pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [redacted]
MAILING DATE: August 4, 2017

Ms. Jean Bready
Administrator
Evergreen Eldercare, Inc.
1201 Museum Road
Reading, Pennsylvania 19611

RE: The Villa St. Elizabeth
License #: 205760

Dear Ms. Bready:

As a result of the Department of Human Services' licensing inspection on November 9, 2016 and November 16, 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
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: THE VILLA ST ELIZABETH	License Number: 20576
Address: 1201 MUSEUM ROAD, READING, PA 19611	County: Berks
Administrator: Denise Kasaba	Region: NORTHEAST
Legal Entity Name: EVERGREEN ELDER CARE INC	
Legal Entity Address: 1201 MUSEUM ROAD, READING, PA 19611	

Certificate(s) of Occupancy

C-1
04/20/2015
L&I

Staffing Hours

Resident Support: 0	Total Daily Staff: 65	Waking Staff: 49
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced

Reason(s) for Inspection(s)

Complaint

On-Site Inspections Dates and Department Representatives On-Site

11/09/2016: Harvey, Jason; Hummel, Jesse
11/16/2016: Harvey, Jason; Hummel, Jesse

Off-Site Inspection Dates and Inspectors, if Applicable

12/09/2016: Harvey, Jason
01/30/2017: Harvey, Jason
02/10/2017: Harvey, Jason

Other Details

Partial or Full Triggers:

Random Indicators:

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 92

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: 3

Number of Hospice Residents in past year: 5

Number of Residents who:

Receive Supplemental Security Income: 14

Are 60 Years of Age or Older: 52

Have Mental Illness: 33

Have an Intellectual Disability: 2

Have a Mobility Need: 0

Have a Physical Disability: 1

Violation Report: 20576 - 11/09/2016 - Harvey, Jason
PCH Name: THE VILLA ST ELIZABETH

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 11/3/16 resident #1 was not administered the prescribed medications: Novolog Insulin – 6 units at 6:58pm or Zolpidem 10mg at 6:58pm. The resident Medication Administration Record (MAR) indicates the resident was out of the facility without medication. The facility failed to report this medication error to the Department.

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.

See next page →

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

Signature of Legal Entity Representative (Required on EVERY Page) Jean Brady

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JEAN BREADY, RN

Date 4-18-17

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

The above plan of correction is approved as of 5-10-17 (Date)

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

Plan of correction implementation status as of 7/26/17 (Date)

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

Page 8 9

The management of the facility respectfully submits that **NO VIOLATION** occurred relative to this 2600.16(c) regulation.

1. As noted and discussed in the exit meeting on the day of the annual inspection, a review of Resident 1's records show that [redacted] is regularly out of the facility with [redacted] family with [redacted] medications. On November 3, 2016, the resident left the facility with [redacted] medications shortly after receiving [redacted] morning medications. It is important to note that the Administrator herself administered the morning meds and then prepared the resident's meds for [redacted] trip out of the facility. The MARS shows that the resident was OOF with meds at the noontime pass. The resident was out of the facility until after supper. The med-tech conducting the evening med pass checked the wrong EMAR box, which incorrectly populated the box showing OOF without meds, when the timeline and previous notations clearly showed [redacted] was OOF with all meds (SEE ATTACHMENT A). This faux pas was clearly a documentation/clerical error – not a medication error. Resultantly, the facility was not required to process a reportable incident.

Adhering to Page 28 of the DPW Licensing Reference Manual (9-1-2013 edition) Can settings dispute a finding on the LIS?, which states: "Settings may document disagreement with a finding, and/or may document that providing a plan does not constitute admission that the listed violation is accurate. However, settings must provide a plan to correct each violation in addition to any statement(s) disputing the report's findings", the facility is complying by presenting the following plan which details its long-standing policy. The facility has disputed the findings noted on Section 2a by the DHS inspector. Nonetheless, in the spirit of compliance with the LRM, the required plan is submitted below:

