



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to LEHIGH POINTE SENIOR LIVING TRS LLC
LEGAL ENTITY

To operate WOODLAND TERRACE AT THE OAKS
NAME OF FACILITY OR AGENCY

Located at 1263 S CEDAR CREST BOULEVARD, ALLENTOWN, PA 18103
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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 110
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller
(MAXIMUM CAPACITY)
Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 34

Restrictions: _____

This certificate is granted in accordance with the Human Services 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 May 9, 2017 until November 9, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **223011**

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

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

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: MAY 09 2017

Ms. Sharon C. Kaiser,
CFO
Lehigh Pointe Senior Living TRS LLC
Attn: Anne Q. Bargeron
189 South Orange Avenue, Suite 1700
Orlando, Florida 32801

RE: Woodland Terrace at the Oaks
1263 South Cedar Crest Boulevard
Allentown, Pennsylvania 18103
License #: 223011

Dear Ms. Kaiser:

As a result of the Department of Human Services' (Department) licensing inspections on August 24, 2016, August 31, 2016 and March 23, 2017 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #223010 dated November 13, 2016 to November 13, 2017 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This first provisional license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated November 13, 2016 to November 13, 2017 is NOT reinstated upon expiration of this first provisional license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your first provisional license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
184b	II	85	\$5	\$425	5 calendar days from mailing date of this letter
185a	II	85	\$5	\$425	5 calendar days from mailing date of this letter
187d	II	85	\$5	\$425	5 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

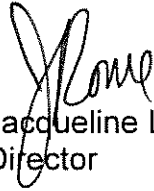
No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a provisional license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your provisional license, a written request for an appeal must be received within 10 days of the date of this letter by:

Kevin Brumbach, Enforcement Manager
Bureau of Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is written in a cursive style with a large initial "J" and a long, sweeping underline.

Jacqueline L. Rowe
Director

Enclosures
License
Licensing Inspection Summary

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

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

On 6/1/16 and 6/5/16 at 8am, Resident #1 who is prescribed Aspirin 81mg chewable tablet, one tablet daily by mouth at 8am was not administered this medication by the home. According to the Medication Administration Record (MAR) the medication was not available in the home and they were "waiting for pharmacy". The home did not submit an incident report to the Department.

On 8/1/16 at 8am, Resident #1 who is prescribed Vitamin D2 1.25mg, one capsule by mouth once weekly on a Wednesday at 8am was not administered this medication by the home. According to the MAR the medication was "held per mother". The home did not submit an incident report to the Department.

From 7/25/16 through 8/15/16 Resident #2 did not receive Aricept 6mg tablet at bedtime as prescribed due to the medication not being available in the home. The home did not submit an incident report to the Department.

Resident #3 was admitted to the home on [REDACTED] 16. The resident's April 2016 Medication Administration Record (MAR) states the resident is prescribed Refresh Tears 2 drops into affected eyes twice daily at 8am and 8pm. This medication was not initiated as administered the month of April 2016. This medication is listed on the May 2016 MAR. It is initiated as only being administered by staff on 5/1/16 at 8am and 5/2/16 at 8pm. "SELF" is written on the MAR. This medication is listed on the June MAR as Refresh Tears 1 drop into affected eyes 3x daily as needed and has the times of 8am and 8pm that it has been administered 6/21/16-6/30/16. According to the home the medication was not signed for on the medication administration record because the resident's family was administering the medication. The resident cannot self-administer medications. There was no physician's order for the resident's family to administer the medication. The home did not administer the resident's medication resulting in a medication error. The home did not submit an incident report to the Department.

Resident #3 is prescribed MVI 1 tablet by mouth once daily at 8am. This medication was not initiated as administered the month of April 2016. This medication is listed on the May 2016 MAR. It is initiated by staff with a circle around it on 5/1/16 and there are two lines through 5/2/16 and 5/3/16. There is no other documentation that this medication was administered. According to the home the resident's family supplied the medication and the family decided the resident didn't need the medication and the home discontinued the medication. A discontinue order was signed by the physician on 5/20/16. From 4/1/16 through 5/20/16 this medication was not administered by the home. The resident cannot self-administer medications. There was no physician's order for the resident's family to administer the medication. The home did not administer the resident's medication resulting in a medication error. The home did not submit an incident report to the Department.

Resident #3 is prescribed Folic Acid 1 mg, 1 tablet by mouth once daily at 8am. This medication was not initiated as administered for the month of April 2016. This medication is listed on the May 2016 MAR. It is initiated by staff with a circle around it on 5/1/16 and there are two lines through 5/2/16 and 5/3/16. There is no other documentation that this medication was administered. According to the home this medication was provided by the family until the family no longer wanted the medication given. The home did not have a physician's order to discontinue this medication. The home did not administer the resident's medication resulting in a medication error. The home did not submit an incident report to the Department.

Resident #3 had Abilify 2mg tablet once daily ordered on 7/2/16. The medication was discontinued on 7/6/16. This medication is not listed on the resident's MAR. According to the home this medication was not administered because the family refused the medication due to the cost so the discontinue order was provided. The medication was not administered from 7/2/16 through 7/5/16. This resulted in a medication error. The home did not submit an incident report to the Department.

Resident #3 returned home from the hospital on 6/20/16. The hospital discharge paperwork and physician's orders state Armour thyroid 60mg tablet, take one tablet by mouth once daily. This was administered from 6/21/16-6/30/16. The MAR states that the order was discontinued 6/30/16, however there was no physician order discontinuing Armour Thyroid 60mg. There was a physician's order dated 6/29/16 to discontinue 30 mg once a day and start synthroid 50 mcg per day. The resident is allergic to synthroid. The home has a physician's order dated 7/6/16 to discontinue the synthroid order from 6/29/16 and to start Armour 30mg, 2 tablets once a day =60mg. From 7/1/16 through 7/6/16 the resident did not receive thyroid medication due to the discrepancy in the physician's orders. The order was clarified and the resident still did not receive thyroid medication from 7/6/16 through 7/18/16. This resulted in a medication error. The home did not submit an incident report to the Department.

please see p. 3.

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

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).

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.

Regulation 2600.16(c) is important because reporting incidents ensures the facility will maintain integrity and accountability in it's practices.
The regulation was violated due to a lack of communication on the part of the facility.

Administrator and Director of Nursing met with all medication technicians on 08/25/2016. Medication technicians were re-trained on the proper procedures of reporting a medication error. MAR checks will be conducted daily by the Lead Medication Technician and weekly by the Director of Nursing.

Immediately and on going as of 8/25/2016, the Administrator or designee will ensure all reportable incidents are submitted to the licensing agency within 24 hours of the identified incident.

All reportable incidents will be kept in a labeled binder in the Administrator's office.

Repeat Violation:	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Andree McGowan</i> ED
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Andree McGowan ED	12/2/16

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

The above plan of correction is approved as of 01-12-17
(Date)

The above plan of correction was approved by *AM*
(Initials)

Plan of correction implementation status as of 1-12-17
(Date)

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

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 65 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On 8/24/16 at 10:58am Department Representatives observed medication orders for resident #4, and the pharmacy label for the medication Losartan Potassium 10mg prescribed to resident #5. These items contain confidential health information, however were left unlocked and accessible on top of the medication cart on the 2nd floor.

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.

Regulation 2600.17 is important because it protects the privacy of the resident and maintains their rights.

The regulation was violated by a Medication Technician. A pharmacy label and medication orders were left on top of the medication cart. These items contain confidential health information.

On 08/24/2016 at 10:58 am Department Representatives observed medication orders and a pharmacy label on top of the medication cart. The Administrator and the Director of Nursing immediately re-educated the Medication Technician regarding confidentiality of records. On 08/25/2016, all medication technicians were re-trained on compliance with confidential records/HIPPA.

Immediately as of 08/25/2016 and ongoing all staff will attend annual HIPPA and Compliance trainings. Administrator or designee will ensure staff attendance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Andrea McGowan ED*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea McGowan ED* Date *12-2-16*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 1-12-17 (Date)

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

Plan of correction implementation status as of 1-12-17 (Date)

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

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

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

The contract for resident #1, dated [redacted] 16, was not signed by the resident until 5/19/16.
The contract for resident #6, dated [redacted] 16, was not signed by the resident. There was no documentation that the resident was unable to sign or that there were any attempts made to have the resident sign.

The contract for resident #7, dated [redacted] 16, was not signed by the resident. There was no documentation that the resident was unable to sign or that there were any attempts made to have the resident sign.

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.

Regulation 2600.25(b) is important because it ensures that the resident has acknowledged the terms of service provided by the facility upon admission.
The regulation was violated when signatures were not obtained upon admission by residents #1, #6 and #7.


Resident #1 signature obtained on 05/19/2016.
As of 11/30/2016, contracts for residents #6 and #7 were signed and completed. Immediately and ongoing as of 11/30/2016, the Administrator will ensure that all contracts are signed by the resident. If the resident is unable or refuses to sign, three documented attempts will be provided.

