance. QD

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Katie Catchmark* Date *09/04/2016*

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