



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to MILLETT PINES LLC
LEGAL ENTITY

To operate THE PINES AT CLARKS SUMMIT
NAME OF FACILITY OR AGENCY

Located at 1300 MORGAN HIGHWAY, CLARKS SUMMIT, PA 18411
(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 72
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 24

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 November 16, 2016 until November 5, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226120**

Robert E. Robinson
ISSUING OFFICER

Jay Baul
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

NOV 17 2016

Ms. Stacie Millett Rechlicz, Administrator
Millett Pines LLC
1300 Morgan Highway
Clarks Summit, Pennsylvania 18411

RE: The Pines at Clarks Summit
License #: 226120

Dear Ms. Rechlicz:

As a result of the Department of Human Services' annual licensing inspection on September 29, 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.

As a result of your facilities recent adjustment of the use of physical space, we are issuing a revised license under the authority of 55 Pa.Code Ch. 2600. The revised license indicates a secured dementia care unit licensed capacity of 24 for your facility. The expiration date of the license remains unchanged. Your revised license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: THE PINES AT CLARKS SUMMIT		License Number: 22612
Address: 1300 Morgan Highway, Clarks Summit, PA 18411		County: Lackawanna
Administrator: Stacie Millett Rechlicz		Region: NORTHEAST
Legal Entity Name: Millett Pines LLC		
Legal Entity Address: 101 Old Lackawanna Trail, Clarks Summit, PA 18411		
Certificate(s) of Occupancy		
I-1 03/02/2015 South Abington Township	I-2 06/30/2016 South Abington Township	
Staffing Hours		
Resident Support: NM	Total Daily Staff: 28	Waking Staff: 21
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, New		
On-Site Inspections Dates and Department Representatives On-Site 09/29/2016: Rushin, Julienne; Novak, Ryan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 72 Number of Residents Served: 23 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 4		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 23 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 5 Have a Physical Disability: 2

Violation Report: 22612 - 09/29/2016 - Rushin, Julianne
 PCH Name: THE PINES AT CLARKS SUMMIT

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

The home's licensing inspection summaries dated 6/2/16, 5/5/16, 2/12/16 and 9/22/15 were not posted in a public conspicuous area of the home.
 The PA code Chapter 2600 regulations were not posted in a public conspicuous area of the home.

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

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

The licensing inspection summaries and the PA code Chapter 2600 regulations must be posted in a conspicuous area of the home to permit residents and guests access to this information without the assistance of staff. This allows residents, families and visitors to learn about applicable regulations and the regulatory compliance status of the home.

The licensing inspection summaries and Chapter 2600 regulations are now posted in the lower level lobby along with the home's license and other permits.

The Administrator/Designee will add any new licensing summaries issued between the most current license and the receipt of the next license to this area. The Administrator/Designee will monitor and ensure ongoing compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Stacie Millett Rechlicz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **ADMINISTRATOR** Date **10-20-16**
STACIE MILLETT RECHLICZ

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

The above plan of correction is approved as of 10/25/16
 (Date)

Plan of correction implementation status as of 10/25/16
 (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: 22612 - 09/29/2016 - Rushin, Juliette
 PCH Name: THE PINES AT CLARKS SUMMIT

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 the following dates and times, the home's fire alarm was activated due to a false alarm and emergency personnel responded: 4/3/16 at 8:30am (humidity from shower), 5/8/16 at 9:42pm (steam from microwave), 7/10/16 at 8:10am (steam from shower) and 7/22/16 at 7:03 pm (coil in dishwasher). None of the false alarms were reported to the Department.
 Resident #3 famotidine was not administered on 9/19/16 at 8am. The home did not submit an incident report to the Department regarding the 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.

Personal care homes are required to report any "incident requiring the services of an emergency management agency, fire department or law enforcement agency, except for false alarms." The false alarms which triggered the fire department's response should have been reported to the department within 24 hours. A medication error should also be reported to the Department's regional office within 24 hours.

Department directors have reviewed regulation 2600.16(c) for reporting necessary incidents.