1. Regulation 2600.16(C) is important because it allows the Department to respond promptly to serious situations, and offers homes the opportunity to provide information that may reduce the need for the Department to pursue additional information.
2. In the event a violation of this regulation occurred, it would have been violated by the facility's failure to provide a medication to the resident. – in the case of family
3. The cause of this violation would be the failure of the med-tech to insure the resident left the facility with [redacted] proper medications, thus creating a medication error. – in the case of family
4. To fix the violation right away, the facility management and ownership would maintain re-cover the proper procedures for assisting a resident with the appropriate medications when they are out of the facility.
5. To prevent future violations, the facility has adopted a required form to be completed whenever a resident leaves the facility. After the med-tech instructs the responsible family member and the resident on the medication administration schedule, the form will be signed to confirm that they understand
6. The Administrator and Medication Manager is directly responsible for the on-going compliance of this regulation.

The home will retain these completed forms. QP

Signature of Legal Entity Representative: Jean Bready

Print Name and Title of Legal Entity Representative: JEAN BREADY, RN
Date: 4-18-17

QP
5-10-17

Violation Report: 20576 - 11/09/2016 - Harvey, Jason
PCH Name: THE VILLA ST ELIZABETH

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
Based upon an interview of staff person A, it was determined that resident #5 did not evacuate during the fire alarm on 11/15/2016 at 9:45pm. Resident #5 remained in there room when the fire alarm went off.

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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Signature of Legal Entity Representative (Required on EVERY Page) Jean Brady

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JEAN BRADY, RN

Date 4-18-17

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P3A 8 9

The management of the facility respectfully submits that **NO VIOLATION** occurred relative to this 2600.132(h) regulation.

1. During the evening of 11-15-2017, several fire system malfunctions occurred at the facility. They initially came in as minor grounding troubles to the monitoring service, but did not hamper the fire system's ability to perform properly. After a few hours, they dispatched a technician to clear the negative ground faults in two rooms on the ramp, which included resident 5's room. During the repair, the technician advised the staff to tell the residents to disregard the bells, as there was no fire and no need to evacuate. The technician cleared the trouble and tested the complete fire alarm system with positive results. When he fully restored the system, the alarms sounded again noting a system malfunction. The technician was still on the premise when the bells sounded again, however, since he had restored the service the fire department was dispatched.
2. Again, since the cause of the alarm was a system malfunction, the alarm was reset and silenced and no evacuation was necessary.
3. A monthly fire drill was conducted the next morning 11-16-17 with all residents evacuated within the proper time interval.
4. An hour later the system displayed another negative ground trouble and the dispatched technician advised the Administrator that a fire watch procedure was required for the ramp section of rooms. The technician confirmed with his main office that all the other zones were functioning properly.
5. The facility enforced a zone 2 fire watch for the next few days until new parts were received.
6. Since this incident, the entire fire alarm and sprinkler system has been replaced. This extensive installation of the newest technology has been completed and inspected by the fire marshal.

Adhering to Page 28 of the DPW Licensing Reference Manual (9-1-2013 edition) Can settings dispute a finding on the LIS?, which states: "Settings may document disagreement with a finding, and/or may document that providing a plan does not constitute admission that the listed violation is accurate. However, settings must provide a plan to correct each violation in addition to any statement(s) disputing the report's findings", the facility is complying by presenting the following plan which details its long-standing policy. The facility has disputed the findings noted on Section 2a by the DHS inspector. Nonetheless, in the spirit of compliance with the LRM, the required plan is submitted below:

7. Regulation 2600.132(h) is important because designated meeting places and communications systems ensure that residents are accounted for during actual fires to ensure total evacuation and prevent death or injury from wandering - or remaining in the building.
8. In the event a violation of this regulation occurred, it would have been violated by the facility's failure to insure all residents are evacuated to the proper designated meeting places.
9. The cause of this violation would be the failure of the staff to insure all residents are evacuated to their safe places.
10. To fix the violation right away, the staff would be recovered on its responsibility to evacuate all residents to their appropriate safe zones.
11. To prevent future violations, the Administrator and owner have re-districted the staff's fire safety zones for efficient and accountable evacuations. Additionally, a more powerful private channel radio system network has been purchased and serves as the emergency reporting communications network for all staff members.
12. The Administrator and Resident Care Manager and all staff will be directly responsible for the on-going compliance of this regulation.

