



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]  
Mailing Date: January 17, 2017

Mr. David Levitz, President HSC  
GAHC3 Boyertown PA ALF TRS SUB LLC  
18192 Von Karman Avenue, Suite 300  
Irvine, California 92612

RE: Chestnut Knoll  
120 West Fifth Street  
Boyertown, Pennsylvania 19512  
License # 226130

Dear Mr. Levitz:

As a result of the Department of Human Services' licensing inspection on October 18, 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,

*Anne Graziano*  
Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

PCH Name: CHESTNUT KNOLL		License Number: 22613
Address: 120 WEST FIFTH STREET, BOYERTOWN, PA 19512		County: Berks
Administrator: SHAWN BARNDT		Region: NORTHEAST
Legal Entity Name: GAHC3 BOYERTOWN PA ALF TRS SUB, LLC		
Legal Entity Address: 18191 VON KARMAN AVENUE, IRVINE, CA 92612		
<b>Certificate(s) of Occupancy</b>		
I-2 08/16/2006 Borough of Boyertown	C-2 LP 08/21/2000 L&I	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 104	Waking Staff: 78
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
10/18/2016: Harvey, Jason		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:	Random Indicators:	
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 119 Number of Residents Served: 52 Secured Dementia Care Unit in Home: Yes Area: N/A Secured Dementia Unit Capacity, if Applicable: 52 Number of Residents Served in Secured Dementia Care Unit, if applicable: 52 Number of Current Hospice Residents: 9 Number of Hospice Residents in past year: 30	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 110 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 52 Have a Physical Disability: 0	

Violation Report: 22613 - 10/18/2016 - Harvey, Jason  
PCH Name: CHESTNUT KNOLL

**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**

On 9/22/2016 resident #1's medication of Rivastigmine (Exelon) 9.5mg topical patch was discontinued in the home's Quick MAR system due to the previous year's nurse rejecting an alert indicated by a yellow flag pop up on 9/22/2015. The Quick MAR system automatically populated a discontinue order of the resident's medication for 1 year later on 9/22/2016. Three days prior to the order being discontinued the Quick MAR system generated a light blue arrow indicating that the medication will expire in 3 days. The home failed to follow the Quick MAR policy and procedures.

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

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

A new prescription for the Exelon was obtained by the facility on 9/6/16 and sent to the pharmacy for renewal of the order. Once entered by the pharmacy, a Chestnut Knoll nurse noticed that the order was in the emar twice (the old order and the new order). The pharmacy was notified and removed one of the duplicate orders from the emar. It appears as if the new order was removed, thus leaving the old order which then expired and dropped off the emar. The staff did not notice that the order dropped off thus resulting in missed doses for the resident.

The Physician was notified. No ill effects, No new orders except to restart the medication as ordered previously.

In order to prevent this from happening again, daily checks of the 'dashboard' on the quickmar will be conducted by a member of the nursing office staff. The dashboard shows upcoming expiring orders as well as new orders that are in need of review. This procedure will be audited weekly for the next 3 months by the Director of Staff Development and Resident Care in order to ensure the procedure is working.

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

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*J. Barndt*

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

*Shawn Barndt*

Date *12/7/16*

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

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

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

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

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

Violation Report: 22613 - 10/18/2016 - Harvey, Jason  
PCH Name: CHESTNUT KNOLL

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

2a. DESCRIPTION OF VIOLATION

Resident #1 had an order for Rivastigmine (Exelon) 9.5mg topical patch to be applied once daily, on 9/22/2016 through 9/29/2016 resident #1 did not receive their medication. There was no order to stop treatment for resident #1.

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.*

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Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

J. Barnett

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


Shawn Barnett

Date 12/7/16

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