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
Andrea McGowan ED			12-2-16

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(Date)

Plan of correction implementation status as of 1-12-17
(Date)

The above plan of correction was approved by 
(Initials)

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

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION

The facility's Quality Management Plan indicates the facility will have a quarterly review. The facility last held a Quality Management Plan review on 8/20/2015, more than one year ago.

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.

Regulation 2600.26(a) is important to ensure the safety and well being of the residents. The regulation was violated when the quality management review was not completed on a quarterly basis.

The Administrator established a quality management plan and policy, which was implemented on 09/15/2016. As per the new policy this will occur on an annual basis which will be ensured by the Administrator or designee.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Andrea McGowan ED*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea McGowan ED* Date *12-2-16*

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Plan of correction implementation status as of 1-12-17 (Date)

- Fully Implemented
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Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600

2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #6's and #7's resident records do not contain a statement signed by the residents acknowledging receipt of a copy of the resident rights and complaint procedures

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.

Regulation 2600.41(e) is important because upon admission to the facility residents need to be informed, as well as acknowledge their rights.

This regulation was violated when records for residents #6 and #7 did not contain signatures acknowledging receipt of a copy of residents rights and complaint procedures.

As of 11/30/2016 the resident rights acknowledgements are included in the Personal Care Home contract, and have been signed and completed for residents #6 and #7.

Immediately and ongoing, as of 11/30/16, the Administrator will ensure that the handbook, which includes resident rights and complaint procedures, is signed by the resident. If the resident is unable or refuses to sign, three documented attempts will be provided.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Andree McGowan ED*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andree McGowan ED* Date *12-2/16*

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Plan of correction implementation status as of 1-12-17 (Date)

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- Not Implemented

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A was hired on [redacted] 14. Staff person A completed 9 of the required 12 Hours of Annual Training for the 2015 Training Year.

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.

Regulation 2600.65(e) is important because ensuring the ongoing education of all staff is essential to maintaining the safety of our residents. This regulation was violated when staff person A only completed 9 of the 12 required annual training hours.

Staff person A completed 9 of the 12 hours of annual training for the 2015 training year. On 09/01/2016 staff person A completed the required amount of training hours. Immediately and ongoing as of 09/01/2016, the Administrator and Business Office Manager will monitor employee attendance to trainings. A monthly make-up session will be available to ensure all required trainings are taken by staff. The Administrator and designee will audit training books in June and December each year to ensure ongoing compliance.

The home will retain copies of the audits, findings, and any corrective steps taken. A.S. 01-12-17

Repeat Violation: Yes

Date(s) of Previous Violation(s)

09/02/2015

Signature of Legal Entity Representative
(Required on EVERY Page)

Andrea McGowan, ED

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

Andrea McGowan ED

Date

12-2-16

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(Date)

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(Date)

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(Initials)

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Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

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

Eucerin lotion SPF 15 Sunscreen 16.9 fl. oz., with a manufacturer's label indicating "if swallowed get medical attention or contact a poison control center", was unlocked and accessible to residents on the bookshelf in the television area to the right of the television in the home's Secure Dementia Care Unit. Residents in the Secure Dementia Care Unit of the home are not capable of recognizing and using poisons safely.

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.

Regulation 2600.82(c) is important to ensure the safety and well being of residents living in the Secure Dementia Unit.

This regulation was violated when a bottle of lotion was discovered in a common area.

Administrator and Medication Administration Trainer educated staff on 09/17/2016 and 09/18/2016 as to the importance of securing poisonous materials in the Secure Dementia Unit. Immediately and ongoing from 09/18/2016 the Administrator or designee will round the Secure Dementia Unit daily to ensure all poisonous materials are stored safely.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Andrea McFonkou FD

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

Andrea McFonkou - FD


Date

12-2-16

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(Date)

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Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

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 telephone located on the wall, near the medication station on the second floor does not have emergency service numbers posted nearby.

The telephone located on the wall, to the left of the medication cart on the 2nd floor does not have emergency service numbers posted nearby.

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.

Regulation 2600.91 is important to ensure all staff has access to emergency service numbers at all times.

This regulation was violated when a telephone on the 2nd floor did not have the emergency service numbers nearby. The emergency service numbers were located on the medication cart which was in use at the time of inspection.

On 08/25/2016 Administrator immediately posted the emergency service numbers next to the second floor telephone.

Immediately and ongoing, as of 08/25/2016, the Administrator or designee will ensure emergency service numbers are posted by all phones during daily rounds.


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

Signature of Legal Entity Representative
(Required on EVERY Page) *Andrea McGowan ED*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Andrea McGowan ED* Date *12-2-16*

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(Date)

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(Initials)

Plan of correction implementation status as of 1-12-17
(Date)

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Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

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

2a. DESCRIPTION OF VIOLATION

The bathroom in the Secure Dementia Care Unit located near the entrance was unlocked. Inside the bathroom there was a closet missing a knob with an exposed screw. The exposed screw is sharp posing an injury hazard to residents.

The spa bathroom located on the 3rd floor has a metal closet door that is off the hinges, posing a hazard 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.

Regulation 2600.95 is important to maintain resident safety.
This regulation was violated when a missing doorknob with an exposed screw, and a closet door off of the hinges was discovered.

On 08/25/2016 the Maintenance Director immediately repaired the exposed screw on the bathroom closet in the Secure Dementia Unit. The third floor spa bathroom closet door was also immediately repaired.

As of 08/25/2016, immediately and ongoing, the Maintenance Director will round the building daily to ensure that furniture and equipment are in good repair, clean and free of hazards.

Adm will oversee to ensure ongoing compliance. Cf. 1-12-17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Andrea McGowan ES*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea McGowan ES* Date *12-2-16*

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Plan of correction implementation status as of 1-12-17 (Date)

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- Not Implemented

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
2600.101(i) - A resident shall have access to his/her bedroom at all times.

2a. DESCRIPTION OF VIOLATION

The home locks the resident's bed room doors in the Secure Care Dementia Unit (SCDU). The home has a form titled, "Acknowledgement of locked room doors in secure dementia unit" and they have the resident/responsible party sign off acknowledging that the doors are locked and if the resident is unable to use a key to open their door then the resident can ask staff to open it and if they can't ask to open it staff will look for non-verbal cues and signs that the resident needs assistance in opening their door. This policy does not allow the residents access to their bedrooms at all times and therefore is not permitted.

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.

Regulation 2600.101(i) is important to ensure resident's rights are maintained. This regulation was violated when residents in the Secure Dementia Unit did not have immediate access to their rooms due to their doors being locked.

Administrator and Resident Services Coordinator met with staff on 08/25/2016. Staff was informed that resident's bedroom doors will no longer be locked. The resident will have access to his/her bedroom at all times. The form titled "Acknowledgement of locked room doors in Secure Dementia Unit" was removed from any new Secure Dementia Unit contracts starting 11/15/2016.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea McGowan ED* Date *12-2-16*

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

The above plan of correction is approved as of 1-12-17 (Date)

Plan of correction implementation status as of 1-12-17 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
2600.102(d)(2) - Bathtubs and showers must have slip-resistant surfaces.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed resident room 220. The mat in the bathroom is not slip resistant, posing a fall risk to the resident.

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.

Regulation 2600.102(d)(2) is important to ensure resident safety. The regulation was violated because the mat in the bathroom was not slip resistant, posing a fall risk to the resident.

Immediately after inspection, the bath mat in room 220 was removed. Immediately and ongoing, as of 08/25/2016, upon daily rounding, Resident Services Coordinator or designee, will ensure the usage of slip resistant mats.

*Adm will oversee to ensure ongoing compliance.
Q. 1-12-17*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Andrea McGowan ED

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

Andrea McGowan ED

Date

12-2-16

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The above plan of correction is approved as of *1-12-17*
(Date)

Plan of correction Implementation status as of _____
(Date)

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

3/23/17

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

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

2a. DESCRIPTION OF VIOLATION

Department Representatives observed the facility's walk in Freezer. The following items were observed stored in a bag or container that was not sealed: Pie Shells, Biscuits, and Pastry Sheets.

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.

Regulation 2600.103(g) is important to maintain the integrity and viability of the food. This regulation was violated when pie shells, biscuits, and pastry sheets were observed to be in an unsealed container.

Immediately upon inspection, Dining Services Coordinator sealed the containers of the pie shells, biscuits, and pastry sheets.

Immediately and ongoing, as of 08/25/2016, Dining Services Coordinator or designee will check daily to ensure that food containers are properly sealed.

Adm will oversee to ensure ongoing compliance. OK. 1-12-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Andrea McGowan ED

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

Andrea McGowan ED

Date

12-2-16

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The above plan of correction is approved as of 1-12-17
(Date)

Plan of correction implementation status as of 1-12-17
(Date)

The above plan of correction was approved by

AM
(Initials)

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

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 56 Pa.Code §2600
2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

At 10:21am the Secure Dementia Care Unit laundry room dryer, had a clump of lint approximately 2 inches long on top of the dryer vent leading from the back of the machine into the wall. The vent and external ductwork are required to be cleaned to prevent the buildup of lint.

