



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to FSP-DOYLESTOWN LP
LEGAL ENTITY

To operate THE SOLANA DOYLESTOWN
NAME OF FACILITY OR AGENCY

Located at 1621 EASTON ROAD, WARRINGTON, PA 18976
(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 129
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)
Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 34

Restrictions: _____

This certificate is granted in accordance with the Public Welfare 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 May 23, 2017 until November 23, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 141211

Robert E. Robinson
ISSUING OFFICER

Jay Bank
DEPUTY SECRETARY

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

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: MAY 23 2017

Mr. W. Bryan Hudson,
EVP, General Counsel and Secretary
FSP-Doylestown LP
Attn: Atria Mgmt Co-Legal Dept
300 East Market Street, Suite 100
Louisville, Kentucky 40202

RE: The Solana Doylestown
1621 Easton Road
Warrington, Pennsylvania 18976
License #: 141211

Dear Mr. Hudson:

As a result of the Department of Human Services' (Department) licensing inspections on November 9, 2016, November 10, 2016 and April 28, 2017 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #141210 dated November 20, 2016 to November 20, 2017 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This first provisional license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated November 20, 2016 to November 20, 2017 is NOT reinstated upon expiration of this first provisional license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your first provisional license is enclosed.

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

Mr. W. Bryan Hudson

2

If you disagree with the decision to issue a provisional license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your provisional license, a written request for an appeal must be received within 10 days of the date of this letter by:

Kevin Brumbach, Enforcement Manager
Bureau of Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Jacqueline L. Rowe
Director

Enclosures
License
Licensing Inspection Summary

Violation Report: 14121 - 11/09/2016 - Kazimer, Lauren
 PCH Name: THE SOLANA DOYLESTOWN

1. REGULATION 55 Pa.Coda §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

- On 11/09/16, the Home's daily assignment sheets were unsecured and accessible on top of the radio, located in the SDCU.
- On 11/10/16, the following items were unsecured and accessible:

The daily communication book and MAR were observed atop the medication cart, located on the first floor.
 The resident's dietary and meal book located on kitchen counter top in the SDCU.
 Resident information, written on a white board located in the SDCU resident care office, was visible from the hallway.

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 Solana Doylestown submits the Plan of Correction to comply with PA 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of The Solana Doylestown or an agreement by The Solana Doylestown as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

The Resident Services Director in-serviced direct care staff on the importance and requirement of maintaining confidentiality of all resident records. The in-service included a review of Confidentiality Policy which is attached for your review and convenience. The in-service also discussed maintain resident records in secure designated areas. Assignment sheets are to be kept in the possession of the Resident Service Aides at all times and not left unattended. MARs are to be kept in the designated nursing office unless in the possession of the medication technician and the medication cart. MARs are not to be left unattended. The community also purchased a privacy drape to prevent the general public from viewing resident information on the white board in the communication center. The Resident Services Director or other designee shall perform routine and regular rounds in the community to ensure compliance with 2600.17 and that all resident records are kept confidential and out of view of the general public. The Executive Director shall also monitor compliance of 2600.17.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Armagost* Date *12/22/16*

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

The above plan of correction is approved as of 2/2/17
 (Date)

Plan of correction implementation status as of 2/2/17
 (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: 14121 - 11/09/2016 - Kazlmer, Lauren
 PCH Name: THE SOLANA DOYLESTOWN

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
 The contracts for resident # 1 and # 2 were 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.

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The Resident Agreements for Resident # 1 and Resident #2 were signed at the time of the inspection. The Community Business Director or other designee audited all Residency Agreements to ensure compliance with 2600.25(b). The Community Business Director, other designee, and the Executive Director shall ensure that all Residency Agreements for new residents comply with 2600.25(b).

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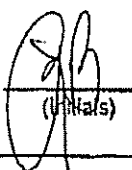
Signature of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Armagost*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Armagost* Date *12/22/16*

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 (Date)

Plan of correction implementation status as of 2/2/17
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 14121 - 11/09/2016 - Kazimer, Lauren
 PCH Name: THE SOLANA DOYLESTOWN

1. REGULATION 56 Pa.Code §2600
 2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
 Resident # 2's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint 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.