Staff responsibilities

Signature of Legal Entity Representative: Jean Brady

Print Name and Title of Legal Entity Representative: JEAN BREADY RN
Date: 4-18-17

5-10-17

Violation Report: 20576 - 11/09/2016 - Harvey, Jason
PCH Name: THE VILLA ST ELIZABETH

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
Department Representatives determined through staff interviews that resident #1 leaves the facility often with the resident's medications. The resident's medical evaluation completed on 2/17/16 indicates the resident cannot self-administer any of the resident's prescribed 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.

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

Date 4-18-17

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P 5A 17

The management of the facility respectfully submits that **NO VIOLATION** occurred relative to this 2600.181(c) regulation.

1. As noted on the DME, resident 1 cannot self-administer medications. Th medication manager and med-techs have strictly complied with the physician's order at all times when administering medications in the facility.
2. Resident 1 frequently goes out of the facility for doctor's appointments, family meals and events. The resident's [redacted] and [redacted] best friend from [redacted] church always come and pick [redacted] up. The medication staff prepares the packaging of medications that resident 1 will need while [redacted] s out of the facility. The [redacted] and church friend are always instructed each time of the printed instructions of each medication. It is further covered that they understand that resident 1 cannot be relied upon to administer her own medications. Therefore, the daughter and/or friend must commit to administering the medications while resident 1 is out of the facility.
3. Technical assistance is requested from the DHS to clarify OOF procedures. As a Personal Care Home, the residents may come and go as they please. The facility medications staff closely coordinates the residents' out-of-facility trips and the preparation of their medications. As stated above, the resident's accompaniment of family or friends is covered of all medications, their times and quantity so they may assist the resident. If this procedure needs to be amended, please advise.
4. 2600.181(c) is cited in error as this regulation insures that a resident who wishes to self-administer medications must be properly certified by [redacted] physician. This resident was not authorized to self-administer. More importantly, the resident never requested to be able to self-administer.

Adhering to Page 28 of the DPW Licensing Reference Manual (9-1-2013 edition) Can settings dispute a finding on the LIS?, which states: "Settings may document disagreement with a finding, and/or may document that providing a plan does not constitute admission that the listed violation is accurate. However, settings must provide a plan to correct each violation in addition to any statement(s) disputing the report's findings", the facility is complying by presenting the following plan which details its long-standing policy. The facility has disputed the findings noted on Section 2a by the DHS inspector. Nonetheless, in the spirit of compliance with the LRM, the required plan is submitted below:

1. Regulation 2600.181(c) is very important as it ensures that residents who wish to self-administer medications are able to do so safely.
2. A violation occurs when a resident is not assessed by [redacted] physician for purposes of self-administration.
3. The cause of a violation against this regulation occurs when a resident self-administers without certified and documented authorization on [redacted] DME.
4. To fix the violation right away, the Administrator would immediately cease all self-administration.
5. To ensure on-going compliance to 2600.181(c), the Administrator has created an OOF MEDICATION REQUEST FORM (SEE ATTACHED C) which will detail all medications and their times and quantities. The responsible party going out with the resident will sign that they received the medications with the resident as well as the pertinent instructions.
6. The Administrator, Medication Manager and med-techs will be responsible for compliance to this regulation.

Signature of Legal Entity Representative: Jean Brady

Print Name and Title of Legal Entity Representative: JEAN BREADY RN Date: 4-18-17

5-10-17

Violation Report: 20576 - 11/09/2016 - Harvey, Jason
PCH Name: THE VILLA ST ELIZABETH

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 #2 is prescribed to have the resident's blood sugar tested 3 times daily before meals and as needed. The facility documents all blood sugar readings on the resident's Medication Administration Record (MAR). On 11/14/16 at 11:22pm the resident's blood sugar was tested to be 134. On 11/15/16 at 10:12pm the resident's blood sugar was tested to be 114. These blood sugar readings were not documented on the resident's Medication Administration Record.