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.

Regulation 2600.105(g)(2) is important to maintain the safety of our residents. This regulation was violated when a clump of lint, approximately 2 inches long, was found on the top of the dryer vent in the Secure Dementia Unit.

Resident Services Coordinator immediately cleaned the external ductwork and vent upon inspection.

Immediately and ongoing, as of 08/25/2016, the Maintenance Director, or designee, will check all external ductwork and vents of clothes dryers during daily walkthroughs to ensure ongoing compliance.

Adm will oversee to ensure ongoing compliance. Q. 1-12-17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Andrea McConan ED*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea McConan ED* Date *12-2-16*

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

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The above plan of correction was approved by *Q* (Initials)

Plan of correction implementation status as of 1-12-17 (Date)

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

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
2600.107(a) - The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

2a. DESCRIPTION OF VIOLATION
The facility does not have a copy of the Emergency Preparedness Plan for the County or Municipality in which the facility is located.

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.

Regulation 2600.107(a) is important to ensure the Administrator has access to the Preparedness Plan in the event of an emergency.
This regulation was violated when the most current Emergency Preparedness Plan could not be located in the facility upon inspection.

The Administrator immediately contacted Lehigh County requesting the updated Emergency Operations Plan.

The current version of Lehigh County Emergency Operations Plan, dated October 1, 2013-Volume 1-Basic Plan is located in the Administrator's office. Immediately and ongoing the Administrator will ensure the current Emergency Preparedness Plan is available in the facility at all times.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Andrea McGowan*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Andrea McGowan* Date *1-12-16*

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

The above plan of correction is approved as of 1-12-17
(Date)

Plan of correction implementation status as of 1-12-17
(Date)

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

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

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 8/24/16, the home had 83 residents, and required a minimum of 249 gallons of water on hand, however had only 192 gallons of emergency drinking water on hand.

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.

Regulation 2600.107(c) is important to ensure adequate nutrition and hydration for residents in the event of an emergency.

This regulation was violated when it was discovered, upon inspection, an adequate amount of water was not on hand.

On 08/24/2016, the home had 83 residents, and required a minimum of 249 gallons of water on hand, however only 192 gallons of emergency drinking water was on hand.

The Dining Services Coordinator immediately contacted the approved vendor to order more water. On 08/30/2016 the water was delivered to the community.

Immediate and ongoing, the Dining Services Coordinator will check emergency water supply weekly to ensure there is an adequate amount of drinking water in the facility.

Adm will oversee to ensure ongoing compliance. Cf. 1-12-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Andrea McEwen ED

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

Andrea McEwen ED

Date

12-2-16

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The above plan of correction is approved as of 1-12-17
(Date)

Plan of correction implementation status as of 1-12-17
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

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 facility does not have documentation that the facility's Emergency Procedures were reviewed or sent to the local Emergency Management Agency as required.

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.

Regulation 2600.107(d) is important to ensure that both the facility and the Emergency Management Agency are in agreement and accordance with one another regarding emergency procedures for the facility.

This regulation was violated when documentation of the Emergency Procedures was not available upon inspection.

January of each calendar year, immediately and ongoing, the Adminstrator will review emergency procedures/policies and submit to Lehigh County for approval.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Andrea McGowan*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Andrea McGowan ED* Date *12-2-16*

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

The above plan of correction is approved as of 1-12-17
(Date)

Plan of correction implementation status as of 1-12-17
(Date)

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

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

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

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 facility did not complete a fire drill for the month of June 2016.

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.

Regulation 2600.132(a) is important to ensure the facilities preparedness in the event of a fire. This regulation was violated when a fire drill was not completed in the month of June, 2016.

Immediately and ongoing, as of 07/2016 the Maintenance Director will conduct an unannounced fire drill once a month. Administrator will review the fire drill log monthly to ensure compliance.

Adm will oversee to ensure ongoing compliance by reviewing the home's fire drill log on a monthly basis.
C. 1-12-17

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Andrea McGowan*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Andrea McGowan ED* Date *12-2-16*

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The above plan of correction is approved as of 1-12-17
(Date)

Plan of correction implementation status as of 1-12-17
(Date)

The above plan of correction was approved by *AM*
(Initials)

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

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 65 Pa.Code §2600
2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The facility most recently had a fire drill supervised by a fire safety expert on 11/20/16. The previous fire drill supervised by a fire safety expert was completed on 10/10/14, more than one year prior to the current supervised drill. The facility's current supervised drill was completed late and not within 12 months as required.

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.

Regulation 2600.132(b) is important because oversight from a fire safety expert on an annual basis helps to ensure compliance with fire safety. This regulation was violated because the fire safety expert supervised drill was conducted 13 months apart.

A fire safety inspection and fire drill conducted by a fire safety expert on 11/20/2015. The previous fire drill supervised by a fire safety expert was completed on 10/10/2014, more than one year prior to the current supervised drill. Immediately and ongoing the Administrator will ensure that supervised drills are completed within 12 months as required. The 2016 supervised drill was completed on 10/10/2016.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Andrea McGowan ED*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Andrea McGowan ED* Date *12-2-16*

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

The above plan of correction is approved as of 1-12-17
(Date)

Plan of correction implementation status as of 1-12-17
(Date)

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

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

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

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

Department Representatives determined that resident #3 did not evacuate during the fire drill conducted on 7/29/16 at 11:47am. The facility's fire drill log incorrectly indicates that during the drill on 7/29/16 at 11:47am, there were 76 residents present at the time the alarm sounded and that all 76 residents were evacuated.

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.

Regulation 2600.132(c) is important to ensure documentation for all fire drills is accurate. This regulation was violated when resident #3 was not evacuated during the fire drill on 07/29/16.

Resident #3 did not evacuate during a fire drill and a simulation was conducted due to [redacted] immobility. The fire drill log indicates that 76 residents were present and 76 residents evacuated.

Immediately and ongoing the Maintenance Director/Administrator will ensure fire drill paperwork is accurately documented immediately following the drill.

Adm will review the home's fire drill log monthly. Q 1-12-17

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

Signature of Legal Entity Representative
[Signature] ED

Printed Name and Title of Legal Entity Representative Date
Andrea McGowan ED 12-2-16

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

The above plan of correction is approved as of 1-12-17
(Date)

Plan of correction implementation status as of 1-12-17
(Date)

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

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

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

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
On 7/29/16 at 11:47am the facility conducted a fire drill. Resident #3 did not evacuate the facility during the fire drill.

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.

Regulation 2600.132(h) is important to ensure the safety of residents.
This regulation was violated when resident #3 did not evacuate the facility during the fire drill.

On 07/29/2016 at 11:47 am a fire drill was conducted. Resident #3 did not evacuate the facility due to [redacted] immobility. Immediately and ongoing, Maintenance Director will ensure all residents evacuate the facility during each fire drill.

Adm will do a post event review of the home's fire drills and any actual fire events to ensure ongoing compliance. Op.

1-12-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Andrea McConan ED

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

Andrea McConan ED

Date

12-2-14

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

The above plan of correction is approved as of 1-12-17
(Date)

Plan of correction implementation status as of 1-12-17
(Date)

The above plan of correction was approved by

Op
(Initials)

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

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

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 medical evaluation for resident #3, dated 5/10/16, did not include section 8, body positioning and movement. It was left blank.

The medical evaluation for resident #3, dated 6/20/16, completed when the resident was hospitalized for a fractured left hip, status change, was checked as an "initial" medical evaluation and also stated that the resident's diagnoses was a "right" hip fracture and was "total immobile-no weight on right leg."

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.

Regulation 2600.141(a)(2) is important to ensure accurate documentation of a residents medical status. This regulation was violated when the medical evaluation for resident #3 did not include section 8. Residents status was inaccurately documented.

On 11/28/2016 resident was evaluated by PCP and a new medical evaluation was completed. Immediately and ongoing Director of Nursing or designee will review all medical evaluations to ensure accuracy.

Adm will oversee to ensure ongoing compliance.
CQ. 1-12-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Andrea McGowan ED

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

Andrea McGowan ED

Date

12-2-16

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 1-12-17
(Date)

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(Date)

The above plan of correction was approved by

OP
(Initials)

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

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 56 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #8 was admitted to the facility on [redacted] 14. The resident's most recent medical evaluation was completed on 6/24/15. The resident has not been medically evaluated annually as required.

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.

Regulation 2600.141(b)(1) is important to ensure accurate documentation of the resident's medical status.
The regulation was violated when a medical evaluation for resident #8 was completed outside of the regulated timeframe.


Resident #8 had a medical evaluation on 11/10/2016. Director of Nursing created a tracking system to ensure residents are medically evaluated annually as required.

