pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 0 3 2016

Ms. Loriann Putzier, President & COO
VS Woods LLC
IntergraCare Corporation
6600 Brooktree Court, Suite 1000
Wexford, Pennsylvania 15090

RE: The Woods at Cedar Run
824 Lisburn Road
Camp Hill, Pennsylvania 17011
License #: 331320

Dear Ms. Putzier:

As a result of the Department of Human Services' annual licensing inspections on November 9, 2015 and November 10, 2015 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,

Matthew J. Jones
Director SH

Enclosure
License Inspection Summary

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

PCH Name: The Woods at Cedar Run	License Number: 33132
Address: 824 Lisburn Road, Camp Hill, PA 17011	County: Cumberland
Administrator: Chris Fuchs	Region: CENTRAL
Legal Entity Name: IntegraCare Corporation	
Legal Entity Address: 6600 Brooktree Court, Wexford, PA 15090	

Certificate(s) of Occupancy

C-2 LP
02/19/1997
Labor and Industry

Staffing Hours

Resident Support: 69 | Total Daily Staff: 177 | Waking Staff: 133

Type of Inspection: Ind - Full | BHA Docket Number: | Notice: Unannounced

Reason(s) for Inspection(s)

Renewal, Incident

On-Site Inspections Dates and Department Representatives On-Site

11/09/2015: McCloskey, Jason; Heemer, Laura
11/10/2015: McCloskey, Jason; Heemer, Laura

Off-Site Inspection Dates and Inspectors, If Applicable

11/12/2015: McCloskey, Jason; Heemer, Laura

Other Details

Partial or Full Triggers: | Random Indicators:

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 79

Number of Residents Served: 69

Secured Dementia Care Unit in Home: Yes

Area: Life Stories

Secured Dementia Unit Capacity, If Applicable: 19

Number of Residents Served in Secured Dementia Care Unit, If applicable: 15

Number of Current Hospice Residents: 4

Number of Hospice Residents in past year: 11

Number of Residents who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 69

Have Mental Illness: 0

Have an Intellectual Disability: 0

Have a Mobility Need: 39

Have a Physical Disability: 0

Violation Report: 33130 - 11/09/2015 - McCloskey, Jason
PCH Name: The Woods at Cedar Run

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On 11/09/2015, the License Inspection Summary from the inspection conducted on 7/30/15 was not posted in 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.

See attached

Page 2A of 21

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

Signature of Legal Entity Representative (Required on EVERY Page) Chris S. Fuchs

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chris S. Fuchs, ED

Date 12/4/15

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

The above plan of correction is approved as of 12/23/15 (Date)

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

Plan of correction implementation status as of 12/23/15 (Date)

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

PLAN OF CORRECTION

Community Name: VS Woods, LLC d/b/a The Woods at Cedar Run

License Number: 331320

Date of Visit: 11/9/2015 & 11/10/2015

Date of Submission: 12/4/2015

1. Summary Violation Review: 2600.3(c) The personal care home shall post the current license, a copy of the current licensing issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2. Violation Interpretative Statement: On 11/09/2015, the License and Inspection Summary from the inspection conducted on 7/30/15 was not posted in the home.

3. Review benefit of the regulation, per RCG: Permits residents, families and visitors to learn about applicable regulations and the regulatory compliance status of the home and the home's plan to correct any violations found.

4. Description of the repair of the immediate problem: The survey results from 7/30/2015 were immediately posted in a conspicuous place with easy access.

5. Determine/Document the root cause of the violation: The ED failed to post the most recent survey results. The ED needed to review the RCG to have a better understanding of the specifics of the regulation for posting of survey results.

6. Detail action steps/system developed to prevent future occurrence: The ED will post all survey results and perform monthly audits to ensure all DHS survey results are posted. [Log attached]

7. Designated position responsible and specify target date for correction: The ED is responsible for ensuring on-going compliance by 11/12/2015.

Chris Fuchs, ED
Chris Fuchs
12-22-15

Violation Report: 33130 - 11/05/2015 - McCloskey, Jason
PCH Name: The Woods at Cedar Run

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 11/05/2015, an allegation of financial abuse against Resident #3 was reported to Staff Member A. Resident # 3 was reported to be the victim of a theft of $600 in cash and two checks which were cashed for $1389 and $684. As of 11/12/2015, the home had not made a report to the local Area Agency on Aging.

