



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

FEB 23 2017

Ms. Kelly Cook Andress, President  
Senior Living NP, LLC  
Second and Fourth Floors  
501 Plush Mill Road  
Wallingford, Pennsylvania 19086

RE: Plush Mills  
License #: 131040

Dear Ms. Andress:

As a result of the Department of Human Services' annual licensing inspections on September 12, 2016 and September 13, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 13104 - 09/12/2016 - Gray, Dean  
 PCH Name: PLUSH MILLS

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 09/01/2016, Resident #1 Informed Staff Member A that Staff Member B was being rough. The home did not submit an incident report to the Department until 09/09/16.

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.*

Violation 2600.16(c)

What specific changes will be made: All incidents will be reported to DHS within 24hr.  
 Who Will Make the Change: The Nurses  
 When Will the change be made: Immediately (In-Service was completed on 9/14/2016)  
 System Implemented & Supporting Documentation: Attached is a copy of the documentation for the incident reportable; also attached is a copy of the In-service. (Attached)

[All staff will receive training on the importance of timely submission of any allegations of abuse within 30 days of receipt of this plan of correction and annually thereafter. RB 12/16/16]

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

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| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) | Date |
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| The above plan of correction is approved as of <u>11/15/16</u><br>(Date)      | Plan of correction implementation status as of <u>11/15/16</u><br>(Date)  |
| The above plan of correction was approved by <u>[Signature]</u><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

11/15/16 [Signature]

Violation Report: 13104 - 09/12/2016 - Gray, Dean  
 PCH Name: PLUSH MILLS

1. REGULATION 86 Pa.Code §2800  
 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 #2 was not signed by 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.*

Violation 2600. 25(b)

What specific changes will be made: All personal care resident contracts will be signed within 24hr of admissions. All residents will sign the contract, unless there is an addendum attached to the contract addressing the reason why the resident did not sign the contract.

Who Will Make the Change: The Executive Director

When Will the change be made: Immediately

System Implemented & Supporting Documentation: In-service was completed on 9/20/2016 with the Marketing team; given by the Executive Director. (Attached)

[The Executive Director will review all new resident admission documentation to ensure compliance and that the contract has been signed, starting within 30 days of receipt of this plan of correction. RB 12/16/16]

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Christina D. Peil  
 11-14-16

Violation Report: 13104 - 09/12/2016 - Gray, Dean  
 PCH Name: FLUSH MILLS

1. REGULATION 66 Pa.Code §2800  
 2600.103(a) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION  
 - On 9/13/16, the following items were observed in the walk in refrigerator; unlabeled leftover pork loin and an undated bucket of vegetable soup.  
 - On 9/13/16, the following items were observed in the walk in freezer; an unlabeled bag of bread and undated turkey sausage.  
 - On 9/13/16, a plate of cooked bacon was observed undated in the "prep-bamborle".

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.

Violation 2600, 103(E)

What specific changes will be made: All left over food will be labeled and dated.

Who Will Make the Change: The Dining Director

When Will the change be made: Immediately

System Implemented & Supporting Documentation: In-service was completed on 11/5/2016 (Attached)

[The Dining Director will conduct weekly inspections of all food items to ensure that they are properly labeled and dated, starting within 30 days of receipt of this plan of correction. RB 12/16/16]

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

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 Partially Implemented - Inadequate Progress  
 Not Implemented

[Signature]  
 11-16-16

Violation Report: 13104 - 09/12/2016 - Gray, Dean  
 PCH Name: PLUSH MILLS

1. REGULATION 86 Pa.Code §2600  
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION  
 Prior to 04/24/16 at 5:30 AM, there were no fire drills held during sleeping hours in the preceding six months.