Staff administering medication have been re-educated on the policy and procedures for proper medication management. Staff has been retrained on the electronic medical record. The eMAR requires several steps to acknowledge that medication has been signed off as administered. If this is not done correctly, the administration of medication will not be captured and recorded correctly in the system.

* The Director of Wellness will monitor eMARs daily for accuracy and follow-up where needed.

* The Administrator/Designee will monitor and ensure ongoing compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s)	02/12/2016
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Stacie Millett Rechlicz*

Printed Name and Title of Legal Entity Representative ADMINISTRATOR Date 10-20-16
 (Required on EVERY Page) STACIE MILLETT RECHLICZ

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The above plan of correction is approved as of 10/25/16
 (Date)

Plan of correction implementation status as of 10/25/16
 (Date)

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

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

Violation Report: 22612 - 09/29/2016 - Rushin, Julieanne
 PCH Name: THE PINES AT CLARKS SUMMIT

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

2a. DESCRIPTION OF VIOLATION
 Resident # 1's contract dated 1/10/16 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.

The contract for Resident #1 was signed by the Admissions Director and the payor, however there was an oversight and the resident did not sign the contract. Signatures of all parties who have entered into the contract are important as this guarantees that all parties pledge to abide by the specified terms of the agreement.

The contract was reviewed with the resident and her signature was obtained on the contract.

The Admissions Director or Designee will ensure that all appropriate signatures are obtained. Routine audits of contracts will be done to monitor for completeness.

The Administrator/Designee will monitor and ensure ongoing compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Stacie Millett Rechlicz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **ADMINISTRATOR** Date *10-20-16*
STACIE MILLETT RECHLICZ

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 (Date)

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 (Initials)

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

Violation Report: 22612 - 09/29/2016 - Rushin, Julianne
 PCH Name: THE PINES AT CLARKS SUMMIT

1. REGULATION 55 Pa.Cmd. §2600
 2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION
 Resident # 4's contract dated 2/5/16 does not indicate the amount for room and board.

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.

The contract was signed by the Admissions Director and the payor, and a check for the monthly fee amount was received at the time of admission from the payor/resident's daughter. The contract, however did not have the monthly fee noted on the contract. Specifying the monthly fee ensures that the resident understands the home's charges. The contract was updated with the monthly fee and dated for the time of the update.

The new Admissions Director has been educated about the regulations regarding the contract and fees and will ensure that the monthly charge and appropriate signatures are contained in the contract. Routine audits will be done.

The Administrator/Designee will monitor and ensure ongoing compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Stacie Millett Rechlicz*

Printed Name and Title of Legal Entity Representative ADMINISTRATOR Date 10-20-16
 (Required on EVERY Page) STACIE MILLETT RECHLIZ

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

The above plan of correction is approved as of <u>10/25/16</u> (Date)	Plan of correction implementation status as of <u>10/25/16</u> (Date)
The above plan of correction was approved by <u><i>M</i></u> (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: 22612 - 09/29/2016 - Rushin, Julie
 PCH Name: THE PINES AT CLARKS SUMMIT

1. REGULATION 55 Pa.Code §2600
 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION
 Video camera #3, #12 and #13 record common areas of the home used by the residents. Video recording of the residents is prohibited.

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.

Video monitoring of the home's interior common areas is permitted by regulation 2600.42. Cameras #3, #12, and #13 were positioned to view the main lobby's entrance and elevator (#3, #12) and the second floor elevator (#13). Video recording of the home's entrances and exits and interior corridors leading to entrances and exits is permitted. Because these 3 cameras also happen to capture views of public sitting spaces in the home, the video recording that occurred is considered a violation.

The recording on these cameras was immediately stopped.