The Solana Doylestown submits the Plan of Correction to comply with PA 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of The Solana Doylestown or an agreement by The Solana Doylestown as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

The statement acknowledging receipt of the Resident's Rights, including the right to refuse medication for Resident #2 was signed at the time of the inspection. The Community Business Director or other designee audited all Residency Agreements and statements to ensure compliance with 2600.41(e). The Community Business Director, other designee, and the Executive Director shall ensure that all Residency Agreements and statements for new residents comply with 2600.41(e).

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Leanne for Director</i>	12/22/16

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

The above plan of correction is approved as of <u>2/2/17</u> (Date)	Plan of correction implementation status as of <u>2/2/17</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 14121 - 11/09/2016 - Kazimer, Lauren
 PCH Name: THE SOLANA DOYLESTOWN

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

Two cordless telephones, on the third floor, did not have emergency service numbers posted nearby..

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 Solana Doylestown submits the Plan of Correction to comply with PA 2600 et al, and all other applicable regulations and statutes. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of The Solana Doylestown or an agreement by The Solana Doylestown as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

The Solana Doylestown respectfully takes issue with regards to the deficiencies issued pursuant to 2600.91. Residents occupying the subject apartment moved in around the time of the inspection. The subject apartment in which the telephones were located were installed in close proximity to the timing of the inspection and the community did not have an opportunity to place the requisite telephone numbers on or by each telephone. Accordingly, the deficiency issued pursuant to 2600.85(d) was issued in error and The Solana Doylestown respectfully requests this deficiency be reconsidered and withdrawn. Despite the request for this deficiency to be withdrawn the Community placed the requisite numbers on or by each telephone at the time of the inspection. The Maintenance Director or other designee shall survey the rooms to ensure compliance with 2600.91. The Executive Director shall also ensure compliance with 2600.91, by reviewing the emergency numbers posted monthly, starting immediately. *See 4/15/17*

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Armaoast* Date *12/22/16*

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The above plan of correction is approved as of *2/2/17*
 (Date)

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

Plan of correction Implementation status as of *2/2/17*
 (Date)

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

Violation Report: 14 121 - 11/09/2016 - Kazimer, Lauren
 PCH Name: THE SOLANA DOYLESTOWN

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

- The microwave, located in the cabinet drawer of the third floor sport bar, was not bolted into the cabinet and presenting a hazard to residents using the appliance.
- On 11/9/16, the SDCU's kitchen galley door had a broken hinge and could not be secured properly. The broken hinge presented a safety hazard to the residents.

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 Solana Doylestown submits the Plan of Correction to comply with PA 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of The Solana Doylestown or an agreement by The Solana Doylestown as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

The Solana Doylestown respectfully takes issue with regards to the deficiencies issued pursuant to 2600.95. All repairs identified were completed prior to the conclusion of the inspection. Accordingly, the deficiency issued pursuant to 2600.95 no longer existed at the time of exit and The Solana Doylestown respectfully requests this deficiency be reconsidered and withdrawn. Despite the request for this deficiency to be withdrawn the Maintenance Director shall complete safety rounds on a routine and regular basis. The Executive Director shall also ensure compliance with 2600.95, by conducting physical site checks at least monthly, starting immediately. *12/19/17*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Jennifer Armagost</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Jennifer Armagost</i>	<i>12/22/16</i>

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 (Date)

Plan of correction implementation status as of 2/2/17
 (Date)

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

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

Violation Report: 14121 - 11/09/2016 - Kazlmer, Lauren
 PCH Name: THE SOLANA DOYLESTOWN

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

2a. DESCRIPTION OF VIOLATION

On 11/09/16, two dented cans of pineapple were observed in the home's kitchen storage 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.