Adm will oversee to ensure ongoing compliance. Q. 1-12-17

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
Andrea McGowan ED			12-2-16

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

The above plan of correction is approved as of 1-12-17
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 1-12-17
(Date)

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

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PGH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
The home's designated smoking area located in the gazebo outside of the activities room doors has two plastic chairs with fabric floral cushions that are not fire resistant. There are 8+ cigarette butts in the mulch to the left of the gazebo in the mulch, 10+ cigarette butts in the mulch to the right of the gazebo, and 12+ cigarette butts in between the corner of the concrete walkway leading to the gazebo and the grass. There are 4+ cigarette butts in the mulch area to the left of the steps as you walk down from the loading dock and also 2 cigarette butts in the mulch near the dumpster.


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.

Regulation 2600.144(c)(1) is important to ensure fire safety. The regulation was violated when cigarette butts were not disposed of properly and cushions in the designated area were not fire resistant. Immediately following inspection on 08/24/2016 the Maintenance Director removed floral cushions that are not fire resistant from the chairs located in the gazebo outside. Cigarette butts were immediately disposed of properly. Moving forward, the Maintenance Director will round the property daily to ensure proper safeguards are in place.

*Adm will oversee to ensure ongoing compliance.
AP. 1-12-17*

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
<i>Andrea McGowan ED</i>			<i>12-2-16</i>

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

The above plan of correction is approved as of <u>1-12-17</u> (Date)	Plan of correction implementation status as of <u>1-12-17</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

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

Staff person B regularly administers medications to residents. Staff person B completed the initial medication administration training on 7/1/15. Staff person B has had only 1 of the 4 required Medication Administration Record (MAR) reviews completed on 10/1/15 and has not had any of the two required medication administration observations completed. Staff person B was required to complete the Medication Administration Annual practicum by 7/1/16 in order to continue administering medication.

Staff person C regularly administers medications to residents. Staff person C completed the initial medication administration training on 3/20/15. Staff person C has had only 2 of the 4 required Medication Administration Record (MAR) reviews completed on 06/15/15 and has not had any of the two required medication administration observations completed. Staff person C was required to complete the Medication Administration Annual practicum by 3/20/16 in order to continue administering medication.

Staff person D regularly administers medications to residents. Staff person D completed the initial medication administration training on 7/31/15. Staff person D has had only 1 of the 4 required Medication Administration Record (MAR) reviews completed on 010/31/15 and has not had any of the two required medication administration observations completed. Staff person D was required to complete the Medication Administration Annual practicum by 7/31/16 in order to continue administering medication.

please see p 27.

Violation Report: 22301 - 08/24/2016 - Hummel, Jasse
PCH Name: WOODLAND TERRACE AT THE OAKS

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.

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.

Regulation 2600.182(b) is important to ensure proper administration of medications to residents. This regulation was violated because staff members B,C, and D did not have the required amount of medication administration observations completed. Staff persons B, C and D completed Medication Administration training on 09/17/2016 and tested on 09/18/2016 by [redacted] Certified Medication Administration Trainer. A tracking system was implemented to monitor observation dates. Immediately and ongoing the Director of Nursing will log observations to ensure ongoing compliance as of 09/18/2016.

*Adm will oversee to ensure ongoing compliance.
CP. 1-12-17*


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

Signature of Legal Entity Representative
(Required on EVERY Page) *Andrea McGowan ES*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Andrea McGowan ES* Date *12-2-14*

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

The above plan of correction is approved as of 1-12-17
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 1-12-17
(Date)

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

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
Department Representatives observed two loose 1/2 round white pills located in the bottom of the medication cart in the facility's memory care unit. The facility is responsible for the safe, sanitary, organized storage of resident medication.

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

Regulation 2600.183(e) is important to ensure the safe, sanitary and organized storage of medication.
This regulation was violated when 2 loose pills were observed in the bottom of the medication cart. Immediately after inspection on 08/24/2016 Resident Services Coordinator cleaned out the bottom of all the medication carts.
Immediately and ongoing pharmacy will conduct monthly cart audits. Director of Nursing will perform random cart inspections to ensure safe, sanitary and organized storage of resident medications.

Adm will oversee to ensure ongoing compliance.
AQ. 1-12-17

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Andrea McGowan, ED</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	<i>12-2-14</i>

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of <u>1-12-17</u> (Date)	Plan of correction implementation status as of <u>1-12-17</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: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
Resident #9's liquid filled calcium does not have the resident's name on the medication.

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

Regulation 2600.184(b) is important to ensure accuracy in administration.
This regulation was violated when the medication was labeled by room number and not the residents name.
Immediately after inspection on 08/24/2016 Director of Nursing labeled the medication bottle with residents name. Immediately and ongoing the pharmacy will conduct monthly medication cart audits.
Director of Nursing will perform random cart inspections to ensure all medications are identified with the resident's name.

Monthly audits will be retained by the name, in addition to any findings, along w/ corrective steps taken if warranted. Q. 1-12-17

Repeat Violation: Yes Date(s) of Previous Violation(s) 08/02/2015

Signature of Legal Entity Representative (Required on EVERY Page) Andrea McGowan ED

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrea McGowan ED Date 12-2-16

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

The above plan of correction is approved as of 1-12-17
(Date)

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

Plan of correction implementation status as of 3/23/17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented (RN) AD

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

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 homes policy regarding narcotics is the narcotics will be counted at the beginning and end of each medication technician's shift. The facility documents each count on a narcotic count sheet, in which both staff counting the medications initial to indicate that the count was completed and no discrepancy was noted. The narcotic count sheet was not signed by staff persons completing the count on the following dates: the incoming 9pm staff on 8/12/16, the outgoing 7am staff person on 8/13/16, the incoming 11pm staff person on 8/13/16, the outgoing 3pm staff person on 8/14/16, and the outgoing 7am staff person on 8/15/16.

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.

Regulation 2600.185(a) is important to ensure safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

This regulation was violated when signatures were missing from the narcotic count sheet.

The narcotic count sheet was not signed by staff persons on the following dates: incoming 9pm staff on 08/12/2016, the outgoing 7am staff person on 08/13/2016, the incoming 11pm staff person on 08/13/2016, the outgoing 3pm staff person on 08/14/2016 and the outgoing 7am staff person on 08/15/2016. Executive Director, Director of Nursing and Resident Services Coordinator met with medication staff at med tech meeting on 08/25/2016. Immediately and ongoing, as of 08/25/2016, Director of Nursing will review narc count sheet weekly to ensure compliance.

Adm will oversee to ensure ongoing compliance. The home will retain the weekly narc sheets, along w/any notations to assist in ensuring ongoing compliance. Cp. 1-12-17

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/02/2015

Signature of Legal Entity Representative (Required on EVERY Page) *Andrea McGowan ED*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrea McGowan ED Date 12-2-16

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

The above plan of correction is approved as of 1-12-17 (Date)

Plan of correction implementation status as of 3-23-17 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented *(RN) ad*

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Folic Acid 1 mg, 1 tablet by mouth once daily at 8am. This medication was not initiated as administered for the month of April 2016. This medication is listed on the May 2016 MAR. It is initiated by staff with a circle around it on 5/1/16 and there are two lines through 5/2/16 and 5/3/16. There is no other documentation that this medication was administered. According to the home this medication was provided by the family until the family no longer wanted the medication given. The home did not have a physician's order to discontinue this medication.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 2600.186(c) is important to ensure facility is abiding by prescribers orders. This regulation was violated when a physicians order was not obtained to discontinue a medication and improper MAR documentation.

Resident evaluated at LVH-CC on 05/04/2016. Resident discharged from hospital on 05/10/2016. Folic acid removed from hospital med list upon return. Immediately and ongoing the Director of Nursing or designee will update resident's MAR as soon as the home receives written notice of change. Pharmacy will perform monthly MAR review. Director of Nursing or designee will perform a weekly MAR reviews and Administrator will perform random checks to ensure ongoing compliance.

Adm will oversee to ensure ongoing compliance. @. 1-12-17


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

Signature of Legal Entity Representative
(Required on EVERY Page) *Andrea McGowan ED*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Andrea McGowan ED* Date *12-2-16*

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

The above plan of correction is approved as of 1-12-16
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 1-12-17
(Date)

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

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

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

The medication administration record for resident #3 did not include the correct dose and administration times for the resident's Thyroid medication.

Resident #3 was admitted to the home on [REDACTED] 16. The initial DME, dated [REDACTED] 16, has it listed as Armour Thyroid 30 mg twice a day. There is also a physician's order for Thyroid 30mg one tablet by mouth once daily. The home did not receive clarification as to the proper dose and administration time. The resident's medication administration record (MAR) for the month of April 2016 has initiated that the resident was administered Thyroid 30mg-1 tablet by mouth daily at 7am on 4/13/16 and 4/14/16. This medication is not listed as being discontinued on the MAR however there are no further initials for the month of April for this medication listing. The MAR also has Thyroid 30mg-1 tablet by mouth twice daily at 7am and 4pm listed. This medication was initiated as being administered from 4/15/16 through 4/18/16 at 7am and 4pm. According to the home this medication was only administered during the am and it was a documentation error. There is a physician's order stating "d/c 4pm dose of Armour Thyroid 30mg today" signed on 4/18/16. It was initiated as being administered only at 7am from 4/19/16 through 4/21/16. It was initiated as being administered at both 7am and 4pm on 4/22/16. According to the home this medication was only administered in the am. The medication is crossed out and marked discontinued 4/24/16. There is actually no corresponding physician's order for 4/24/16. Then written in on the MAR it states Thyroid 30 mg tablet give one tab by mouth daily 7am. It is initiated as administered at 7am from 4/25/16 through 4/30/16.

