



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 20 2017

Ms. Paula Sagan-Hahn, Executive Director
Lakewood Senior Living-Drums LLC
159 South Old Turnpike Road
Drums, Pennsylvania 18222

RE: Fritzingertown Senior Living Community
License #: 201660

Dear Ms. Sagan-Hahn:

As a result of the Department of Human Services' annual licensing inspections on September 27, 2016 and November 8, 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.

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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 20166 - 09/27/2016 - Dumas, Gerald
 PCH Name: FRITZINGERTOWN SENIOR LIVING


1. REGULATION 55 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 The emergency telephone numbers required by this regulation are not posted on or by a telephone with an outside line located on resident #1's desk near the kitchen area in room 301.

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.

In order to be compliant with this regulation, the phone numbers for the nearest hospital, police department, fire department, ambulance, poison control, and local emergency management and personal care home complaint hotline was posted on telephone in Room 301.

Director of Community Relations and Executive Director will monitor for ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of <u>12-31-16</u> (Date)	Plan of correction implementation status as of <u>12-31-16</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: 20166 - 09/27/2016 - Dumas, Gerald
 PCH Name: FRITZINGERTOWN SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
 The first aid kit located in the home's 2007 Ford Van used to transport residents did not contain antiseptic and a breathing shield.

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.

In order to be compliant with this regulation, antiseptic and breathing shield were replaced in first aid kit in facility transport van. Van driver and assistant were re-educated in the requirements of this regulation.

Maintenance Director and Executive Director will monitor for ongoing compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) Paul Sugar - Administrator 12/22/2016

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The above plan of correction is approved as of 12-31-16
 (Date)

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

Plan of correction implementation status as of 12-31-16
 (Date)

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

Violation Report: 20168 - 09/27/2016 - Dumas, Gerald
 PCH Name: FRITZINGERTOWN SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's letter to the fire department dated 7/11/16, was not updated to reflect the current number of residents with mobility needs which was a total of 47 residents, not 46 as stated in the letter; 42 residents resided in the home's secure dementia unit and 5 resided in personal care. The home's letter incorrectly noted that the home had 46 residents rather than 47 residents with mobility 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.

In order to be compliant with this regulation, a revised and corrected letter was provided to the Fire Chief.

On an ongoing basis, the Director of Quality Assurance and Executive Director will confirm accuracy of count of residents with mobility impairment with each update to Fire Chief.

Executive Director will monitor for ongoing compliance.

Executive Director & staff person responsible for the monthly fire drill showed complete a post action review of the home's fire drill and update the home's fire safety letter if necessary. This will assist the home w/ ongoing compliance. 12-31-16

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Violation Report: 20166 - 09/27/2016 - Dumas, Gerald
 PCH Name: FRITZINGERTOWN SENIOR LIVING

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 documented Medical Evaluation for resident # 1 dated 3/29/2016 was incomplete. The General Physical Exam section for resident height, weight, pulse rate, blood pressure and temperature were blank and were not completed by the Physician:

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.

In order to be compliant with this regulation, Medical Evaluation for Resident #1 was updated with pre-determined height, weight, pulse rate, blood pressure and temperature.

On an ongoing basis, the Director of Wellness and Executive Director will confirm accuracy of entire Medical Evaluation received.

Executive Director will monitor for ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Paula Sagon - Adm Dir		12/22/2016

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Violation Report: 20168 - 09/27/2016 - Dumas, Gerald
 PCH Name: FRITZINGERTOWN SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 The medication for resident # 2, Trazodone take 1/2 tablet 25 mg by mouth at bedtime expired on 9/24/2016.

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.

Although current medication was also on premises and resident was not administered any of the expired medication, in order to be compliant with this regulation, expired medication was returned to pharmacy on day of inspection.

On an ongoing basis, the Resident Care Coordinator and Director of Quality Assurance will audit medication cart weekly to ensure that all expired medications are destroyed per facility policy or returned to pharmacy.

All LPN's and Med Techs were reinserviced in requirements of this regulation.

Executive Director will monitor for ongoing compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) Paula Sagon Hold 12/22/2016

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 (Date)

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 (Initials)

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Violation Report: 20166 - 09/27/2016 - Dumas, Gerald
 PCH Name: FRITZINGERTOWN SENIOR LIVING

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
 Resident # 4's Immodium 2 mg. capsule every 6 hours as needed was not available to be administered as a PRN if the resident requested the medication. The home's medication policy indicated that residents medications will be available.

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.

In order to be compliant with this regulation, Resident Care Coordinator requested and received a physician order to discontinue the listed Imodium for Resident #4 as [redacted] had not required medication.

All LPN's and Med Techs were reinserviced in requirements of this regulation. *At least once per month the home shall audit Med carts for*
 Director of Quality Assurance and Executive Director will monitor for ongoing compliance. *ordered Rx on hand. CP. 12-31-16*

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Violation Report: 20166 - 09/27/2016 - Dumas, Gerald
 PCH Name: FRITZINGERTOWN SENIOR LIVING

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 was not initialed on 9/2/16. It could not be determined if resident # 3 received thier medications: Haloperidol 0.5 mg tablets 2 tablets by mouth at bedtime 8 p.m., Latanoprost, Instill 1 drop into left eye at bedtime 8 p.m..

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.

In order to be compliant with this regulation, all LPN's and Med Techs were re-educated on the proper documentation of Medication Administration Record and the requirements of this regulation.


Resident Care Coordination, Director of Quality Assurance and Executive Director will monitor for ongoing compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/24/2015
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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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Violation Report: 20166 - 09/27/2016 - Dumas, Gerald
 PCH Name: FRITZINGERTOWN SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION
 There are two exterior gates outside the home's secured dementia unit that do not have directions posted near the gates locking devices for their operation. One gate with a locking device leads to Old Turnpike Road and a second gate with a locking device leads to a parking lot area adjacent to the home. At the time of the inspection, staff had some difficulty unlocking the gates because their directions were not conspicuously posted.

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.

In order to be compliant with this regulation, the directions for operation of gate in enclosed courtyard were re-posted at the time of inspection.

Maintenance Director and staff were re-oriented in the requirements of this regulation and the need to be vigilant when any contracted workers perform maintenance, repairs, or improvements that directions must be posted at all times.

Maintenance Director and Executive Director will monitor for ongoing compliance.

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