* The Administrator/Designee will monitor and ensure ongoing compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Stacie Millett Rechucz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ADMINISTRATOR
 STACIE MILLETT RECHUCZ Date 10-20-16

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

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 (Date)

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 (Initials)

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

Violation Report: 22612 - 09/29/2016 - Rushin, Julienne PCH Name: THE PINES AT CLARKS SUMMIT	
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 phone located in Room #131 did not have the emergency phone numbers posted on or near the phone.	
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.	
<p>This regulation, which requires specific phone numbers be posted on all phones with outgoing lines, is meant to ensure a quick response from the appropriate agency in the event of an emergency. 911 is also always available. The list of numbers is checked routinely by housekeeping to make sure each telephone has the required numbers posted. Many times residents or guests will remove the posted list of numbers.</p> <p>The importance of this regulation was reviewed with housekeeping and housekeeping will continue to diligently monitor that the numbers are always posted on the phones.</p> <p>* Random checks will be conducted by the Administrator \Designee.</p> <p>* The Administrator\Designee will monitor and ensure ongoing compliance.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Stacie Millett Recklitz</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>STACIE MILLETT RECKLITZ</i>	Date <i>10-20-16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
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The above plan of correction was approved by <u>M</u> (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: 22612 - 09/29/2016 - Rushin, Julianne
 PCH Name: THE PINES AT CLARKS SUMMIT

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

2a. DESCRIPTION OF VIOLATION

Left over pancakes and bacon were located in the Delfield refrigerator in the homes memory care unit not labeled.
 Left over strawberries, grapes and blueberries were located on the counter in the home's memory care unit not labeled.
 Breadsticks were located in the homes main walk in refrigerator not labeled

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.

To ensure that food is safe for use inspectors observe for expiration dates on food stored in the home. If the product is not dated a violation of this regulation is cited. The pancakes and bacon and fruit were all from that morning's breakfast.

Servers and kitchen staff were shown the unlabeled items and reinstructed on the importance of labeling all food. All 3 items identified were thrown away to ensure resident safety.

The Director of Food and Beverage will continue daily monitoring to ensure dating and labeling of all food.

The Administrator \Designee will monitor and ensure compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/22/2015

Signature of Legal Entity Representative (Required on EVERY Page) *Stacie Millett Rechlicz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **ADMINISTRATOR** Date **10-20-16**
STACIE MILLETT RECHLICZ

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

The above plan of correction is approved as of 10/25/16
 (Date)

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

Plan of correction implementation status as of 10/25/16
 (Date)

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- Not Implemented

Violation Report: 22612 - 09/29/2016 - Rushin, Julianne
 PCH Name: THE PINES AT CLARKS SUMMIT

1. REGULATION 55 Pa.Code §2600
 2600.107(b) - The home shall have written emergency procedures that include the following:
 (1) Contact information for each resident's designated person.
 (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
 (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
 (4) Means of transportation in the event that relocation is required.
 (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
 (6) Alternate means of meeting resident needs in the event of a utility outage.

2a. DESCRIPTION OF VIOLATION
 Upon review of the home's Emergency Procedures\Fire Safety section, it was noted that there are no instructions for staff to evacuate residents to a fire safe area in the event of a false alarm.

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.

The home's Fire Drill record was reviewed by the inspectors to verify that all required information was being documented. Recording fire drill information helps homes ensure compliance with all of the regulations relating to fire drills, and to identify and correct problems with evacuation.

Staff evacuates all residents even in the case of a false alarm. However, our Policy and Procedure for Emergency Procedures\Fire Safety does not specifically state that staff will evacuate residents to fire safe areas in the event of a false alarm.

Our Policy and Procedure was immediately updated to include false alarms and evacuation.

The Administrator\Designee will monitor for compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ADMINISTRATOR Date 10-20-16
STACIE MILLETT RECHLICZ

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The above plan of correction was approved by <u>[Signature]</u> (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: 22612 - 09/29/2016 - Rushin, Julianne
 PCH Name: THE PINES AT CLARKS SUMMIT

1. REGULATION 55 Pa. Code §2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
 Based on an interview with staff person A, the date and time of a fire drill is discussed at the home's "directors" meeting prior to staff person A conducting the 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.