The Solana Doylestown submits the Plan of Correction to comply with PA 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of The Solana Doylestown or an agreement by The Solana Doylestown as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

The community removed the dented cans from the pantry at the time of the inspection and therefore requests this violation be withdrawn since it was resolved prior to the completion of the inspection. Further, the Director of Culinary Services inspected all other cans for damage and will conduct weekly inspections to ensure compliance with 2600.103(i). The Executive Director shall also ensure regulatory compliance.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Armagost* Date *12/22/16*

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The above plan of correction is approved as of 2/2/17
 (Date)

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

Plan of correction implementation status as of 2/2/17
 (Date)

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

Violation Report: 14121 - 11/09/2016 - Kazimer, Lauren
PCH Name: THE SOLANA DOYLESTOWN

1. REGULATION 55 Pa.Codo §2600
2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
According to home's fire drill records, during the fire drill of 5/19/16, resident in room #226 did not 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.

The Solana Doylestown submits the Plan of Correction to comply with PA 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of The Solana Doylestown or an agreement by The Solana Doylestown as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

The Solana Doylestown respectfully takes issue with regards to the deficiencies issued pursuant to 2600.132(d). The Solana Doylestown performed a fire drill on 5/25/16 that complied with 2600.132(d). The Solana Doylestown should not receive a deficiency for recording a fire drill in which not all residents participated when it was in fact able to timely resolve the issue. In addition, The Solana Doylestown communicated the importance of all residents participating in the requisite fire drill with the subject resident as well as during the Resident Council. Accordingly, The Solana Doylestown respectfully requests that this deficiency be reconsidered and withdrawn.

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

Signature of Legal Entity Representative
Jennifer Armagost
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
Jennifer Armagost Date *12/22/16*
(Required on EVERY Page)

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

The above plan of correction is approved as of *2/2/17*
(Date)

Plan of correction implementation status as of *2/2/17*
(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: 14121 - 11/09/2016 - Kazimer, Lauren
 PCH Name: THE SOLANA DOYLESTOWN

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 # 4 self-administers medications but has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

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 Solana Doylestown submits the Plan of Correction to comply with PA 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of The Solana Doylestown or an agreement by The Solana Doylestown as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

Resident No. 4 is assessed to receive assistance with medication administration. Resident No. 4's family provided resident with Tylenol and failed to notify The Solana Doylestown. The Solana Doylestown removed the medication at the time of the inspection. The Resident Services Director in-serviced direct care staff on the importance of daily surveying apartments occupied by residents that are received medication administration services. Direct care staff assignment sheets also include a task to confirm and note any and all medications that a resident and/or family member fail to notify the community of any medications. The community also communicated with residents and family members and shared the importance of notifying the community any time a medication is brought to the community so it can be properly documented and the records may be updated, the primary care physician may be notified, and the medication may be properly stored. The Resident Services Director or other designee will ensure compliance with 2600.181.(c). The Executive Director shall also oversee regulatory compliance.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Armagost* Date *12/22/16*

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

The above plan of correction is approved as of 2/2/17
 (Date)

Plan of correction implementation status as of 5/4/17
 (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: 14121 - 11/09/2016 - Kazimer, Lauren
 PCH Name: THE SOLANA DOYLESTOWN

1. REGULATION 65 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

On 11/10/16, Allegra-D prescribed for resident # 2, discontinued on 6/29/16, was observed in the SDCU's medication cart.

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 Solana Doylestown submits the Plan of Correction to comply with PA 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of The Solana Doylestown or an agreement by The Solana Doylestown as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

The prescribed medication was removed from the medication cart at the time of the inspection. The Resident Services Director reviewed medication storage procedures with the medication technicians including, but not limited to, the removal and destruction of discontinued medication per the Atria medication policies. Cart audits are scheduled for the medication technicians on a monthly basis. The Resident Services Director or other designee will ensure compliance with 2600.183.(d). The Executive Director shall also oversee regulatory compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jennifer Armagost</i>	Date <i>12/22/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *2/2/17*
 (Date)

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

Plan of correction implementation status as of *5/4/17*
 (Date)

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

Violation Report: 14121 - 11/09/2016 - Kazimer, Lauren
 PCH Name: THE SOLANA DOYLESTOWN

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

Resident #1's Ammonium Lactate 12% did not have a 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.