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

Violation 2600, 132(E)

What specific changes will be made: Fire drills will be held during sleeping hours once every 6 months  
 Who Will Make the Change: The Executive Director  
 When Will the change be made: Immediately  
 System Implemented & Supporting Documentation: Fire drills will be held every 6 months during resident's sleeping hours. (See attached fire drills for October & November 2016)


[The Executive Director will review fire drill logs on a monthly basis to ensure that sleeping time Fire drills are held every 6 months, starting within 30 days of receipt of this plan of correction.  
 RB 12/16/16]

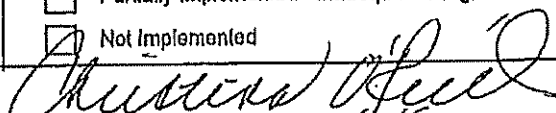
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 11-14-16

Violation Report: 13104 - 09/12/2016 - Gray, Dean  
 PCH Name: PLUSH MILLS

1. REGULATION 55 Pa.Code §2600  
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION  
 The South and Central exits were used during fire drills conducted on 5/2/16, 6/30/16, 7/23/16, 8/11/16 and 9/3/16.

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.

Violation 2600, 132(F)

What specific changes will be made: Alternate exit routes shall be used during all fire drills.  
 Who Will Make the Change: The Executive Director  
 When Will the change be made: Immediately  
 System Implemented & Supporting Documentation: Alternate routes will be used during all fire drills  
 (See attached fire drills for October & November 2016)

*Training will be given to staff within 30 days  
 receipt of approved POC.*

[The Executive Director will review fire drill logs on a monthly basis to ensure that alternative exits are used during monthly fire drills, starting within 30 days of receipt of this plan of correction.  
 RB 12/16/16]

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*Christina O'Neil*  
 11-14-16

Violation Report: 13104 - 09/12/2016 - Gray, Dean  
 PGH Name: PLUSH MILLS

1. REGULATION 55 Pa.Code §2600  
 2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:  
 (1) Identify the correct resident.  
 (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.  
 (3) Remove the medication from the original container.  
 (4) Crush or split the medication as ordered by the prescriber.  
 (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.  
 (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).  
 (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION  
 Resident #'s recorded blood glucose readings do not match the data found on the resident's glucometer

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.*

Violation 2600, 182(C)

What specific changes will be made: Medication administration will follow physician's orders.  
 Who Will Make the Change: The Director of Nursing  
 When Will the change be made: Immediately  
 System Implemented & Supporting Documentation: In-services were completed on 9/13/2016 & 9/30/2016, (see attached)

[The Director of Nursing will conduct monthly audits of all glucometers to ensure blood sugar readings and the use of glucometers follow physician orders, starting within 30 days of receipt of this Plan of correction. RB 12/16/15]

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*Christina O'Neil*  
 11-14-16

Violation Report: 13104 - 09/12/2016 - Gray, Doan  
 PCH Name: PLUSH MILLS

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

2a. DESCRIPTION OF VIOLATION

Resident #3 is proscribed fasting blood sugar (Accu-checks) daily at 9 AM. There were no AM readings for the following dates in the resident's glucometer's history; 9/2/16, 9/3/16, 9/4/16 and 9/8/16. Additionally checks were completed on 9/2/16 at 9:07 PM, 9/3/16 at 9:43 PM, 9/4/16 at 9:20 PM, 9/6/16 at 9:51 PM and 9/7 at 11:18 AM.

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.*

Violation 2600, 187(D)

What specific changes will be made: Nurses will follow physician's orders

Who Will Make the Change: The Director of Nursing

When Will the change be made: Immediately

System Implemented & Supporting Documentation: In-services were completed on 9/13/2016 & 9/30/2016, (see attached)

[The Director of Nursing will conduct monthly audits of all glucometers to ensure blood sugar readings and the use of glucometers follow physician orders, starting within 30 days of receipt of this Plan of correction. RB 12/16/15]

|                       |                                   |            |
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| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 09/29/2015 |
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
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Date

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 (Date)

Plan of correction implementation status as of 12/15/16  
 (Date)

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

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

[Signature]  
 11-14-16