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 attached

Pages 3A + 3B of 21

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

Signature of Legal Entity Representative (Required on EVERY Page) Chris S. Fuchs

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chris S. Fuchs, ED

Date 12/4/15

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- ☐ Partially Implemented - Inadequate Progress
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PLAN OF CORRECTION

Community Name: VS Woods, LLC d/b/a The Woods at Cedar Run

License Number: 331320

Date of Visit: 11/9/2015 & 11/10/2015

Date of Submission: 12/4/2015

1. Violation Review: 2600.15 (a): The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Section 10225.701 – 10225.707) and 6 Pa. Code Sections 15.21 – 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2. Violation Interpretative Statement: On 11/06/2015, an allegation of financial abuse against Resident #3 was reported to Staff Member A. Resident #3 was reported to be the victim of theft of $600 cash and two checks which were cashed for $1389 and $684. As of 11/12/2015, the home had not made a report to the local Area Agency on Aging.

3. Review of the Benefit of the Regulation: Ensures that abuse or suspected abuse is appropriately reported and investigated.

4. Description of the Repair of the Immediate Problem: The ED received a telephone call from Lower Allen Police Department on Friday Nov 6, 2015 asking if we had cameras in the community. He stated that a resident residing in personal care has filed a theft report. He further stated that he couldn't share many details because it was a "ongoing police investigation". The officer asked if he could meet with the ED on Monday, 11/9/15 to discuss the details. On 11/9/15 after the police officer met with the ED a report was filed with DHS and a call was made to Area Agency on Aging after hours and a message was left in their voice mail. After speaking with AAA on Tues., Dec 1st they told the ED that they do not confirm verbal reports left on voice mail. The ED was told all reports after hours needs to go through the county dispatch and ask for the on call person for protective services to make a "verbal report". Therefore, the ED failed to make a timely report with the local AAA for an allegation of suspected financial abuse. That report was made on Tues., 12/1/15.

5. Determine/Document the Root Cause of the Violation: The Executive Director of the community was unaware of the after-hours number or AAA policy regarding reporting or messages, but through this experience, has received this knowledge. The ED failed to make a timely report with the local Area Agency on Aging for an allegation of suspected financial abuse.

Chris Fuchs, ED Chris Fuchs

12-22-15

6. Detail Action Steps/System Developed to Prevent Further Occurrence: The ED reviewed the RCG to ensure full understanding and that the intent of the regulation is being met. All reports of abuse will go through the ED or designee who will report to the appropriate agencies, timely. All staff will receive retraining on abuse reporting by 12/31/2015.

7. Designated Position Responsible and Specify Target Date for Correction: The ED is responsible for ensuring on-going compliance effective 12/01/2015.

Chris Fuchs, ED

Chris Fuchs

12-22-15

Violation Report: 33130 - 11/09/2015 - McCloskey, Jason
PCH Name: The Woods at Cedar Run

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

Resident #4 was not administered the prescribed Memantine HC 10 mg and Metoprolol 50 mg at 8 pm on both 9/3/15 and 9/4/15. The home did not submit an incident report to the Department for these medication errors.

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 attached

Pages 4A + 4B of 21

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

Signature of Legal Entity Representative (Required on EVERY Page) Chas S. Fuchs

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chas S. Fuchs, ED

Date 12/4/15

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PLAN OF CORRECTION

Community Name: VS Woods, LLC d/b/a The Woods at Cedar Run

License Number: 331320

Date of Visit: 11/9/2015 & 11/10/2015

Date of Submission: 12/4/2015

1. Violation Review: 2600.16 (c) – The home shall report the incident or condition to the Department's personal care home regional office or thee personal care home complaint hotline with 24 hours in a manner designated by the Department. Abuse reporting hall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law)

2. Violation Interpretative Statement: Resident #4 was not administered the prescribed Memantine HC 10mg and Metoprolo 50mg at 8PM on both 9/3/15 and 9/4/15. The home did not submit an incident report to the Department for these medication errors.

3. Review the Benefit of the Regulation, per RCG: Reporting of the incidents 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.

4. Description of the Repair of the Immediate Problem: An audit was done on 11/10/2015 to identify any resident's that had not received prescribed medication for the past week. The audit did not identify any other residents who had missed medications.

