



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

NOV 23 2016

Mr. Eddy J. Inzana, CEO/President  
Guardian Elder Care at Tyrone I, LLC  
8796 Route 219, P.O. Box 240  
Brockway, Pennsylvania 15824

RE: Epworth Healthcare and Rehabilitation Center  
925 South Lincoln Avenue  
Tyrone, Pennsylvania 16686  
License #: 328420

Dear Mr. Inzana:

As a result of the Department of Human Services' annual licensing inspection on September 27, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Sincerely,

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

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 32842 - 09/27/2016 - Showers, Michael  
 PCH Name: EPWORTH HEALTHCARE AND REHABILITATION CENTER

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

2a. DESCRIPTION OF VIOLATION

On September 27, 2016 at 3 pm, the following hot water temperatures were measured in bathrooms within the secure dementia care unit:

- Room 110 vanity sink hot water temperature measured 127 degrees Fahrenheit
- Room 109 vanity sink hot water temperature measured 126 degrees Fahrenheit
- Room 106 vanity sink hot water temperature measured 127 degrees Fahrenheit

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.

1. This regulation is important because it protects residents from accidental scalding.
2. This regulation was violated because water temps in rooms 106, 109, 110 were in excess of 120°F.
3. This was fixed by adjusting temp on boiler immediately and twice daily log temps x 2 weeks then daily log temps by maintenance.
4. Administrator will monitor maintenance to ensure this monitoring is being done as stated above. Administrator will use audit tool to ensure monitoring being completed.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Melissa Maierhofer* Date 10/11/16

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The above plan of correction is approved as of <u>10/13/16</u> (Date)	Plan of correction implementation status as of <u>10/13/16</u> (Date)
The above plan of correction was approved by <u>BBS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32842 - 09/27/2016 - Showers, Michael  
 PCH Name: EPWORTH HEALTHCARE AND REHABILITATION CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.187(e) - 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 (MAR) for Resident #1 does not have a diagnosis or purpose listed for the prescribed Ranitidine 300 mg.

A medication card of generic stool softener (Colace 100 mg.) prescribed for Resident #1 was stored in the medication cart. This medication was not listed on the resident's MAR.

The Medication Administration Record (MAR) for Resident #3 does not have a diagnosis or purpose listed for the prescribed Sertraline 50 mg.

**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.

1. This regulation is important because it ensures the home's staff is able to track all medications the resident receives and to ensure all medications are administered as prescribed.

2. This regulation was violated because MARs were missing diagnosis for resident #1 Ranitidine 300 mg, Resident #3 Sertraline 50 mg was missing diagnosis and Colace 100mg for resident #1 was stored in med cart but not on MAR.

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 (Required on EVERY Page) *Melissa Maierhofer*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Melissa Maierhofer*      Date *10/11/16*

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3. This was corrected by placing diagnosis of Gerd on Resident #1 Zantidine 300mg, Resident #3 Sertraline 50mg added diagnosis of depression and Colace 100mg for resident #1 was added to MAR under PRN orders.
4. All medication technicians will be educated on checking all MARs for diagnosis being listed for each medication and to check that all medications are listed on the MAR. This will be completed by October 31, 2016.
5. Administrator and/or designee will monitor MARs on a weekly basis x 2 weeks then monthly thereafter to ensure all diagnosis and medications are listed. Audit tool in place to monitor.
6. Administrator will be responsible to prevent future violations.

Meissa Maerthel

Meissa Maerthel

10/11/16

Violation Report: 32842 - 09/27/2016 - Showers, Michael  
 PCH Name: EPWORTH HEALTHCARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The resident assessment and support plan for Resident #2, dated 08/10/2016, directs staff to perform 15 minute checks on the resident for behaviors. There is no information documented in the assessment that identifies the sexually acting out behaviors of Resident 2 that required the need for this heightened level of supervision.

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.

- 1. This regulation is important because it allows the home to create a comprehensive profile of a resident's needs and serves as the basis for the plan to meet those needs.
- 2. This regulation was violated because the support plan for resident #2 dated 8/10/16 directs staff to perform 15 min. checks on the resident for behaviors. There is no documentation in the assessment that identifies the sexually acting out behaviors of resident #2 that required the need for this heightened level of supervision.
- 3. This violation occurred due to the missing documentation of sexual behaviors.
- 4. The support plan for resident #2 has been updated with proper documentation of resident's sexual behaviors.
- 5. Administrator and/or designee will update the support plan with significant changes in condition, annually and/or if requested by the department.
- 6. Administrator and/or designee will be responsible for preventing further violations. Audit tool in place to monitor.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Meissa Marchal*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Meissa Marchal*      Date *10/11/16*

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

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

Violation Report: 32842 - 09/27/2016 - Showers, Michael  
 PCH Name: EPWORTH HEALTHCARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The support plan developed for Resident #2, dated [redacted] 2016, was completed due to the resident's admission into hospice services. However, the plan does not document any identifying or contact information for the Hospice provider.

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.