The most recent fire drill was mentioned at the home's "Director's Meeting" so that 3 additional Directors were aware of the drill. This not normally done as the purpose of the fire drills is that they are "unannounced" and held without notice to the residents or staff, other than the staff person responsible for setting off the alarm and recording the results and the Administrator/Designee.

We appreciate the fact that the drill is no longer "unannounced" if staff responsible for evacuating residents know that a drill will occur. Unannounced drills simulate the best test of a home's ability to safely evacuate its residents and ensure staff and residents are prepared to evacuate without hesitation in the event of a real fire.

The Director of Maintenance is aware of the need to conduct unannounced fire drills. Going forward fire drills will remain unannounced.

The Administrator \Designee will monitor and ensure ongoing compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Stacie Millett Rechlitz*

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) STACIE MILLETT RECHLITZ ADMINISTRATOR 10-20-16

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Plan of correction implementation status as of 10/25/16
 (Date)

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 (Initials)

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- Not Implemented

Violation Report: 22612 - 09/29/2016 - Rushin, Julianne
 PCH Name: THE PINES AT CLARKS SUMMIT

1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
 The home's fire drill logs indicate during the "false alarms" that occurred on 4/3/16 at 8:30am, 5/8/16 at 9:42pm, 7/10/16 at 8:10am and on 7/22/16 at 7:03 pm. "0" residents were evacuated. Based on staff and resident interviews, it was determined that all residents were evacuated to the internal fire safe areas for each of the false alarms. The number of residents evacuated was not documented on the fire drill log.

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.

Recording fire drill information helps homes ensure compliance with all of the regulations relating to fire drills, and to identify and correct problems with evacuation.

An error was made in the documentation of the number of residents evacuated during false alarms. In the future the number of residents evacuated during false alarms will be documented on the fire drill log.

The Director of Maintenance has been educated regarding this documentation.

The Administrator / Designee will monitor and ensure ongoing compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Stacie Millett Rechlicz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **ADMINISTRATOR** Date **10-20-16**
STACIE MILLETT RECHLICZ

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Violation Report: 22612 - 09/29/2016 - Rushin, Julianne
 PCH Name: THE PINES AT CLARKS SUMMIT

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
 The home's fire drill logs indicate that during the drill conducted on 12/15/15 at 1:45pm, resident #1 refused to evacuate to a fire safe area.
 The home's fire drill logs indicate that during the drill conducted on 07/29/16 at 12:02pm, resident #2 refused to evacuate to a fire safe area.

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.

Residents, as evidenced by our fire drill log, occasionally refuse to evacuate during fire drills. The Resident #1 refused to evacuate because [redacted] had GI issues and was in the bathroom. The Resident #2 refused because [redacted] had just returned from the hospital and was not feeling well. This was the first time either resident had refused to evacuate.

Mandatory participation in fire drills is part of the home's contract. Each resident in this case was reminded of that requirement. Mandatory participation in fire drills was reviewed at Resident Council meetings. The home will continue to document resident refusal to follow the home's rules and repeated refusals to evacuate is sufficient proof of rule violation. Continued non compliance with this regulation may lead to resident discharge.

Staff is aware to report residents who refuse to evacuate.

The Administrator \Designee will monitor and ensure ongoing compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Stacie Millett Rechlicz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ADMINISTRATOR Date 10-20-16
 STACIE MILLETT RECHLICZ

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Fully Implemented
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Violation Report: 22612 - 09/29/2016 - Rushin, Julianne
 PCH Name: THE PINES AT CLARKS SUMMIT

1. REGULATION 55 Pa.Code §2600.
 2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION
 Resident # 5's self-medicates robitussin, Aleve, Bayer, stool softener, zicam and nystatin powder. The resident has not been assessed to be able to self-medicate.

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.

This regulation ensures that residents who wish to self administer medication are able to do so safely. Self administration would require an assessment and order by the appropriate health care professional.

Resident #5 did not have an order to self administer the over-the-counter medication [redacted] had in [redacted] room.