Resident #3 on 5/10/16 was discharged from the hospital on Armour Thyroid 30mg once daily. The May 2016 MAR has listed Thyroid 30 mg 1 tab by mouth once daily at 7am. This was initiated as administered 5/10/16 through 5/29/16. This was crossed out and "duplicate" was written. According to the home it was handwritten and printed so the DON discontinued it because it was a duplicate. The May 2016 MAR also has listed Armour Thyroid take one tablet by mouth daily at 7am. This was not initiated from 5/10/16 through 5/25/16. It was initiated from 5/25/16 through 5/31/16. From 5/25/16 through 5/29/16 both were initiated. According to the home, although it was initiated twice, it was a documentation error and not actually administered twice.

Resident #3 returned home from the hospital on 6/20/16. The hospital discharge paperwork and physician's orders state Armour thyroid 60mg tablet, take one tablet by mouth once daily. This was administered from 6/21/16-6/30/16. The MAR states that the order was discontinued 6/30/16, however there was no physician order discontinuing Armour Thyroid 60mg. There was a physician's order dated 6/29/16 to discontinue 30 mg once a day and start synthroid 50 mcg per day. The resident is allergic to synthroid. The home has a physician's order dated 7/6/16 to discontinue the synthroid order from 6/29/16 and to start Armour 30mg, 2 tablets once a day =60mg. From 7/1/16 through 7/6/16 the resident did not receive thyroid medication due to the discrepancy in the physician's orders. The order was clarified and the resident still did not receive thyroid medication from 7/6/16 through 7/16/16.

please see p. 33

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

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.

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.

Regulation 2600.187(a) is important to ensure the safety and accuracy of medication administration. The regulation was violated because of areas on the MAR missing staff Initials. Resident #3 missed several doses of medication due to a discrepancy in physicians orders. On 08/25/2016 the Executive Director, Director of Nursing, and Resident Services Coordinator conducted a med tech meeting where staff members were coached on the 5 rights of medication administration. Immediately and ongoing MAR's will be checked daily by each med tech and weekly by the Director of Nursing or designee. Executive Director to follow up to ensure ongoing compliance.

The home will note outcomes of daily reviews of the MARs on a regular basis (minimum - monthly) and note outcomes and any actions taken. This will assist in ensuring ongoing compliance. CP
1-12-17

Repeat Violation: Yes	Date(s) of Previous Violation(s): 08/02/2015
Signature of Legal Entity Representative (Required on EVERY Page) Andrew McGowan ED	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrew McGowan ED	Date 12-2-14

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The above plan of correction is approved as of 1-12-17 (Date)

Plan of correction implementation status as of 1-12-17 (Date)

The above plan of correction was approved by


(Initials)

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

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 66 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

On 7/15/16 and 7/18/16 at 12am, resident #8 refused to take a scheduled dose of hydrocodone APAP 7.5-325, take one tablet by mouth every 6 hours, 6am, 12pm, 6pm, and 12am. The home did not report the medication refusal to the resident's physician as required.

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.

Regulation 2600.187(c) is important to notify the physician of residents compliance with medications. This regulation was violated when a medication refusal was not reported to the physician.

On 07/15/2016 and 07/18/2016 at 12am resident #8 refused medication. This was not reported to the resident's physician. All med techs coached on medication refusal and proper reporting to physicians at med tech meeting on 08/25/2016. Immediately and ongoing, as of September, 2016 Director of Nursing or designee will perform weekly MAR audits to ensure ongoing compliance.

Adm will insure ongoing compliance. *OP*
1-12-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Andrea McGowan ED

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

Andrea McGowan ED

Date 12-2-16

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

The above plan of correction is approved as of

OP
(Date)
01-12-17

Plan of correction implementation status as of 1-12-17
(Date)

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

The above plan of correction was approved by

OP
(Initials)

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

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

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Aspirin 81mg chewable tablet, one tablet daily by mouth at 8am. On 6/1/16 and 6/5/16 this medication was not administered to the resident by the home. According to the Medication Administration Record (MAR) the medication was not available in the home and they were "waiting for pharmacy".

Resident #1 is prescribed Vitamin D2 1.25mg capsule, by mouth once weekly on Wednesday at 8am. On 6/1/16 this medication was not administered to the resident by the home. According to the MAR the medication was "held per mother".

Resident #2 is prescribed Aricept 6mg, one tablet at bedtime. From 7/25/16 through 8/15/16 this medication was not administered at bedtime as prescribed due to the medication not being available in the home.

Resident #3 was admitted to the home on [REDACTED] 16. The resident's April 2016 Medication Administration Record (MAR) states the resident is prescribed Refresh Tears 2 drops into affected eyes twice daily at 8am and 8pm. This medication was not initiated as administered the month of April 2016. This medication is listed on the May 2016 MAR. It is initiated as only being administered by staff on 5/1/16 at 8am and 5/2/16 at 8pm. "SELF" is written on the MAR. This medication is listed on the June MAR as Refresh Tears 1 drop into affected eyes 3x daily as needed and has the times of 8am and 8pm that it has been administered 8/21/16-8/30/16. According to the home the medication was not signed for on the medication administration record because the resident's family was administering the medication. The resident cannot self-administer medications. There was no physician's order for the resident's family to administer the medication.

Resident #3 is prescribed MVI for Women 1 tablet by mouth once daily at 8am. This medication was not initiated as administered the month of April 2016. This medication is listed on the May 2016 MAR. It is initiated by staff with a circle around it on 5/1/16 and there are two lines through 5/2/16 and 5/3/16. There is no other documentation that this medication was administered. According to the home the resident's family supplied the medication and the family decided the resident didn't need the medication and the home discontinued the medication. A discontinue order was signed by the physician on 5/20/16. From 4/1/16 through 5/20/16 this medication was not administered by the home. The resident cannot self-administer medications. There was no physician's order for the resident's family to administer the medication.

Resident #3 is prescribed Folic Acid 1 mg, 1 tablet by mouth once daily at 8am. This medication was not initiated as administered for the month of April 2016. This medication is listed on the May 2016 MAR. It is initiated by staff with a circle around it on 5/1/16 and there are two lines through 5/2/16 and 5/3/16. There is no other documentation that this medication was administered. According to the home this medication was provided by the family until the family no longer wanted the medication given. The home did not have a physician's order to discontinue this medication.

Resident #3 had Abilify 2mg tablet once daily ordered on 7/2/16. The medication was discontinued on 7/5/16. This medication is not listed on the resident's MAR. According to the home this medication was not administered because the family refused the medication due to the cost so the discontinue order was provided. The medication was not administered from 7/2/16 through 7/5/16.

Resident #3 returned home from the hospital on 8/20/16. The hospital discharge paperwork and physician's orders state Armour thyroid 60mg tablet, take one tablet by mouth once daily. This was administered from 8/21/16-8/30/16. The MAR states that the order was discontinued 6/30/16, however there was no physician order discontinuing Armour Thyroid 60mg. There was a physician's order dated 6/29/16 to discontinue 30 mg once a day and start synthroid 50 mcg per day. The resident is allergic to synthroid. The home has a physician's order dated 7/6/16 to discontinue the synthroid order from 6/29/16 and to start Armour 30mg, 2 tablets once a day =60mg. From 7/1/16 through 7/6/16 the resident did not receive thyroid medication due to the discrepancy in the physician's orders. The order was clarified and the resident still did not receive thyroid medication from 7/8/16 through 7/16/16.

Resident #4 has an order for 20 units of Humalog Insulin before meals and 45 units of Lantus Insulin at bedtime. Based on interviews with staff it has been determined that the resident just tells the staff the amount of insulin to be administered. On the following dates the medication was not administered as prescribed: On 8/15/16 10 units was given before dinner and 35 units before bedtime, on 8/16/16 0 units was given before dinner and 35 units before bedtime, on 8/17/16 10 units was given before breakfast and 15 units before dinner, on 8/18/16 10 units was given before breakfast, on 8/19/16 10 units was given before dinner and 35 units before bedtime, on 8/20/16 15 units was given before lunch and 15 units before dinner, on 8/21/16 35 units was given before bedtime, on 8/22/16 15 units was given before dinner and on 8/24/16 10 units was given before breakfast and dinner.

Resident #10 is prescribed to have the resident's Blood Glucose (BGL) tested at 7:00am and 5:00pm. On 8/20/16 the resident's (BGL) was not tested until 6:54pm. On 8/21/16 the resident's (BGL) was not tested at 5:00pm.

please see p 36.

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

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

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.