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The Solana Doylestown respectfully takes issue with regards to the deficiencies issued pursuant to 2600.184(a). The subject medication was an over the counter lotion; Ammonium Lactate. 2600.184(a) applies to prescription medications. As a result 2600.184(a) does not apply and this deficiency should be reconsidered and withdrawn. Despite this request for the deficiency to be withdrawn, The Solana Doylestown labeled the bottle of lotion with the resident's name. The Resident Services Director also in-serviced the medication technicians on medication labeling procedures. Medication cart audits are scheduled on a monthly basis. The Resident Services Director or other designee will ensure compliance with 2600.184.(a). The Executive Director shall also oversee regulatory compliance.

The home will obtain a new label for the prescribed medication from the pharmacy. In the event any other prescribed medications are missing labels the administrator or designee will contact the pharmacy for a new label.

The Resident Services Director will audit all medication carts on a monthly basis to ensure all prescribed medications have pharmacy labels and any OTC medications have resident names labeled, starting immediately. SW 4.20.17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Armagost* Date *12/22/16*

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

The above plan of correction is approved as of 2/2/17 (Date)

The above plan of correction was approved by (Official)

Plan of correction implementation status as of 2/2/17 (Date)

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

Violation Report: 14121 - 11/09/2016 - Kazimer, Lauren
 PCH Name: THE SOLANA DOYLESTOWN

1. REGULATION 55 Pa.Code §2600
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION

The following medications belonging to resident # 3 and located in the medication cart, were not labeled with the resident's name: Aspirin 81 MG, Vitamin C 500 MG, Cranberry Capsules and Multivitamin.

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 Solana Doylestown submits the Plan of Correction to comply with PA 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of The Solana Doylestown or an agreement by The Solana Doylestown as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

The medications were properly labeled at the time of the inspection. The Resident Services Director reviewed medication labeling procedures with the medication technicians. Cart audits are scheduled for the medication technicians on a monthly basis. The Resident Services Director or other designee will ensure compliance with 2600.184.(b). The Executive Director shall also oversee regulatory compliance.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Armagost* Date *12/22/16*

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

The above plan of correction is approved as of *2/2/17*
 (Date)

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

Plan of correction implementation status as of *5/4/17*
 (Date)

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

Violation Report: 14121 - 04/28/2017 - Adams, Patricia
 PCH Name: THE SOLANA DOYLESTOWN

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 4/28/17, resident # 4's Acetaminophen 325mg was not available for administration.
 - On 4/28/17, resident # 5's Ibuprofen PM 200mg-36mg and Acetaminophen 325mg for pain, were not available for the administration.

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 Solana Doylestown submits the plan of correction to comply with PA2600et al. and all other applicable regulations and statues. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the Part of the Solana Doylestown or an agreement by The Solana Doylestown as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

The acetaminophen 325mg was ordered at the time of inspection. The Resident Services Director has scheduled all med techs to do cart audits weekly to ensure that all medication is regularly available, or if no needed, discontinued by the PCP. The Resident Services Director and Executive Director will be responsible to ensure ongoing compliance with the cart audits.

The medication cart audits will be conducted at least monthly by the Resident Service Director or Designee. Documentation of the audits will be maintained. PA 5.4.17

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Armao*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Armao* Date *5/3/17*

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

The above plan of correction is approved as of *5/8/17*
 (Date)

Plan of correction implementation status as of *5/16/17*
 (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: 14121 - 11/09/2016 - Kazimer, Lauren
 PCH Name: THE SOLANA DOYLESTOWN

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

On 11/10/16, the medication administration record (MAR) for resident # 5 does not include a diagnosis for Paladay 0.2%.