The medication was removed from the resident's room. The resident was informed of the appropriate steps that need to be followed in order to self administer medication, even over the counter (OTC) medication. This issue was reviewed at the Resident Council meeting to ensure residents are aware of the regulation.

Direct care staff will continue to monitor daily for medications that may be brought in by residents, families or guests and inform the Director of Wellness of the same. The DOW will discuss the regulations with the resident on a case by case basis and assess the residents for the ability to safely self medicate. The DOW, based on the assessment of the resident's ability as stated in the regulations will discuss self medication with the resident's health care provider.

The Administrator / Designee will monitor and ensure compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Stacie Millett Reahlitz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ADMINISTRATOR Date 10-20-16
 STACIE MILLETT REAHLITZ

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

The above plan of correction is approved as of 10/25/16 (Date) Plan of correction implementation status as of 10/25/16 (Date)

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

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

Violation Report: 22612 - 09/29/2016 - Rushin, Julienne
 PCH Name: THE PINES AT CLARKS SUMMIT

1. REGULATION 55 Pa. Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #3's premarin cream, prednisone, premarin tablet, Lyrica and metronidazole cream did not have a diagnosis or purpose listed on the MAR.

Resident #3's calcium and famotidine were not initialed as given on 9/15/16 at bedtime.

Resident #3 has an order for blood glucose readings twice daily in the morning and at bedtime. On 9/21/16 at bedtime a reading of 246 was noted in the glucometer however, 249 was documented on the MAR.

Resident #3 has an order for blood glucose readings before meals and at bedtime. On 9/20/16 at 4:30pm a reading of 192 was noted on the MAR however, there was no reading in the 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.

Please see attached

Repeat Violation: Yes

Date(s) of Previous Violation(s):

05/02/2016

09/22/2016

Signature of Legal Entity Representative
 (Required on EVERY Page)

Starie Millett Rechlitz

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

STARIE MILLETT RECHLITZ ADMINISTRATOR

Date

10-20-16

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The above plan of correction is approved as of

10/25/16
 (Date)

Plan of correction implementation status as of

10/25/16
 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

m
 (Initials)

Attachment

Cont-
15148/18

Accuracy and proper use of the Medication Administration Record (MAR) is critical. It enables the staff to track the medication a resident receives and ensures all medications are administered as prescribed.

Our pharmacy enters the orders into the electronic MAR and is responsible for including all the data in this regulation. Staff administering medication monitor that correct and complete information has been entered. The diagnosis must be included because the same medication may be used to treat different conditions.

The missing diagnosis\purpose for Resident #3's medication was immediately added to the MAR. Staff administering medication have been re-educated regarding the importance of complete information on the MAR. Notification to either the DOW or the pharmacy when incomplete information is found was reinforced.

The electronic MAR required several steps to acknowledge that medication has been administered. If this is not done correctly, the administration of medication will not be captured and recorded properly. This was reviewed with staff administering medication.

Staff administering medication have reviewed the policy and Procedure for monitoring and recording of blood glucose and the proper use of the glucometer. Staff has a 3 step process for checking that the glucometer reading is entered into the MAR accurately. This was reviewed with staff.

The DOW will monitor this on a routine basis.

The DOW will routinely audit the MAR's for completion and accuracy.

The Administrator\Designee will monitor and ensure ongoing compliance.


10/25/16

Violation Report: 22812-09/29/2016 - Rushin, Juliëne
 PCH Name: THE PINES AT CLARKS SUMMIT

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

2a. DESCRIPTION OF VIOLATION

Resident #3 has an order for blood glucose readings before meals and at bedtime. On 9/20/16 at 4:30pm there was no reading in the glucometer.
 Resident #3 famotidine was not administered on 9/19/16 at 8am.

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.

The home shall follow the directions of the prescriber which ensures that residents receive medications and treatments as ordered by the authorized health care provider.

The importance of following the prescribers orders in the MAR was reviewed with those staff members administering medication.

The DOW will routinely monitor the MAR's and glucomters for inconsistencies and review with staff as needed.