SStaff did not sign or initial the Medication Administration Record of resident #1 on 11/14/16 to indicate that Advair Diskus, Bupropn, Klonopin, Colestipol, Eliquis, Levothyroxin, Metoprolo and Novolog were administered during the morning and afternoon.

The home did not document resident #5's sliding scale of Humalog on the MAR's on 11/11/16 in the afternoon, 11/12/2016 in the morning, noon and evening, 11/13/2016 in the morning, noon and evening and 11/14/2016 in the morning and evening.

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.

See Next page →

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

Signature of Legal Entity Representative (Required on EVERY Page) Glenn Brady

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

Date 4-18-17

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Plan of correction implementation status as of 7/26/17 (Date)

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

P6A 9

P6 9 10 11-16 MAR

11-09-2016 Inspection
1. 2600.187(a)
page 6 of 9

The management of the facility respectfully submits that **NO VIOLATION** occurred relative to this 2600.187(a) regulation.

1. **Regarding Resident #2** -- The DHS inspector's entry in section 2A – Description of Violation "Resident #2 is prescribed to have the resident's blood sugar tested 3 times before meals **and as needed**" is incorrectly stated. As noted on the MAR for Resident (see Attachment D) the ACCU CHECK instructions are: "CHECK BLOOD SUGAR THREE TIMES A DAY BEFORE MEALS." On the dates and times cited by the inspector, the med-techs took readings in the late evening on a pre-cautionary basis while checking on the resident's concerns of "not feeling well". this practice is included with taking vital of a resident who is not feeling wee. Since there was no prescribed requirement to record other than three times a day before meals, the med-techs had no directive to act. Please note that no medication was administered. Per the regulation 2600.187(a) in the RCG, the medication record must include prescription medications, OTC medications, Vitamins and CAM. The medication administration staff complied with the prescribed Accu-Checks of three times daily before meals. It is also noted that the Accu-Checks prescribed had nor sliding scales or contingent directives to the provision of any medication.
2. **Regarding Resident #1** – The DHS inspector claimed no morning or afternoon medications were administered on 11-14-16. Attachment E details that the medications were in fact given.
3. **Regarding Resident #5** – The DHS inspector claimed no sliding scale of Humalog were documented in the MAR on 11/11, 11/12, 11/13, and11/14/16. Attachment F is the November 2016 MAR for Resident #5, and there is no prescribed sliding scale for Humalog. In fact the resident was not on insulin at all.

Adhering to Page 28 of the DPW Licensing Reference Manual (9-1-2013 edition) Can settings dispute a finding on the LIS?, which states: "Settings may document disagreement with a finding, and/or may document that providing a plan does not constitute admission that the listed violation is accurate. However, settings must provide a plan to correct each violation in addition to any statement(s) disputing the report's findings", the facility is complying by presenting the following plan which details its long-standing policy. The facility has disputed the findings noted on Section 2a by the DPW inspector. Nonetheless, in the spirit of compliance with the LRM, the required plan is submitted below:

1. Regulation 2600.187(a) is important because it ensures that the staff persons will be able to track all medications a resident receives and to ensure all medications are administered as prescribed.
2. In the event a violation of this regulation occurred, it would have been violated by the omission of any elements of the medication record as detailed in 187(a).
3. The cause of this violation would be the failure of the facilities' medication administration staff to fail in the proper recording of all administering of medication with complete info of dates, times, quantities, etc.
4. To fix the violation right away, the Administrator and Medications Manager recovers the medications administration staff on the proper and detailed input data required at the time of each med given.
5. To ensure the on-going compliance to 2600.187(a), the four-step process is initiated:
    a. Carefully audit new MAR entries to physician orders and prescriptions;
    b. Cross-check the established MAR elements to the physical packaging and cart placement;
    c. Explain during daily med-tech shift exchange meetings the new additions and supervised the discontinued;
    d. Audit the daily medication administration activity to insure all activity is recorded.
6. The Administrator and Medications Manager are directly responsible for the daily compliance of the medication administration staff to the MAR / physicians orders.