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 Solana Doylestown submits the Plan of Correction to comply with PA 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of The Solana Doylestown or an agreement by The Solana Doylestown as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

The Resident Services Director obtained a diagnosis from the subject resident's primary care physician for the medication. The Resident Services Director shall be responsible for obtaining diagnosis for any medication(s) that are prescribed for residents upon admission or upon any medication change. MAR audits will be conducted monthly to ensure compliance with 2600.187(a). The Executive Director shall also ensure regulatory compliance.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Armagost* Date *12/22/16*

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

The above plan of correction is approved as of 2/2/17
 (Date)

Plan of correction implementation status as of 2/2/17
 (Date)

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

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

Violation Report: 14121 - 11/09/2016 - Kazlmer, Lauren
PCH Name: THE SOLANA DOYLESTOWN

1. REGULATION 55 Pa.Code §2600
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
On 11/10/16, at 8:00 am, resident # 1's Ammonium Lactate 12% was administered. Staff person A did not initial the medication administration record until 11:50 am.

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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Staff member A was in-serviced by the Resident Services Director on timely documenting administration of medications. All other medication technicians were also in-serviced on timely documenting administration of medications. The Resident Services Director shall be responsible for monitoring and ensuring timely documentation of administration of medications. The Executive Director shall also oversee regulatory compliance, *at least monthly.* (Signature)

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jennifer Aronagost*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jennifer Aronagost* Date *12/22/16*

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

The above plan of correction is approved as of *2/2/17*
(Date)

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

Plan of correction implementation status as of *2/2/17*
(Date)

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

Violation Report: 14121 - 11/09/2016 - Kazimer, Lauren
 PCH Name: THE SOLANA DOYLESTOWN

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

2a. DESCRIPTION OF VIOLATION

On 11/10/16, Resident # 3 is prescribed Colace 100 MG. However, the home is administering Colace 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.

The Solana Doylestown submits the Plan of Correction to comply with PA 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of The Solana Doylestown or an agreement by The Solana Doylestown as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

The Resident Services Director obtained the accurate dose of Colace from the pharmacy to ensure the resident was receiving the proper dose of the medication. The Resident Services Director will oversee monthly medication cart audits performed by the medication technicians to ensure medications administered to residents are consistent with the prescribed orders. The Resident Services Director will correct any discrepancies through communications with the pharmacy and the respective primary care physician. The Executive Director will also oversee regulatory compliance, by monitoring at least monthly. *4/20/17*

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Armagost* Date *12/22/16*

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

The above plan of correction is approved as of *2/2/17*
 (Date)

Plan of correction implementation status as of *5/4/17*
 (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: 14121 - 11/09/2016 - Kazimer, Lauren
 PCH Name: THE SOLANA DOYLESTOWN

1. REGULATION 65 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

According to the home's training records, on 11/09/16, staff person A, B, C, D, E, who have not successfully completed the Department-approved medications administration course, administered medications to residents 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.

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Staff persons A, B, C, D, and E completed the requisite state medication training. However, staff persons A, B, C, D, and E had not completed the requisite annual observation. The Resident Services Director resumed the requisite observations for the respective staff persons and maintains regular observation and supervision. All medication technicians are scheduled to be re-certified by the Resident Services Director and will continue to be observed and supervised by the Resident Services Director. The Executive Director shall ensure regulatory compliance. *Staff persons A, B, C, D & E completed the competency test again within next 30 days. Documentation will be maintained at all times & available for the Department's review.*

The administrator will develop a tracking form to schedule the bi-annual observation and MAR review within the next 30 days.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Armagost*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Armagost* Date *12/22/16*

DEPARTMENT USE ONLY / HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of *2/2/17*
 (Date)

Plan of correction implementation status as of *5/4/17*
 (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: 14121 - 11/09/2016 - Kazimer, Lauren
 PCH Name: THE SOLANA DOYLESTOWN

1. REGULATION 55 Pa.Code §2600
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
 Resident # 2 has not been educated to the resident's right to refuse medication if the resident believes that there may be a 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.