The Administrator/Designee will monitor and ensure compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/02/2016
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Stacie Millett Rechlicz</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	ADMINISTRATOR STACIE MILLETT RECHLICZ	Date	10-20-16
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The above plan of correction is approved as of <u>10/25/16</u> (Date)	Plan of correction implementation status as of <u>10/25/16</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (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: 22612 - 09/29/2016 - Rushin, Julianne

PCH Name: THE PINES AT CLARKS SUMMIT

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

Resident #3 famotidine was not administered on 9/19/16 at 8am. The home did not notify the prescriber regarding the 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.

It is important to report medications that were not administered to the appropriate persons as described in regulation 2600.188(b).

The resident's physician was notified that the drug was possibly not administered as prescribed.

The DOW will monitor the MAR routinely for completion and accuracy and review the same with staff administering medication.

The Administrator/Designee will monitor and 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) *Stacie Millett Rechlicz*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) **ADMINISTRATOR** Date **10-20-16**
STACIE MILLETT RECHLICZ

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The above plan of correction is approved as of 10/25/16
(Date)

Plan of correction implementation status as of 10/25/16
(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: 22512 - 09/29/2016 - Rushin, Julianne
 PCH Name: THE PINES AT CLARKS SUMMIT

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
 Resident # 3's was admitted to the home on [redacted] 16, the preadmission screening did not have a date as to when it was completed.

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.

Prior to admission, an individual preadmission screening must be done for each resident to determine if the home can meet the needs of the resident.

The preadmission screening was completed prior to admission and it was determined that the home could safely meet the needs of the resident. The Director of Wellness inadvertently missed entering the date on the form.

The date was added to the form.

The Admissions Director will audit current preadmission screenings to ensure compliance, as well as conducting audits in the future to verify compliance.

The Administrator/Designee will monitor and ensure compliance.

Repeat Violation: No Date(s) of Previous Violation(s) [redacted]

Signature of Legal Entity Representative (Required on EVERY Page) *Stacie Millett Rechlicz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ADMINISTRATOR
 STACIE MILLETT RECHLICZ Date 10-20-16

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

The above plan of correction is approved as of 10/25/16
 (Date)

Plan of correction implementation status as of 10/25/16
 (Date)

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

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

Violation Report: 22612 - 09/29/2016 - Rushin, Julieanne
 PCH Name: THE PINES AT CLARKS SUMMIT

1. REGULATION 55 Pa.Code §2600
 2600.233(d) - Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

2a. DESCRIPTION OF VIOLATION

The sliding glass Stanley doors which enter the home's memory care unit were not equipped with a magnetic lock. The exit leads to the home's main parking lot.
 The gate which exits the memory care unit from the courtyard to the parking lot is equipped with a magnetic lock. The lock does not always engage when the gate is closed.
 The gate which exits to the back of the building from the memory care courtyard is not equipped with a magnetic lock. The gate leads to the back of the building down a steep embankment.

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.

This regulation applies to Secured Dementia Care Units (SDCU). The home is applying for a license to operate a SDCU but does not have one currently and therefore is not bound by those regulations. While the home recognizes the need to rectify any issues that would prevent us from being granted the SDCU license, we question being issued a violation.

The Stanley doors at the entrance to the memory unit must be retrofitted with an electronic lock. This lock has been ordered and will be installed by Stanley when available.

The gate exiting the memory unit from the courtyard to the parking lot is equipped with a magnetic lock. The State Inspector determined that the gate does not always engage when the gate is closed. The Director of Maintenance has repaired the gate and it now engages properly.

The gate which exits to the back of the building from the memory unit courtyard is not equipped with a magnetic lock. The gate has been locked and signage has been placed on the gate stating that it is not an exit.

The administrator shall monitor for ongoing compliance

Repeat Violation: No Date(s) of Previous Violation(s): 10/25/16

Signature of Legal Entity Representative (Required on EVERY Page) *Stacie Milette Rechlicz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ADMINISTRATOR* Date *10-20-16*
STACIE MILETT RECHLICZ

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- Not Implemented

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