Regulation 2600.187(d) is important to ensure proper medication administration to the residents. This regulation was violated when the facility failed to follow prescribers orders. All medication technicians will be re-trained on 11/30/2016 by the Director of Nursing on following prescribers orders. Immediately and ongoing, as of 12/01/2016 the Director of Nursing or designee will also review all prescriber orders to ensure accuracy.

The adm will ensure ongoing compliance. Adm will review the DON findings of physician orders at least monthly to ensure ongoing compliance. Q. 1-12-17

Repeat Violation: Yes

Date(s) of Previous Violation(s): 09/02/2016

Signature of Legal Entity Representative
(Required on EVERY Page)

Andrea McGowan ED

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

Andrea McGowan ED

Date 12-2-16

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

The above plan of correction is approved as of 1-12-16
(Date)

Plan of correction implementation status as of 3-23-17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented (RN) AS

The above plan of correction was approved by

(Initials)

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

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

On 6/1/16 and 6/5/16 at 8am, an error in resident #1's medication administration occurred involving Aspirin 81 mg chewable tablet not being administered at 8am. The error was not reported to the resident's physician.

On 8/1/16 at 8am, an error in resident #1's medication administration occurred involving Vitamin D2 1.25mg capsule not being administered at 8am. The error was not reported to the resident's physician.

From 7/25/16 through 8/15/16 at bedtime, an error in resident #2's medication administration occurred involving Aricept 5mg tablet not being administered at bedtime. The error was not reported to the prescriber until 8/15/16.

Resident #3 was admitted to the home on [REDACTED] 16. The resident's April 2016 Medication Administration Record (MAR) states the resident is prescribed Refresh Tears 2 drops into affected eyes twice daily at 8am and 8pm. This medication was not initiated as administered the month of April 2016. This medication is listed on the May 2016 MAR. It is initiated as only being administered by staff on 5/1/16 at 8am and 5/2/16 at 8pm. "SELF" is written on the MAR. This medication is listed on the June MAR as Refresh Tears 1 drop into affected eyes 3x daily as needed and has the times of 8am and 8pm that it has been administered 6/21/16-6/30/16. According to the home the medication was not signed for on the medication administration record because the resident's family was administering the medication. The resident cannot self-administer medications. There was no physician's order for the resident's family to administer the medication. The physician was not notified that the home was not administering this medication to the resident.

Resident #3 is prescribed MVI for Women 1 tablet by mouth once daily at 8am. This medication was not initiated as administered the month of April 2016. This medication is listed on the May 2016 MAR. It is initiated by staff with a circle around it on 5/1/16 and there are two lines through 5/2/16 and 5/3/16. There is no other documentation that this medication was administered. According to the home the resident's family supplied the medication and the family decided the resident didn't need the medication and the home discontinued the medication. A discontinue order was signed by the physician on 5/20/16. From 4/1/16 through 5/20/16 this medication was not administered by the home. The resident cannot self-administer medications. There was no physician's order for the resident's family to administer the medication.

Resident #3 is prescribed Folic Acid 1 mg, 1 tablet by mouth once daily at 8am. This medication was not initiated as administered for the month of April 2016. This medication is listed on the May 2016 MAR. It is initiated by staff with a circle around it on 5/1/16 and there are two lines through 5/2/16 and 5/3/16. There is no other documentation that this medication was administered. According to the home this medication was provided by the family until the family no longer wanted the medication given. The home did not have a physician's order to discontinue this medication.

Resident #3 had Abilify 2mg tablet once daily ordered on 7/2/16. The medication was discontinued on 7/5/16. This medication is not listed on the resident's MAR. According to the home this medication was not administered because the family refused the medication due to the cost so the discontinue order was provided. The medication was not administered from 7/2/16 through 7/5/16.

please see p 38.

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

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.

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.

Regulation 2600.188(b) is important to ensure that all responsible parties are aware of the medication error.

The regulation was violated when a medication error was reported late to the physician.

On 08/25/2016 the Director of Nursing re-trained medication technicians on reporting medication errors.

Immediately and ongoing the Director of Nursing or designee will follow-up with medication errors to ensure proper reporting to resident, POA and PCP.

Adm will oversee to ensure ongoing compliance. Cp. 1-12-17.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Andrea McGowan ED*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea McGowan ED* Date *12-2-16*

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

The above plan of correction is approved as of 1-12-17 (Date)

The above plan of correction was approved by *OP* (Initials)

Plan of correction implementation status as of 1-12-17 (Date)

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

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
Resident #6 and resident #7 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.

Regulation 2600.191 is important to ensure residents are aware of their rights. This regulation was violated when the facility was unable to provide documentation th residents #6 and #7 were educated on their right to refuse medication if the resident believes there may be a medication error.

On 11/30/2016 residents #6 and #7 signed documentation pertaining to their right to refuse medication. Immediately and ongoing, upon admission, residents will be educated by the Enrollment Directors on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education will be kept in the residents contract. Executive Director will review residents business files to ensure documentation of this resident education is kept.


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

Signature of Legal Entity Representative
(Required on EVERY Page) *Andrea McGowan ED*

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) *Andrea McGowan ED* *12-2-16*

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

The above plan of correction is approved as of 1-12-17
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 1-12-17
(Date)

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

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
The preadmission screening form for resident #11, admitted [redacted] 10, which includes the determination that the home can meet the resident's service needs, was not dated. The date was left blank. Also the preadmission screening form is checked indicating the resident requires a Secure Care Dementia Unit (SCDU). The resident is not residing in a SCDU.

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.

Regulation 2600.224(a) is important to ensure that the needs of the resident can be met by the services provided by the home prior to admission.

The regulation was violated when the pre-admission screening form was not properly completed.

Prior to admission the Executive Director or designee will complete a pre-admission screening form determining that the needs of the resident can be met by the services provided by the home. Executive Director will ensure pre-admission screening form is completed in its entirety and according to the needs of the resident.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea McGowan ED* Date *12-2-16*

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

The above plan of correction is approved as of 1-12-17 (Date)

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

Plan of correction implementation status as of 3/23/17 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented *(RN) [Signature]*

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

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

The initial assessment for resident #1, dated [redacted] 16 does not indicate the resident's care needs for Drinking. The Personal Care Need and Degree section under Drinking was left blank.

Resident #11 was admitted to the facility on [redacted] 16. The facility has not completed an Assessment of the resident's personal care needs.

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.

Regulation 2600.225(a) is important to ensure the residents needs are known to staff. This regulation was violated when resident #1 care needs for drinking were not specified and resident #11 assessment was not completed in the allotted timeframe.

Resident #1 Assessment was completed on 08/30/2016.

Moving forward, Director of Nursing or designee will complete a written initial assessment that is documented on the departments assessment form within 15 days of admission.

*Adm will oversee to ensure ongoing compliance.
E. 1-12-17.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Andrea McGowan ED

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

Andrea McGowan ED

Date

12-2-16

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

The above plan of correction is approved as of 01-12-17
(Date)

Plan of correction implementation status as of 3/23/17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented *(RN) [Signature]*

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 65 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 #3's Assessment dated 5/10/16, completed for a significant change, had the summary and determination section left blank.

On 6/14/16, resident #3 experienced a fall leading to a fractured left hip. When the resident returned to the home from the hospital the home did not complete a new assessment of the resident's needs to reflect these changes. The resident had changes with regards to mobility, weight bearing, turning/repositioning, heel protectors, PT/OT, encouraging fluids/feeding, evaluating non-verbal cues for pain, encouragement for coughing and deep breathing, and calheler care.

Resident #8 was admitted to the facility on [redacted] 14. The resident was most recent assessment of the resident's personal care needs was completed on 7/1/14, more than two years ago. The resident has not been assessed annually as required.

Resident #12 was admitted to the facility on [redacted] 14. The resident's most recent assessment of the resident's personal care needs was completed on 7/2/16. The resident has not been assessed annually as required.

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.

Regulation 2600.225(c) is important because to assure that residents current needs can be met by the facility.

The regulation was violated when assessments for residents #3, #8, #12 were not updated accurately in the allotted amount of time.

Resident #8 was assessed and assessment was completed on 11/12/2016 by the Director of Nursing.

Resident #12 was assessed and assessment was completed on 09/01/2016 by the Director of Nursing.

Resident #3 was assessed and assessment was completed on 11/30/2016. Assessment reflects changes in mobility, weight bearing, turning and positioning, heel protectors, PT/OT, encouraging fluids/feeding, evaluating non-verbal cues for pain, encouragement for coughing and deep breathing.

Director of Nursing created a tracking system to ensure residents are assessed according to the residents needs. *adm will oversee to ensure ongoing compliance. A.S. 1-12-17*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Andrea McGowan ED*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea McGowan ED* Date *12-2-16*

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

The above plan of correction is approved as of 1-12-17 (Date)

Plan of correction implementation status as of 3-23-17 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented *(RN) A.S.*

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
2800.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION

Resident #3's assessment, completed on 5/15/16, does not include a correct assessment of the resident's mobility needs. The assessment has Ambulating marked E, not applicable. The resident uses a walker in the apartment and a wheelchair when out of the apartment.