5. Determine/Document the Root Cause of the Violation: The staff failed to follow policy for medication error reporting.

6. Detail Action Steps/System Developed to Prevent Further Occurrence: The Director of Senior Living held a mandatory meeting on 11/24/2015 for all medication assistants and nurses with a pharmacy representative present to review pharmacy policies and procedures. In particular, it was reviewed with the team members what process to follow when a medication is not available at administration time, and the reporting requirements for any/all medication errors. The physician and the POA need to be notified of the incident. The DSL or designee will complete a reportable incident to DHS and fax within 24 hours of the incident. Furthermore, the DSL and the ED continue to meet weekly to discuss issues as it relates to the delivery of pharmacy services. If indicated, pharmacy is contacted to review any on-going issues. Each AM the DSL or designee reviews a missed meds report through our Quick MAR pharmacy system.

Chris Fuchs, ED Chris Fuchs

12-22-15

This allows the DSL or designee to be made aware of a potentially missed med within a 24 hour period.

7. Designated Position Responsible and Specify Target Date for Correction: The DSL will be responsible for ensuring on-going compliance effective 12/01/2015.

Chris Fuchs, ED

Chris Fuchs

12-22-15

Violation Report: 33130 - 11/09/2015 - McCloskey, Jason
PCH Name: The Woods at Cedar Run

1. REGULATION 55 Pa.Code §2600
2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION
On or about 4/11/15, Resident #5 asked Staff Member B and Staff Member C for assistance pushing the resident's wheel chair. Staff member B told Resident #5 that resident needed to do it because the home is not a nursing home. Once back in the resident's bedroom , Staff member B, in a raised voice, again told Resident #5 that the resident needs to go to a nursing home. Staff Member C told Resident #5 that Staff member B "did not mean anything by it that is just how [Staff Member B] is". Resident #5 described actions and statements of Staff member B and Staff member C as being rude. The actions and statements of Staff Members B and C did not treat Resident #5 in a dignified or respectful manner.

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 attached

Pages 5A + 5B of 21

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

Signature of Legal Entity Representative (Required on EVERY Page) Chris S. Fuchs

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chris S. Fuchs, ED

Date 12/4/15

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- ☐ Partially implemented - Inadequate Progress
- ☐ Not implemented

PLAN OF CORRECTION

Community Name: VS Woods, LLC d/b/a The Woods at Cedar Run

License Number: 331320

Date of Visit: 11/9/2015 & 11/10/2015

Date of Submission: 12/4/2015

1. Violation Review: 2600.42(c) – A resident shall be treated with dignity and respect.

2. Violation Interpretative Statement: On or about 4/11/2015, Resident #5 asked Staff Member B and Staff Member C for assistance pushing the resident's wheelchair. Staff member B told Resident #5 that resident needed to do it because the home is not a nursing home. Once back in the resident's room, Staff Member B, in a raised voice, again told Resident #5 that the resident needs to go to a nursing home. Staff Member C told Resident #5 that staff member B "did not mean anything by it that is just how [Staff Member B] is". Resident #5 described actions and statements of Staff Member B and Staff Member C as being rude. The actions and statements of Staff Members B and C did not treat Resident #5 I a dignified or respectful manner.

3. Review the Benefit of the Regulation, per RCG: Ensures the residents are treated in a respectful and dignified manner.

4. Description of the Repair of the Immediate Problem: The Manager on Duty was alerted and did an on the spot "huddle" with all team members to review the level of care required for Resident #5. The Manager on Duty also completed a grievance (formal complaint) and forwarded it to the ED. Staff members B and C were agency personnel and they were removed from the schedule and placed on our "do not return" list to the community. The ED followed up with the resident and the family. The grievance was resolved to their satisfaction and this was documented in Move In. (Resident's record)

5. Determine/Document the Root Cause of the Violation: Two agency personnel failed to treat the resident with respect and in a dignified manner. Each agency personnel receives resident rights and abuse training prior to working their first shift.

6. Detail Action Steps/System Developed to Prevent Further Occurrence: All team members receive resident rights training upon hiring and annually thereafter. The DSL will require all agency personnel to attend the weekly huddles where issues such as resident rights are discussed.

Chris Fuchs, ED Chris Fuchs

12-22-15

7. Designated Position Responsible and Specify Target Date for Correction: The ED and or designee is responsible for ensuring on-going compliance effective 11/10/2015.

Chris Fuchs, ED

Chris Fuchs

12-22-15

Violation Report: 33130 - 11/09/2015 - McCloskey, Jason
PCH Name: The Woods at Cedar Run

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

2a. DESCRIPTION OF VIOLATION
On 11/9/15, investigators observed Resident #6 obtain a cart and sort mail for the second floor residents that would then be distributed by direct care staff. Resident #6 states this is a task that Resident #6 regularly performs. This practice of the home violates the privacy of all the residents for whom Resident #6 has sorted mail.

