



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 24 2017

Ms. Lisa A. Johnson,
CEO
Bradford Ecumenical Home, Inc.
100 St. Francis Drive
Bradford, Pennsylvania 16701

RE: Chapel Ridge
200 St. Francis Drive
Bradford, Pennsylvania 16701
License #: 426420

Dear Ms. Johnson:

As a result of the Department of Human Services' annual licensing inspection on November 1, 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: CHAPEL RIDGE		License Number: 42642
Address: 200 ST FRANCIS DRIVE, BRADFORD, PA 18701		County: McKean
Administrator: Nicole Wells		Region: WEST
Legal Entity Name: BRADFORD ECUMENICAL HOME INC		
Legal Entity Address: 100 ST. FRANCIS DRIVE, BRADFORD, PA 18701		RECEIVED
Certificate(s) of Occupancy C-2 LP 09/18/1996 Labor & Industry		DEC 14 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 65	Working Staff: 49
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/01/2016: Park, Beth; Mulick, Cindy; Quinn, Suzanne		
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: 112 Number of Residents Served: 65 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: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 65 Have Mental Illness: 4 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

RECEIVED

DEC 14 2016

Violation Report: 42642 - 11/01/2016 - Park, Beth
PCH Name: CHAPEL RIDGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

The original container for resident #1's Pradaxa 150mg was not labeled with a pharmacy label.

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.

Pharmacy was contacted with a new bottle of Pradaxa being obtained. Medication is in a prescription bottle containing a label with resident's name, name of medication, date of issue, dosage and instructions, and name and title of prescriber. An immediate audit of both medication carts was completed ensuring prescriptions are in original bottles and contained pharmacy labels with all needed information as outlined in 2600.184(a). Nurse manager will conduct weekly audits x 4 and biweekly audits x 2 to ensure all medications are properly labeled. Findings to be reported at next two Quarterly Management Meetings. Administrator will monitor ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Nicole Wells

12/12/2016

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

Nicole Wells, Administrator

Date 12/12/2016

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

The above plan of correction is approved as of

12/19/16
(Date)

Plan of correction implementation status as of

12/19/16
(Date)

The above plan of correction was approved by

NW
(Initials)

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