On 6/14/16, resident #3 experienced a fall leading to a fractured left hip. When the resident returned to the home from the hospital the home did not complete a new assessment of the resident's needs to reflect these changes. The resident is totally immobile.

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.

Regulation 2600.226(a) is important to ensure that the residents mobility needs can be met by the facility.

This regulation was violated when and assessment of the resident's mobility needs was not completed upon return from the hospital.

Director of Nursing or designee will review assessments to ensure information is accurately completed according to the residents needs.

Director of Nursing or designee will ensure a new assessment of the resident's needs to reflect any changes.

Director of Nursing created a tracking system to ensure residents are assessed according to residents needs.

Adm will oversee to ensure ongoing compliance. AG. 1-12-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Andrea McGowan ED

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

Andrea McGowan ED

Date

12-2-16

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 01-12-17
(Date)

Plan of correction implementation status as of 01-12-17
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on [redacted] 16. The resident's support plan finalized on 5/11/16 does not include the summary and determination section completed.

Resident #3 was admitted to the home on [redacted] 16. The resident's initial support plan did not have the summary and determination section completed. It was left blank.

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.

Regulation 2600.227(a) is important to ensure proper implementation of residents plan of care. This regulation was violated when the summary and determination section was left blank for residents #1 and #3.

Resident #1 summary and determination section was completed on 09/01/2016. Director of Nursing will review resident support plan after completed by designated person to ensure support plan is completed in it's entirety.

Resident #3 had a new support plan completed on 11/30/2016. Summary and determination section was completed. Director of Nursing will review support plans to ensure form is completed in it's entirety.

*Adm will oversee to ensure ongoing compliance.
EQ. 1-12-17*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Andrea McGowan ED

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

Andrea McGowan

Date

12-2-16

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of

1-12-17
(Date)

Plan of correction Implementation status as of

1-12-17
(Date)

The above plan of correction was approved by

EQ
(Initials)

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

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

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

An assessment was completed for resident #3 on 5/15/16 after the resident experienced a significant change on 5/10/16. The summary and determination section was not completed. It was left blank.

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.

Regulation 2600.227(c) is important to ensure residents most current needs are known to caregivers. This regulation was violated when the summary and determination section was not completed for resident #3.

Director of Nursing completed an assessment for resident #3 on 11/30/2016 which reflects residents significant changes. The summary and determination section was completed.

Director of Nursing or designee will ensure the assessment is completed in its entirety by reviewing all completed assessments.

Adm will oversee to ensure ongoing compliance. *AM* 01-12-17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Andrea McGowan ED*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea McGowan ED* Date *12-2-16*

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

The above plan of correction is approved as of 1-12-17 (Date)

Plan of correction implementation status as of 1-12-17 (Date)

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

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

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

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 #6 was admitted to the SDCU on [redacted] 16 and Resident #7 was admitted to the SDCU on [redacted] 16. The facility does not have documentation that the resident's have not objected to admission to a locked 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.

Regulation 2600.231(e) is important to ensure resident or designated person's awareness of admission to a Secure Dementia Unit.
This regulation was violated when residents #6 and #7's POA signed documentation and not the resident.

On 09/02/2016 the Enrollment Director obtained a signature from resident #6 acknowledging the fact that [redacted] is moving to the Secure Dementia Unit.


On 09/02/2016 the Enrollment Director obtained a signature from resident #7 acknowledging the fact that [redacted] is moving to the Secure Dementia Unit.

Moving forward Enrollment Director or designee will obtain a signature from all residents admitted to our Secure Dementia Unit.

Executive Director will review acknowledgement documents in business files to ensure signature has been obtained.

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
Andree McGowan ED			12-2-16

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

The above plan of correction is approved as of <u>1-12-17</u> (Date)	Plan of correction implementation status as of <u>1-12-17</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION
Resident #6 was admitted to the SDCU on [redacted] 16. The summary and determination section of the resident's initial support plan, dated [redacted] was left blank.

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.

Regulation 2600.234(a) is important to ensure the residents needs are known to care staff.
This regulation was violated when the summary and determination of the residents support plan was left blank.

On 09/01/2016 Director of Nursing completed the summary determination section of Resident #6 support plan.

Director of Nursing will review completed support plans to ensure support plan form is completed in it's entirety.

Adm used oursee to ensure ongoing compliance. Cf. 1-12-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Andree McGowan ES

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

Andree McGowan ES

Date

12-2-16

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

The above plan of correction is approved as of

1-12-17
(Date)

Plan of correction implementation status as of

(Date)

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

3-23-17

The above plan of correction was approved by

[Signature]
(Initials)

[Signature]

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
2600.234(b) - The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

2a. DESCRIPTION OF VIOLATION

The initial support plan for resident #6, dated [redacted] 16, does not address the resident's social and recreational needs.

The initial support plan for resident #7, dated [redacted] 16, states that the resident was receiving hospice services upon admission but did not indicate the resident's needs, the plan to meet the needs, the parties responsible and the frequency. The support plan doesn't address the resident needs surrounding hygiene/bathing and agitation. The support plan indicates under bathing that the resident requires complete assistance and that staff will provide complete assist twice a week and as needed. The support plan also states under Agitation that the resident needs assistance with daily bouts of agitation and that staff will use validation techniques to manage behaviors and report any changes to wellness. The resident receives showers by Hospice agency and a direct care staff from the home. The resident becomes agitated specifically around showers and care. The care plan that was discussed by the home and hospice is very specific regarding the process for showering to alleviate the agitation. This plan is not addressed on the residents support plan. The resident received Physical Therapy from 3/31/16 through 4/12/16 and this was not addressed on the resident's support plan.

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.

Regulation 2600.234(b) is important to identify the residents needs.
The regulation was violated when the support plan for residents #6 and #7 were not properly updated.

Director of Nursing updated the support plan for resident #7 on 09/03/2016. The support plan reflects the residents needs, the plan to meet the needs, frequency and the responsible parties.

The support plan reflects the resident's needs surrounding hygiene/bathing and agitation. The plan is addressed on the support plan. Physical Therapy admission and discharge dates were updated on support plan.

Director of Nursing will review support plans and ensure they are completed in it's entirety, and that it reflects the needs of the resident.


Adm will oversee to ensure ongoing compliance.
AQ. 1-12-17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea McFoman ED* Date *12-2-16*

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

The above plan of correction is approved as of <u>1-12-17</u> (Date)	Plan of correction implementation status as of <u>1-12-17</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.

2a. DESCRIPTION OF VIOLATION

On 5/24/16 the nurses notes indicate that resident #6 has exhibited the following behaviors on a daily basis since the resident's admission to the home on 5/12/16: Disrobing on the unit, spitting, outbursts of vulgar language, and has been observed tossing furniture around the hallways, and has been difficult to redirect. On 5/29/16 the home met with the resident's family to discuss the behaviors. On 5/29/16 the resident also had a psychiatric consult and was described in the records as "anxious, restless, inappropriate, disrobes frequently, makes crude comments, delusions and paranoia evident". The resident's support plan has not been revised to reflect 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.

Regulation 2600.234(d) is important to specify the current needs of the resident.
The regulation was violated when resident #6's behavior was not reflected on the support plan.
On 09/02/2016 resident #6 support plan was revised to reflect the changes in resident's behaviors.
Director of Nursing or designee will review and revise support plan to ensure it reflects changes in behavior. (Immediate and ongoing)

Edm will oversee to ensure ongoing compliance. Cp. 1-12-17

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Andrea McGowan ED*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Andrea McGowan ED* Date *12-2-16*

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

The above plan of correction is approved as of 1-12-17
(Date)

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

Plan of correction implementation status as of 3/23/17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented *(RN) [Signature]*

Violation Report: 22301 - 08/24/2016 - Hummel, Jesse
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

Resident #3's record does not include hospital discharge paperwork from a hospital visit in which the resident returned to the facility on 5/10/16 and from hospitalization on 6/14/16 after a fall within the resident's apartment.

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.

Regulation 2600.252 is important to ensure accurate documentation of resident records.
This regulation was violated when resident #3's hospitalization discharge paperwork was not found in chart.

On 08/25/2016 resident #3's hospital discharge paperwork was obtained from Lehigh Valley Hospital by the Director of Nursing.
Director of Nursing or designee will ensure discharge paperwork will be reviewed and a copy will be placed in the resident's medical chart. (Immediate and ongoing)

Adm will oversee to ensure ongoing compliance. CP. 1-12-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Andrea McGowan EID

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

Andrea McGowan EID


Date

12-2-16

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The above plan of correction is approved as of 1-12-17
(Date)

Plan of correction implementation status as of 1-12-17
(Date)

The above plan of correction was approved by 
(Initials)

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

Violation Report: 22301 - 03/23/2017 - Novak, Ryan
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
The laundry room located in the Secure Dementia Care Unit had an accumulation of socks, towels, and underwear behind the dryer, posing a possible fire hazard.

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.

Regulation 2600.125(a) is important to ensure the safety of our residents. This regulation was violated upon inspection of the laundry room in the Secure Dementia Unit. Behind the dryer was an accumulation of socks, towels and underwear.