The Solana Doylestown submits the Plan of Correction to comply with PA 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of The Solana Doylestown or an agreement by The Solana Doylestown as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

The statement acknowledging receipt of the Resident's Rights, including the right to refuse medication for Resident #2 was signed at the time of the inspection. The Community Business Director or other designee audited all Residency Agreements and statements to ensure compliance with 2600.191. The Community Business Director, other designee, and the Executive Director shall ensure that all Residency Agreements and statements for new residents comply with 2600.191.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Armagost* Date *12/22/16*

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

The above plan of correction is approved as of *2/2/17*
 (Date)

Plan of correction implementation status as of *2/2/17*
 (Date)

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

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

Violation Report: 14121 - 11/09/2016 - Kazimer, Lauren
 PCH Name: THE SOLANA DOYLESTOWN

1. REGULATION 66 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident # 1 participated in the development of their support plan on 6/11/18. The resident did not sign the support plan.

Resident # 3 participated in the development of their support plan on 11/1/16. The resident did not sign the support plan.

withdrawn 4/20/17

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 Solana Doylestown submits the Plan of Correction to comply with PA 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of The Solana Doylestown or an agreement by The Solana Doylestown as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

Resident No. 1, Resident No. 3, and [redacted] signed the respective support plans prior to the conclusion of the inspection.

[redacted] The Resident Services Director will ensure compliance with 2600.227(g). The Resident Services Director and Executive Director will also perform audits to ensure compliance with 2600.227(g).

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Armagost* Date *12/22/16*

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

The above plan of correction is approved as of 2/2/17 (Date)

Plan of correction implementation status as of 2/2/17 (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: 14121 - 11/09/2016 - Kazimer, Lauren
 PCH Name: THE SOLANA DOYLESTOWN

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 # 1 was admitted to the SDCU on [redacted] 16. The resident did not have a cognitive pre-screening admission in collaboration with a physician or geriatric assessment team.

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 Solana Doylestown submits the Plan of Correction to comply with PA 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of The Solana Doylestown or an agreement by The Solana Doylestown as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

The cognitive screening was completed prior to the conclusion of the inspection. The Life Guidance Director, Resident Services Director, or other designee shall audit all files for SDCU residents to ensure compliance with 2600.231(c). The Life Guidance Director, Resident Services Director, Executive Director, or other designee shall ensure regulatory compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Jennifer Armaquest

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

Jennifer Armaquest

Date *12/22/16*

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

The above plan of correction is approved as of

2/2/17
 (Date)

Plan of correction implementation status as of

2/2/17
 (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: 14121 - 11/09/2016 - Kazimer, Lauren
 PCH Name: THE SOLANA DOYLESTOWN

1. REGULATION 65 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 code for operating the keypad was not posted on the SDCU courtyard gate, on 11/10/16.

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 Solana Doylestown submits the Plan of Correction to comply with PA 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of The Solana Doylestown or an agreement by The Solana Doylestown as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

The code for the key pad associated with the SDCU courtyard was posted prior to the conclusion of the inspection. The Director for the SDCU and the Executive Director shall ensure compliance with 2600.233(c). The community will also monitor all areas of egress where a key-locking device, electronic card system, or other device is located to ensure compliance with 2600.233(c).

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jennifer Aronagost</i>	Date <i>12/22/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *2/2/17*
 (Date)

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

Plan of correction implementation status as of *2/2/17*
 (Date)

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

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2800

PCH Name: THE SOLANA DOYLESTOWN		License Number: 14121
Address: 1621 EASTON ROAD, WARRINGTON, PA 18978		County: Bucks
Administrator: Jennifer Amagost		Region: SOUTHEAST
Legal Entity Name: FSP DOYLESTOWN LP		
Legal Entity Address: 300 EAST MARKET ST SUITE 100, LOUISVILLE, KY 40202		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 87	Waiting Staff: 65
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Interim		
On-Site Inspection Date and Department Representative On-Site 04/28/2017: Adams, Patricia		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Date		
Licensed Capacity: 128	Number of Residents who:	
Number of Residents Served: 64	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 62	
Aren't	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 35 ³⁴ (10)	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 23	Have a Mobility Need: 23	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 2		

Violation Report: 14121 - 04/28/2017 - Adams, Patricia
 PCH Name: THE SOLANA DOYLESTOWN

1. REGULATION 55 Pa.Code 52600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 On 4/28/17, staff person A did not wash their hands before pouring resident # 1's 11:00 am medications.