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 attached

Page 6A of 21

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

Signature of Legal Entity Representative
(Required on EVERY Page) Chris S. Fuchs

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Chris S. Fuchs, ED

Date 12/4/15

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Plan of correction implementation status as of 12/23/15 (Date)

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- [ ] Partially implemented - Inadequate Progress
- [ ] Not implemented

PLAN OF CORRECTION

Community Name: VS Woods, LLC d/b/a The Woods at Cedar Run

License Number: 331320

Date of Visit: 11/9/2015 & 11/10/2015

Date of Submission: 12/4/2015

1. Violation Review: 2600.42(s) – A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2. Violation Interpretative Statement: On 11/9/2015, investigators observed Resident #6 obtain a cart and sort mail for the second floor residents that would then be distributed by direct care staff. Resident #6 states this is task that Resident #6 regularly performs. This practice of the home violates the privacy of all the residents for whom Resident #6 has sorted mail.

3. Review the Benefit of the Regulation, per RCG: Protects residents' right to privacy while protecting other residents from dangerous and harmful items.

4. Description of the Repair of the Immediate Problem: Resident #6 was immediately stopped from sorting mail.

5. Determine/Document the Root Cause of the Violation: The resident was allowed to sort mail for other residents because the on site team didn't recognize this as a violation.

6. Detail Action Steps/System Developed to Prevent Further Occurrence: Residents will not have access to any documents that could identify them or contain any sensitive information. The receptionist will be responsible for sorting and distributing the mail.

7. Designated Position Responsible and Specify Target Date for Correction: The ED is responsible for ensuring on-going compliance by 11/10/2015.

Chris Fuchs, ED

Chris Fuchs

12-22-15

Violation Report: 33130 - 11/09/2015 - McCloskey, Jason
PCN Name: The Woods at Cedar Run

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

From 11 pm on 10/31/15 to 7am on 11/1/2015, 69 residents were present in the home. During this time only one staff person certified in First Aid and CPR was present in 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.

See attached

Page 7A of 21

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

Signature of Legal Entity Representative (Required on EVERY Page) Chris S. Fuchs

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chris S. Fuchs, ED

Date 12/4/15

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PLAN OF CORRECTION

Community Name: VS Woods, LLC d/b/a The Woods at Cedar Run

License Number: 331320

Date of Visit: 11/9/2015 & 11/10/2015

Date of Submission: 12/4/2015

1. Violation Review: 2600.63(a) – At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2. Violation Interpretative Statement: From 11pm on 10/31/2015 to 7am on 11/1/2015, 69 residents were present in the home. During this time only one staff person certified in First Aid and CPR was present in the home.

3. Review the Benefit of the Regulation, per RCG: Ensures that residents will receive life-saving services in an emergency.

4. Description of the Repair of the Immediate Problem: An audit of the home's team members' CPR and First Aid certification was completed and all of the team members were in compliance, therefore meeting the requirement to schedule based on the 1:50 ratio according to the regulations . An audit was completed of all agency personnel and 1 Resident Care Assistant was found to be out of compliance. Her agency was contacted and told that she could not return until she was CPR and First Aid certified.

5. Determine/Document the Root Cause of the Violation: Agency Resident Care Assistant did not have a current CPR or First Aid Certificate. The home failed to have a tickler system in place to identify when the agency personnel CPR/First Aid credentialing was to expire.

6. Detail Action Steps/System Developed to Prevent Further Occurrence: The Business Office Manager keeps a tickler system for all team members CPR and First Aid status. The unit clerk will devise a tickler system that alerts her when agency personnel have CPR and First Aid Certificates that will be expiring within 30 days. She will notify the agency that The Woods needs to have an updated copy prior to the expiration date or they will not be allowed to work.

7. Designated Position Responsible and Specify Target Date for Correction: The DSL will be responsible for ensuring on-going compliance by 11/10/2015.

Chris Fuchs, ED
Chris Fuchs
12-22-15

Violation Report: 33130 - 11/09/2015 - McCloskey, Jason
PCN Name: The Woods at Cedar Run

1. REGULATION 55 Pa.Code §2800
2800.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
On 11/10/2015, the temperature in the freezer in the Secure Dementia Unit, Life Stories, measured 15 degrees Fahrenheit.