1. This regulation is important because it ensures that each resident's needs are met as those needs change, and that the accountability for meeting those needs is firmly established.
2. This regulation was violated because the support plan for resident #2 dated [redacted] 16 was completed due to the resident's admission into hospice services. The plan does not document any identifying or contact information for the hospice provider.
3. The violation occurred due to the failure to add hospice information to the support plan.
4. Resident #2 support plan was immediately updated with hospice information.
5. Administrator and/or designee will update the RASP with all significant changes and document on RASP when outside agencies are involved in care. Contact information will be added to RASP.
6. Administrator and/or designee will be responsible for preventing future violations. audit tool will be held monthly to ensure compliance.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Meissa Mairchell*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Meissa Mairchell*      Date *10/11/16*

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Violation Report: 32042 - 09/27/2016 - Showers, Michael

PCH Name: EPWORTH HEALTHCARE AND REHABILITATION CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

**2a. DESCRIPTION OF VIOLATION**

The Medical Evaluation completed on [redacted] 2016 for the transfer of Resident #2 into the home's secure dementia care unit (SDCU), does not document a diagnosis of dementia or Alzheimer's disease.

The Medical Evaluation completed on [redacted] 2016 for Resident #2, a resident of the home's secure dementia care unit (SDCU), does not document a diagnosis of dementia or Alzheimer's disease and indicate that Resident #2 requires care in 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.

1. This regulation is important because accurate medical information helps homes decide whether a resident's needs can be met by the home, helps the home develop accurate assessments and support plans, and ensures that the resident's medical needs will be met.
2. This regulation was violated because the medical eval completed on [redacted] 16 for the transfer of resident # 2 into the home's secure dementia care unit does not document a diagnosis of dementia or Alzheimer's disease and indicate that resident #2 requires care in a secure dementia care unit.
3. The violation occurred because the resident did not have a proper diagnosis of dementia or Alzheimer's disease to be moved to the secure dementia care unit.
4. New DME completed by MD with dementia diagnosis.
5. Administrator and/or designee will ensure that all residents being admitted to the secure dementia care unit have a proper diagnosis of dementia or Alzheimer's disease on the DME. Audit tool in place to monitor.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Meissa Marchal</i>	Date <i>10/11/16</i>
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(Date)

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(Initials)

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- Not Implemented

*Refer to Page 6A of 9*

6. Administrator and/or designee will be responsible to ensure that residents being admitted to the Secure dementia care unit have a diagnosis of Alzheimer's disease or other dementia. Audit tool in place to monitor for diagnosis of Dementia on OMB for Secure dementia unit.

Meissa Maierhals

Meissa Maierhals

10/11/16

Violation Report: 32842 - 09/27/2016 - Showers, Michael

PCH Name: EPWORTH HEALTHCARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted to the home's secure dementia care unit on [redacted] 2015. The resident had a preadmission screening completed on [redacted] 2015.

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

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

1. This regulation is important because a person needs to find a home that can provide the services s(he) needs. Completing a written cognitive pre-admission screening in collaboration with a physician or a geriatric assessment team prior to the admission to a secure dementia care unit which helps both the resident and the home establish what kinds of services the resident needs.
2. The regulation was violated because resident #3 was admitted to the home's secure dementia unit on [redacted] 15. The resident's pre-admission screening was completed on [redacted] 15.
3. The violation occurred because the pre-admission screening was completed outside the allowable 72 hr. time frame.
4. From this point forward all cognitive screenings will be monitored by the administrator to ensure they are completed within the 72 hrs prior to admission.
5. Administrator and/or designee will ensure that the cognitive portion of the OME is completed and signed within 72 hours prior to admission to a secure dementia care unit.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

*Maissa Marchal*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Maissa Marchal

Date 10/11/16

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(Date)

The above plan of correction was approved by

*BAS*  
(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Refer to Page 7A of 9

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6. The Administrator will be responsible for preventing further violations. Audit tool for pre-admissions put into place for monitoring.

Meissa Maierhofer

Meissa Maierhofer

10/11/16

Violation Report: 32842 - 09/27/2016 - Showers, Michael  
 PCH Name: EPWORTH HEALTHCARE AND REHABILITATION CENTER

**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**

The directions for the operation of the home's locking mechanisms are not conspicuously posted near the doors for the home's 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.*

1. The importance of this regulation is so that any person in the Secure dementia care unit that does not have an identified need to be in a secure dementia care unit can exit the Secure unit at their own will.
2. This regulation was violated because the code to leave the unit was not posted conspicuously near exits.
3. This violation was immediately fixed by placing the codes conspicuously at exits.
4. To prevent further violations the codes will be maintained conspicuously at all exits at all times.
5. Administrator will be responsible to ensure that codes are posted. Audit to be completed weekly to ensure compliance & 1 month later monthly after that.
6. Administrator will be responsible to prevent further violations.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa Mairhofer</i>	Date <i>10/11/16</i>
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Violation Report: 32842 - 09/27/2016 - Showers, Michael

PCH Name: EPWORTH HEALTHCARE AND REHABILITATION CENTER

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 contain a copy of the incident report sent to the Department, or any information regarding the incident that occurred on 7/7/2016 when Resident #2 allegedly sexually assaulted Resident #3.

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.

1. This regulation is important because having a complete record for each resident gives the home the best possible picture of who the resident is, what the resident's history is and what services or needs the resident may have.
2. This regulation was violated because resident #3's record also not contain a copy of the incident report sent to the department, or any information regarding the incident that occurred on 7/7/16 when resident #2 allegedly sexually assaulted resident #3.
3. This violation occurred due to the missing documentation in resident's chart and a copy of the report was not in resident's record.
4. A copy of the incident report has been placed in resident's records. Late note added to resident #3 chart regarding incident.
5. Staff will be educated on proper documentation in resident's charts. Staff will be educated by 10/31/16.
6. Administration will be responsible to prevent further violations. Audit will be completed weekly by administrator to ensure proper documentation is being completed.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa Maichalik</i>	Date <i>10/11/16</i>
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