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 Solana Doylestown submits the plan of correction to comply with PA2600et al. and all other applicable regulations and statues. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the Part of the Solana Doylestown or an agreement by The Solana Doylestown as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

Staff member A was in serviced on proper infection control procedures per Atria Policies. Infection control procedures have been added to the upcoming staff meeting agenda dated 5/18/17 to ensure that all staff are adequately aware of proper infection control policies. Proper infection control procedures are covered in general orientation, and annually. The Resident Services Director, Maintenance Director, and Executive Director. will continue to be responsible for maintaining proper training and compliance with infection control policies.

The Resident Service Director will conduct monthly medication administration observation of staff administering medications, starting immediately. PA 5.4.17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Jennifer Armagost</i>	5/3/17
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Jennifer Armagost	Date	5/3/17
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/4/17</u> (Date)	Plan of correction implementation status as of <u>5/4/17</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: 14121 - 04/20/2017 - Adams, Patricia
 PCH Name: THE SOLANA DOYLESTOWN

1. REGULATION 38 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 #2 self-administers medications but has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer Pramipexole 0.6mg, Prednisone 10mg and Vinorelbine 0.5

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 Solana Doylestown submits the plan of correction to comply with PA2600et al. and all other applicable regulations and statutes. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the Part of the Solana Doylestown or an agreement by The Solana Doylestown as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

Resident Services Director has requested Physician orders for Resident #2 to be assessed to self-administer the medications identified at the time of inspection. Resident #2 self-administers many of [redacted] medications which is documented on [redacted] DME and MAR, however, these 3 particular medications, the resident brought in to the community without the knowledge of the Resident Services Director or Executive Director. Routine rounds of resident rooms will be done by the LPN or Resident Services Director to ensure that non-prescribed medication is not in the Resident's apartment.

Resident #2 will be assessed on their ability to self-administer medications within the next 15 days or staff trained to administer medications will administer medication. PA 5.4.17

Repeat Violation: _____ Date(s) of Previous Violation(s): _____

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Armagost*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Armagost* Date *5/3/17*

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

The above plan of correction is approved as of *5/4/17* (Date)

Plan of correction implementation status as of *5/4/17* (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: 14121 - 04/28/2017 - Adams, Patricia
 PCH Name: THE SOLANA DOYLESTOWN

1. REGULATION OR Pa.Code §2600
 2600.181(f) - The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his/her medication.

2a. DESCRIPTION OF VIOLATION
 On 4/28/17, Resident # 2's record does not include a current list of medications. The list in the resident's record does not include Pramipexole 0.5mg, Pracinipolone 10mg and Vigamet 0.5.

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 Solana Doylestown submits the plan of correction to comply with PA2600et al. and all other applicable regulations and statues. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the Part of the Solana Doylestown or an agreement by The Solana Doylestown as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

The Resident Services Director has submitted request to update the Resident's Physician Orders to reflect the medications that were identified in this violation. Resident #2 self-administers many of [redacted] medications, which is documented on [redacted] DME and MAR, however these 3 particular medications were brought into the community without the knowledge of the Resident Services Director or Executive Director. Routine rounds of resident rooms will be done by the LPN or Resident Services Director to ensure that all non-prescribed medications is not located in the apartment, and that we have proper documentation for any medication brought into the community by the Resident or Family. It will be the responsibility of the Resident Services Director and the Executive Director to ensure ongoing compliance.

The Resident Service Director will conduct monthly audits of medications self-administered by Residents starting immediately. Documentation of the audit will be maintained. PA 5.4.17

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Armagost* Date *5/3/17*

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

The above plan of correction is approved as of _____ (Date) The above plan of correction was approved by _____ (Initials) <i>JP</i>	Plan of correction implementation status as of _____ (Date) <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
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Violation Report: 14121 - 04/28/2017 - Adams, Patricia
 PCH Name: THE SOLANA DOYLESTOWN

1. REGULATION 55 Pa. Code §2600
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION

On 4/28/17, a bottle of Senna 8.8 mg belonging to resident #3 located in the home's medication cart and was not labeled with the resident name.