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 attached

Page 8A of 21

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Signature of Legal Entity Representative (Required on EVERY Page)	Chris S. Fuchs			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Chris S. Fuchs, ED		Date	12/4/15

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Plan of correction implementation status as of 12/23/15 (Date)

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- [ ] Not Implemented

PLAN OF CORRECTION

Community Name: VS Woods, LLC d/b/a The Woods at Cedar Run

License Number: 331320

Date of Visit: 11/9/2015 & 11/10/2015

Date of Submission: 12/4/2015

1. Violation Review: 2600.103(f) – Food requiring refrigeration shall be stored at or below 40 degrees F. Frozen food shall be kept at or below 0 degrees F. Thermometers are required in refrigerators and freezers.

2. Violation Interpretative Statement: On 11/10/2015, the temperature in the freezer in the Secure Dementia Unit, Life Stories, measured 15 degrees Fahrenheit.

3. Review the Benefit of the Regulation, per RCG: Ensures that foods are stored at safe temperatures.

4. Description of the Repair of the Immediate Problem: The freezer was defrosted and items were removed and destroyed to allow for better circulation of the cold air. The thermostat control adjusted and set at the lowest setting. The thermometer was also replaced. We continued to have fluctuating temperatures of 0 degrees F to 4 degrees F.

5. Determine/Document the Root Cause of the Violation: Failure to monitor refrigeration temperatures as part of the daily routine. The kitchen staff did not report the temperatures that were not within the guidelines to the maintenance dept.

6. Detail Action Steps/System Developed to Prevent Further Occurrence: The refrigerator was replaced on 11/30/2015. The temperatures are recorded daily by the kitchen staff or designee. If any temperature is 5 degrees higher than the standard of 0 degrees F the maintenance department will be immediately notified. All dining staff will be retrained on the importance of monitoring and reporting of the daily temperatures by 12/31/2015.[Log attached]

7. Designated Position Responsible and Specify Target Date for Correction: The DSL, along with the Director of Environmental Services will be responsible for ensuring on-going compliance by 12/31/2015.

Chris Fuchs, ED
Anne Fuchs
12-22-15

Violation Report: 33130 - 11/09/2015 - McCloskey, Jason
PCN Name: The Woods at Cedar Run

1. REGULATION 55 Pa.Code §2600
2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
On 11/10/2015, there was an accumulation of lint found in the lint trap of a dryer located in the room of Resident #7.

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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Page 9A of 21

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Signature of Legal Entity Representative (Required on EVERY Page)	Chris S. Fuchs			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Chris S. Fuchs, ED		Date	12/4/15

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PLAN OF CORRECTION

Community Name: VS Woods, LLC d/b/a The Woods at Cedar Run

License Number: 331320

Date of Visit: 11/9/2015 & 11/10/2015

Date of Submission: 12/4/2015

1. Violation Review: 2600.105(g)(1) – To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of the clothes dryers after each use.

2. Violation Interpretative Statement: On 11/10/2015, there was an accumulation of lint found in the lint trap of dryer located in the room of Resident #7.

3. Review the Benefit of the Regulation, per RCG: To reduce the risks of fire hazards, line shall be removed from the lint trap and drum of clothes dryers after each use.

4. Description of the Repair of the Immediate Problem: The lint was immediately removed from the dryer by the housekeeping department.

5. Determine/Document the Root Cause of the Violation: This appliance is in the Resident's apartment, and a routine for checking the lint trap had not been established or communicated. Resident #7 failed to remove the lint from the lint trap after completing [redacted] laundry and the team failed to monitor compliance.

6. Detail Action Steps/System Developed to Prevent Further Occurrence: The housekeeping department will conduct daily rounds to each Senior Living Apartment that has a dryer to check for and if necessary, remove the lint. All residents have the option to have their laundry done by the staff. Housekeeping staff retraining occurred on 12/2/2015 to ensure a full understanding of the regulation.

7. Designated Positon Responsible and Specify Target Date for Correction: The Executive Housekeeper will be responsible for on-going compliance by 12/02/2015.

Chris Fuchs, ED
Chris Fuchs
12-22-15

Violation Report: 33130 - 11/09/2015 - McCloskey, Jason
PCH Name: The Woods at Cedar Run

1. REGULATION 55 Pa.Code §2600
2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
No fire drill was conducted by the home in January of 2015.