Signature of Legal Entity Representative: Jean Brady

Print Name and Title of Legal Entity Representative : JEAN BRADY RN Date: 4-18-17

5-10-17

Violation Report: 20576 - 11/09/2016 - Harvey, Jason
PCH Name: THE VILLA ST ELIZABETH

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

2a. DESCRIPTION OF VIOLATION
Resident #3 is prescribed to have the resident's blood sugar tested before meals and at bedtime. It was determined that the resident's blood sugar was not tested on 11/2/16 at bedtime, 11/3/16 at 11:30am, or 11/8/16 at bedtime.

Resident #1 is prescribed to have the resident's blood sugar tested four times daily before meals and at bedtime. On 11/4/16, 11/5/16, 11/7/16, and 11/8/16 at 12:00pm the resident's blood sugar was not tested as prescribed.

Resident #1 is prescribed Novolog Insulin – 6 units three times daily – Morning, Afternoon, and Evening. The resident did not receive the prescribed Novolog on 11/3/16 at 6:58pm. The resident is also prescribed Zolpidem 10mg tablet at bedtime. The resident did not receive this medication on 11/3/16 at bedtime.

It was determined through interviews with nursing staff at the physician's office of resident #1 that during an undetermined amount of time in March 2016 the resident's machine to test INR levels for the administration of Coumadin was not functioning properly. The facility stopped administering the resident's Coumadin because the resident's INR levels could not be tested due to the machine malfunctioning.

Resident #4 is prescribed Novolog Insulin based on a sliding scale of the resident's blood sugar levels. On 11/14/16 at 9:54am and also at 12:33pm the resident's blood sugar was tested to be 243. Based on the sliding scale instructions [redacted] resident was due to receive 4 units of insulin coverage; however the facility administered 6 units of insulin.

Resident #1 is prescribed Klonopin 0.5mg, take 1 tablet in the morning and afternoon and 3 tablets at bedtime, on 9/22/16 in the afternoon, 9/22/16 in the evening, 9/23/16 in the evening, 9/24/16 in the morning, and 9/26/16 in the evening the resident did not receive this medication. The MAR's for those following dates indicated that the home is waiting for prior authorization for the resident's Klonopin. The home's pharmacy indicated that resident #1's prescription of Klonopin was filled on August 17th 2016 and would have enough medication until September 27th 2016. The pharmacy also indicated that resident #1 did not need prior authorization as indicated on the resident's MAR's.

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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Signature of Legal Entity Representative (Required on EVERY Page) Jean Bready

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

Date 4-18-17

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Plan of correction implementation status as of 7/26/17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

POA 8 9

The management of the facility respectfully submits that **NO VIOLATION** occurred relative to this 2600.187(d) regulation.

1. **Regarding Resident #3** – The DHS inspector claimed the resident's blood sugar was not tested on three occasions in November 2016. Attachment G details the properly recorded reasons that the blood sugar tests were not performed. Please see below:
   a. 11/2/16 at bedtime – Resident was out of the facility;
   b. 11/3/16 at 1130AM – Resident was out of the facility at a doctor's appointment;
   c. 118/16 at bedtime – Resident refused test.
2. **Regarding Resident #1** – The DHS inspector claimed no blood sugar tests were conducted on 11/4,11/5,11/7,11/8/16. Attachment A clearly shows the resident being out of the facility during these times.
3. **Regarding Resident #1** – Same as Page 2 of 9. No violation. – Failure to follow dr orders
4. **Regarding Resident #1** – The ownership and management of the facility adamantly submit that this claim is not factual. First, Attachment H, which CLEARLY shows the daily administration of WARFARIN (equivalent to COUMADIN – as detailed on the MAR for March 2016). Secondly, this resident NEVER had a INR level testing machine in [redacted]oom. The owner demands a meeting with the DHS and the resident #1's doctor. Since when does a reputable physician rely on an elderly patient he has certified as not capable of self-administering medication for "INR level readings" to prescribe blood thinner? This claim is untrue and unfounded. documented by pharmacy.
5. **Regarding Resident #4** – The inspector cited that the resident received 6 units on two occasions when [redacted] sliding scale called for 4 units. Although the med-tech claims she administered only 4 units, the facility agrees that a breakdown occurred.
6. **Regarding Resident #1** – The facility's records clearly note that it was awaiting a refill of Klonopin for the resident. The Administrator has disputed the input from the pharmacy, which claimed there was no reason for a delay in filling the order. However, the Administrator and Owner demand that it be noted that the pharmacy claimed they did not have full access to all the records due to the length of time that has passed since last September 2016.