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

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The Resident's bottle of Senna 8.6mg was being stored in the cart in the box in which it was purchased. The staff members had labeled the box, but not the bottle. Staff members were re-educated to the importance of labeling the actual bottle of medication in addition to any other storage means. The Resident Services Director and the LPN will maintain responsibility for monitoring the Medications that are brought to the community and ensure proper labeling. Monthly. PA 5.4.17

Repeat Violation:	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Armagost*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jennifer Armagost</i>	Date <i>5/3/17</i>
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The above plan of correction is approved as of 5/8/17
 (Date)

Plan of correction implementation status as of 5/8/17
 (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: 14121 - 04/20/2017 - Adams, Patricia
 PCH Name: THE SOLANA DOYLESTOWN

1. REGULATION 55 Pa.Code §2800
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

- Resident # 1 is prescribed Metoprolol Tartrate 50 mg one tablet twice daily. However, the prescription label states Metoprolol Succ ER - 60 mg.
- Resident # 6 is prescribed Risperdal 0.5mg two times daily at 9:00 am and 1:00 pm and Risperdal 1 mg at bedtime. The medication is packaged as 0.5 mg tablets and has a medication changed refer to chart sticker. However, the medication administration record states "Risperdal 1 mg tablet take 1 tablet by mouth at bedtime".

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

Includes 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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The resident had previously been ordered .5mg of the Risperdal, and it was increased to 1mg. The staff had been administering 2 of the .5 doses to equal the 1mg, so to use up the supply that the resident already had. The MAR did not reflect that staff was giving 2-.5 tablets. The Resident Services Director clarified the order with the PCP and ordered the appropriate dosage of medication which is 1mg tablet. The Resident Services Director has scheduled all med techs to do cart audits weekly to ensure that all medication is in compliance with Physician orders and matches what is documented on the MAR. The Resident Services Director and Executive Director will be responsible to ensure ongoing compliance with cart audits and accurate medication availability.

The medication administration records will be checked against the medications received and the pharmacy labels to ensure accuracy, at least monthly, by the Resident Service Director. Periodic reviews of the MAR's will be conducted by the Resident Service Director at least monthly, starting immediately. PA 5.4.17

Repeat Violation:	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative
 (Required on EVERY Page)

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

Tennifer Armagost Date 5/3/17

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The above plan of correction is approved as of 5/4/17
 (Date)

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

Plan of correction implementation status as of 5/4/17
 (Date)

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

Violation Report: 14121 - 04/28/2017 - Adams, Pamela
 PCH Name: THE SOLANA DOYLESTOWN

1. REGULATION 55 Pa.Code §2000

2800.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

According to the home's training records, staff person A, B, C, D and E, who have not successfully completed the Department-approved medications administration course, administered medications to residents of the home. Staff persons A, B, C, and D's received training, but the trainer failed to sign off on the training record. There was no documentation on 4/28/17 indicating staff person E completed the required training.


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

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The Regional Director of Care Management is scheduled to come to the community to update all training and training records with all Med Techs within the next 30 days. The RSD will be responsible to maintain training documentation on an ongoing basis, and schedule training as necessary.

All med techs not fully trained will not administer medications until the completion of the training and the certificates have been submitted to the Department, starting immediately. A tracking form to identify when medication administration training is completed, when the bi-annual med observations and MAR reviews are due, and when the annual practicum must be completed. The form will be developed by administration within the next 15 days Of receipt of this plan of correction.

Repeat Violation:	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>		
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>		Date
Tennifer Acosta		5/3/17
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of <u>5/4/17</u> (Date)	Plan of correction implementation status as of <u>5/4/17</u> (Date)	
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented	
	<input type="checkbox"/> Partially Implemented - Adequate Progress	
	<input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress	
	<input type="checkbox"/> Not Implemented	