Immediately and ongoing the Maintenance Director will perform unit checks daily to ensure areas are free from possible fire hazards. The administrator will perform random checks 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) *Andrea McGowan*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Andrea McGowan ED* Date *4/20/17*

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The above plan of correction is approved as of <u>4-27-17</u> (Date)	Plan of correction implementation status as of <u>4/27/17</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

Violation Report: 22301 - 03/23/2017 - Novak, Ryan
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION

Resident #3's melatonin was not labeled with the residents name.

Resident #4's pepto bismol was not labeled with the residents name.

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.

Regulation 2600.184(b) is important to ensure proper medication identifiers. This regulation was violated upon medication cart inspection. Two medications were found not labeled with the residents name, only with their room number. The Director of Nursing immediately labeled medications with the proper identifiers.

Immediately and ongoing the Director of Nursing will perform weekly cart audits. The administrator will perform random checks to ensure ongoing compliance.


Repeat Violation: Yes Date(s) of Previous Violation(s): 09/02/2015

Signature of Legal Entity Representative
(Required on EVERY Page) *Andrea McGowan*

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) Andrea McGowan ED 4/20/17

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The above plan of correction is approved as of 4-27-17
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction Implementation status as of 4/27/17
(Date)

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

Violation Report: 22301 - 03/23/2017 - Novak, Ryan
PCH Name: WOODLAND TERRACE AT THE OAKS

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 homes policy on narcotics notes controlled substances are counted at the beginning and end of each medication technician's shift, note the date and time with signature after the count is complete. The narcotic count sheets were not signed on the following days: 3/16/17 incoming 11pm staff, 3/17/17 outgoing 7am staff, 3/19/17 incoming 11pm staff, 3/20/17 outgoing 7am staff, 3/10/17 incoming/outgoing staff all shifts, 3/11/17 incoming 11pm staff and 3/12/17 outgoing 7am 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.

Regulation 2600.185(a) is important to ensure safe storage, access, security, distribution and use of medications and medical equipment by trained staff person.

This regulation was violated when the Medication Technician failed to sign the Narcotic Count sheets on the dates noted above.

Immediately and ongoing, the Director of Nursing will sign the narcotic sheets weekly after reviewing them. This will ensure Medication Technicians are signing incoming and outgoing narcotic counts. The administrator will perform random checks to ensure ongoing compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/02/2016

Signature of Legal Entity Representative
 (Required on EVERY Page) *Andrea McGowan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Andrea McGowan Ed* Date *4/20/17*

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

The above plan of correction is approved as of 4-20-17
 (Date)

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

Plan of correction implementation status as of 4/22/17
 (Date)

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

Violation Report: 22301 - 03/23/2017 - Novak, Ryan
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 56 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #6 has an order for lozol 1.25mg 2 tablets by mouth m, w, f 1 tablet other days. Hold for systolic blood pressure less than 100. Resident #5's blood pressure measured 108 on 3/22/17 at 8am. The medication was held and should have been administered.

Resident #6 has an order for inderal 10mg hold for heart rate less than 65 or systolic blood pressure less than 115. The medication was administered at 8am on the following dates: 3/18/17 HR 58, 3/19/17 HR 60, 3/20/17 HR 61, 3/22/17 HR 62 and 3/23/17 HR 63.

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.

Regulation 2600.187(d) is important to ensure the home is following the directions of the prescriber. The regulation was violated when the above mentioned parameters were not followed.

The Medication Technicians were retrained on their next working day regarding medication parameters and following prescribers orders.

Immediately and ongoing the Director of Nursing will review the medications with parameters weekly. The administrator will perform random checks to ensure ongoing compliance.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

09/02/2015

Signature of Legal Entity Representative
(Required on EVERY Page)

Andrea McGowan

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

Andrea McGowan ED

Date

4/20/17

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The above plan of correction is approved as of

4-27-17
(Date)

Plan of correction implementation status as of

4/27/17
(Date)

The above plan of correction was approved by

AM
(Initials)

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

Violation Report: 22301 - 03/23/2017 - Novak, Ryan
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The Pre-Admission form for Resident #1, date of admission [redacted] 17, does not indicate the home can meet the needs of the resident.
The Pre-Admission form for Resident #2, date of admission [redacted] 17, does not indicate the home has verified the needs of the applicant, and their needs require a secure dementia care 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.

Regulation 2600.224(a) is important to ensure that the needs of the resident can be met by the services provided at the home. The regulation was violated when the above mentioned boxes were not completed on the preadmission form.

The administrator immediately corrected the above mentioned documents to indicate that the home can meet the residents needs.

Immediately and ongoing the administrator will review the preadmission paperwork to ensure outgoing compliance.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Andrea McGowan ES* Date *4/20/17*

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

The above plan of correction is approved as of 4-27-17
(Date)

Plan of correction implementation status as of 4/27/17
(Date)

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

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

Violation Report: 22301 - 03/23/2017 - Novak, Ryan
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 56 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

The Resident Assessment and Support Plan (RASP) for Resident #1, date of admission [redacted] 17, has not been completed as of 3-23-17.
The Resident Assessment and Support Plan (RASP) for Resident #7, date of admission [redacted] 17, has not been completed as of 3-23-17.

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.

Regulation 2600.225(a) is important to notify care staff of residents needs. This regulation was violated when the above mentioned assessments for resident #4 and #7.

The Resident Services Coordinator will create and implement a tickler system by 05/24/2017 to ensure assessments are completed in a timely manner. The administrator will perform chart audits to ensure ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Andrea McGowan

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

Andrea McGowan ED

Date

4/20/17

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The above plan of correction is approved as of 4-27-17
(Date)

Plan of correction implementation status as of 4/27/17
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Violation Report: 22301 - 03/23/2017 - Novak, Ryan
PCH Name: WOODLAND TERRACE AT THE OAKS

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

The most recent Resident Assessment and Support Plan (RASP) for Resident #8, date of admission [redacted] 16, is dated 2-15-16.
The most recent Resident Assessment and Support Plan (RASP) for Resident #9, date of admission [redacted] 15, is dated 1-3-16.

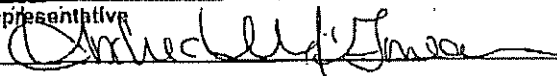
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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.

Regulation 2600.255(c) is important to ensure staff is aware of residents needs and place of care is in place. This regulation was violated when the above mentioned RASPS were not completed in the allotted time.

Immediately and ongoing the Resident Services Coordinator will create and implement a tickler system by 05/24/2017 to ensure assessments are completed in a timely manner. The administrator will perform chart audits 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) Andrea McKonnan EIS Date 4/20/17

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The above plan of correction is approved as of 4-27-17
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 4/27/17
(Date)

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

Violation Report: 22301 - 03/23/2017 - Novak, Ryan
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

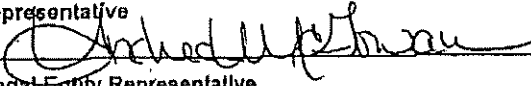
2a. DESCRIPTION OF VIOLATION
Resident #10, was admitted to the Secure Dementia Care Unit on [redacted]-16. The Resident Support Plan for Resident #10 was not completed within the required 72 hours.
Resident #11, was admitted to the Secure Dementia Care Unit on [redacted]-17. The Resident Support Plan for Resident #11 was not completed within the required 72 hours.

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.

Regulation 2600.234(a) is important to ensure a support plan shall be developed, implemented, and documented in the resident record within 72 hours of the admission to the Secure Dementia Unit. The regulation was violated when the above mentioned residents support plans were not completed within 72 hours.

The Director of Nursing completed residents RASPs. The Resident Services Coordinator will develop and implement a tickler system by 05/24/2017 to ensure RASPs are completed in a timely manner. The administrator will perform random chart audits 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) Andrea McFowan, Esq. Date 4/20/17

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

The above plan of correction is approved as of 4-27-17
(Date)

Plan of correction implementation status as of 4/27/17
(Date)

The above plan of correction was approved by 
(Initials)

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

Violation Report: 22301 - 03/23/2017 - Novak, Ryan
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa. Code §2600
2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.

2a. DESCRIPTION OF VIOLATION
The annual Support Plan for Resident #12, date of admission [redacted] 16, has not been revised and/or completed since 2-4-16.

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.

Regulation 2600.234(d) is important to ensure the accuracy of the resident's needs. The regulation was violated when the above mentioned support plan was not revised in the allotted time frame.

The Resident Services Coordinator updated the RASP on 03/23/2017.

The Resident Services Coordinator will develop and implement a tickler system by 05/24/2017 to ensure RASPS are completed on time.

The administrator will perform random chart audits to ensure ongoing compliance.

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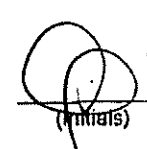
Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Andrea McGowan Date 4/20/17

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

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(Date)

Plan of correction implementation status as of 4/27/17
(Date)

The above plan of correction was approved by 
(Initials)

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