Adhering to Page 28 of the DPW Licensing Reference Manual (9-1-2013 edition) Can settings dispute a finding on the LIS?, which states: "Settings may document disagreement with a finding, and/or may document that providing a plan does not constitute admission that the listed violation is accurate. However, settings must provide a plan to correct each violation in addition to any statement(s) disputing the report's findings", the facility is complying by presenting the following plan which details its long-standing policy. The facility has disputed the findings noted on Section 2a by the DPW inspector. Nonetheless, in the spirit of compliance with the LRM, the required plan is submitted below:

1. Regulation 2600.187(d) is important as it ensures that residents receive medications and treatments as ordered by a physician.
2. A violation occurs when a medication is not administered as prescribed by the physician. tech leaves an expired medication in the cart.
3. The cause of this violation is when the med-tech fails to follow the exact orders of the physician.
4. To fix the violation right away, the Administrator and medication manager recover the medications administration staff to carefully dispense the residents' medications exactly as the prescriber ordered.
5. To ensure on-going compliance to 2600.187(d), the Administrator with the Medications Manager will review all new medications for clear instructions and ascertain that all staff understand them. Weekly cart audits and shift-by-shift EMAR scrubs will be conducted by the Administrator and Medications Manager to insure compliance. The Administrator also worked with the EMAR software and IT technicians to positively display insulin units numbers based on the prescribed sliding scale.
6. The Administrator and medications manager will be directly responsible for the compliance to all prescribers' orders.

7

Signature of Legal Entity Representative: Jean Brady

Print Name and Title of Legal Entity Representative: JEAN BRADY RN Date: 4-18-17

07/26/17

Violation Report: 20576 - 11/09/2016 - Harvey, Jason
PCH Name: THE VILLA ST ELIZABETH

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 #1 is prescribed Novolog Insulin – 6 units three times daily – Morning, Afternoon, and Evening. The resident did not receive the prescribed Novolog on 11/3/16 at 6:58pm. The resident is also prescribed Zolpidem 10mg tablet at bedtime. The resident did not receive this medication on 11/3/16 at bedtime. The facility failed to report these medication errors to the prescribing physician.

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

Signature of Legal Entity Representative (Required on EVERY Page) Jean Brady

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

Date 4-18-17

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

The above plan of correction is approved as of 5-10-17 (Date)

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

Plan of correction implementation status as of 7/26/17 (Date)

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

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The management of the facility respectfully submits that **NO VIOLATION** occurred relative to this 2600.188(b) regulation.

1. As noted and discussed in the exit meeting on the day of the inspection, a review of Resident 1's records show that [redacted] is regularly out of the facility with [redacted] family with [redacted] medications. On November 3, 2016, the resident left the facility with [redacted] medications shortly after receiving [redacted] morning medications. It is important to note that the Administrator herself administered the morning meds and then prepared the resident's meds for [redacted] trip out of the facility. The MARS shows that the resident was OOF with meds at the noontime pass. The resident was out of the facility until after supper. The med-tech conducting the evening med pass checked the wrong EMAR box, which incorrectly populated the box showing OOF without meds, when the timeline and previous notations clearly showed [redacted] was OOF with all meds (SEE ATTACHMENT A). This faux pas was clearly a documentation/clerical error – not a medication error. Resultantly, the facility was not required to process a reportable incident.

Adhering to Page 28 of the DPW Licensing Reference Manual (9-1-2013 edition) Can settings dispute a finding on the LIS?, which states: "Settings may document disagreement with a finding, and/or may document that providing a plan does not constitute admission that the listed violation is accurate. However, settings must provide a plan to correct each violation in addition to any statement(s) disputing the report's findings", the facility is complying by presenting the following plan which details its long-standing policy. The facility has disputed the findings noted on Section 2a by the DHS inspector. Nonetheless, in the spirit of compliance with the LRM, the required plan is submitted below:

1. Regulation 2600.188(b) is important because it ensures that medication errors are handled appropriately to avoid resident injury as a result of the error.
2. In the event a violation of this regulation occurred, it would have been violated by the facility's failure to provide a medication or the wrong med, amount, time, etc. to the resident. -who can self administer.
3. The cause of this violation would be the failure of the med-tech to insure the resident left the facility with [redacted] proper medications, thus creating a medication error. - only if the res. can self-adm.
4. To fix the violation right away, the facility management and ownership would re-cover the proper procedures for assisting a resident with the appropriate medications when they are out of the facility.
5. To prevent future violations, the facility has adopted a required form to be completed whenever a resident leaves the facility. After the med-tech instructs the responsible family member and the resident on the medication administration schedule, the form will be signed to confirm that they understand.
6. The Administrator and Medication Manager is directly responsible for the on-going compliance of this regulation.

Signature of Legal Entity Representative: Jean Brady

Print Name and Title of Legal Entity Representative : JEAN BRADY RN
Date: 4-18-17

07/26/17

Violation Report: 20576 - 11/09/2016 - Harvey, Jason
PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

It was determined that resident #1 was being treated for a wound on the resident's hand that has now healed. The resident's Assessment and Support Plan finalized on 3/14/16 does not indicate the resident was being treated for a wound on the resident's hand or the treatment that was being provided by staff at the facility.

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.

See next page →

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

Signature of Legal Entity Representative (Required on EVERY Page) Jean Brady

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

Date 4-18-17

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

The above plan of correction is approved as of 5-10-17 (Date)

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

Plan of correction implementation status as of 7/26/17 (Date)

- [ ] Fully Implemented
- [X] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

PAGE 9

The management of the facility respectfully submits that **NO VIOLATION** occurred relative to this 2600.227(d) regulation.

1. The DHS inspector mistakenly claimed that "Resident #1 was being treated for a wound on the resident's hand that has healed. The RASP from MARCH of 2016 does not indicate the resident was being treatedfor a wound on the resident's hand or the treatment that was being provided ...".
2. This violation never was discussed much less presented in the exit meeting back in November of 2016.
3. Contrary to the inspector claim, the two attachments clearly show the proper documentation of the resident's wound:
    a. REPORTABLE INCIDENT – DATED 3/4/16 (Attachment I)
    b. RASP – Assessment and Support Plan – detailing the wound occurrence, treatment, etc. (Attachment J) not provided at time of inspection.

Adhering to Page 28 of the DPW Licensing Reference Manual (9-1-2013 edition) Can settings dispute a finding on the LIS?, which states: "Settings may document disagreement with a finding, and/or may document that providing a plan does not constitute admission that the listed violation is accurate. However, settings must provide a plan to correct each violation in addition to any statement(s) disputing the report's findings", the facility is complying by presenting the following plan which details its long-standing policy. The facility has disputed the findings noted on Section 2a by the DHS inspector. Nonetheless, in the spirit of compliance with the LRM, the required plan is submitted below:

1. Regulation 2600.227(d) is important because it ensures each resident is met as those needs change, and that accountability for meeting those needs is firmly established.
2. In the event a violation of this regulation occurred, it would have been the result of not documenting in the resident's support plan services required by the resident and the accountability.
3. The cause of this violation would be the failure of the facility to properly record the personal care services available and provided as well as the behavioral parameters.
4. To fix the violation right away, the facility management and ownership details the support of services provided to the individual resident medical, behavioral, etc . concerns and insure they are applied to all residents.
5. To prevent future violations, the facility has adopted a more streamlined RASP tracking and input procedure. All incidents related to the resident will be reviewed by The Administrator and Owner.
6. The Administrator and Owner is directly responsible for the on-going compliance of this regulation.

Signature of Legal Entity Representative: Jean Brady

Print Name and Title of Legal Entity Representative : JEAN BREADY CA Date: 4-18-17

5-10-17