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 attached

Page 10A of 21

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

Signature of Legal Entity Representative
(Required on EVERY Page) Chris S. Fuchs

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Chris S. Fuchs, ED

Date 12/4/15

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

The above plan of correction is approved as of 12/23/15 (Date)

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

Plan of correction implementation status as of 12/23/15 (Date)

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

PLAN OF CORRECTION

Community Name: VS Woods, LLC d/b/a The Woods at Cedar Run

License Number: 331320

Date of Visit: 11/9/2015 & 11/10/2015

Date of Submission: 12/4/2015

1. Violation Review: 2600.132(a) – An unannounced fire drill shall be held at least once a month.

2. Violation Interpretative Statement: No fire drill was conducted by the home in January of 2015.

3. Review the Benefit of the Regulation, per RCG: Unannounced drills ensure that staff and residents will be prepared to evacuate without hesitation in the event of a real fire.

4. Description of the Repair of the Immediate Problem: The Director of Environmental Services reviewed the intent of the regulation and understands the importance of conducting monthly fire drills.

5. Determine/Document the Root Cause of the Violation: Several fire drills were conducted during the month of January 2015 however, they did not meet the regulations of a successful fire drill. Staff received retraining and the next successful fire drill occurred on Feb. 1st, 2015.

6. Detail Action Steps/System Developed to Prevent Further Occurrence: The ED will conduct monthly audits of the fire drill log no later than the 20th of each month to ensure the intent of the regulation is being met. Each month a successful drill will be completed. [Attached log]

7. Designated Position Responsible and Specify Target Date for Correction: The Director of Environmental Services will be responsible for on-going compliance by 12/31/2015.

Chris Fuchs, ED

Chris Fuchs

12-22-15

Violation Report: 33130 - 11/09/2015 - McCloskey, Jason
PCH Name: The Woods at Cedar Run

1. REGULATION 55 Pa.Code §2600
2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
On 6/18/14, the home held a drill that was supervised by the Lower Allen Twp. Fire Inspector. The next supervised fire drill was held more than one year later on 9/21/15.

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 attached
Page 11A of 21

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

Signature of Legal Entity Representative (Required on EVERY Page) Chris S. Fuchs

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chris S. Fuchs, ED

Date 12/4/15

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

The above plan of correction is approved as of 12/23/15 (Date)

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

Plan of correction implementation status as of 12/23/15 (Date)

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

PLAN OF CORRECTION

Community Name: VS Woods, LLC d/b/a The Woods at Cedar Run

License Number: 331320

Date of Visit: 11/9/2015 & 11/10/2015

Date of Submission: 12/4/2015

1. Violation Review: 2600.132(b) – A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire dill and fire safety inspection shall be kept.

2. Violation Interpretative Statement: On 6/18/2014, the home held a drill that was supervised by Lower Allen Twp. Fire Inspector. The next supervised fire drill was held 9/21/2015.

3. Review the Benefit of the Regulation, per RCG: Identifying and correcting unsafe conditions helps prevent fires from occurring.

4. Description of the Repair of the Immediate Problem: The Director of Environmental Services reviewed the regulation and has a full understanding of the importance of these annual inspections. He also understands that he must organize the annual fire inspections with the township.

5. Determine/Document the Root Cause of the Violation: The home was basing compliance on the fire letter from the Fire Inspector dated September 30, 2014. [Attached letters from 2014 and 2015]

6. Detail Action Steps/System Developed to Prevent Further Occurrence: The Director of Environmental Services will keep an annual log and tickler system in TELS that alerts him of the upcoming need for the annual fire inspection. The ED will monitor the DES TELS system to ensure compliance. [See attached TELS log]

7. Designated Position Responsible and Specify Target Date for Correction: The Director of Environmental Services will be responsible for the on-going compliance by 12/18/2015. The Executive Director will place a tickler in her Outlook calendar for the due date for the annual inspection and drill to oversee that the requirement is met.

Chris Fuchs ED

Chris Fuchs

12-22-15

Violation Report: 33130 - 11/09/2015 - McCloskey, Jason
PCH Name: The Woods at Cedar Run

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

2a. DESCRIPTION OF VIOLATION
The fire drill record for the drill conducted on 10/28/15 does not have an accurate number of residents present in the home at the time of the drill, listing only the number of residents in the secure dementia unit.

The fire drill record for the drill held on 9/25/15 documents a start time of 10:26 am and end time 10:37 am, equalling 11 minutes for the evacuation to take place. However the actual recorded evacuation time is 8 minutes:43 seconds.

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 attached
Page 12A of 21

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

Signature of Legal Entity Representative
(Required on EVERY Page) Chris S. Fuchs

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Chris S. Fuchs, ED

Date 12/4/15

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

The above plan of correction is approved as of 12/23/15 (Date)

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

Plan of correction implementation status as of 12/23/15 (Date)

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

PLAN OF CORRECTION

Community Name: VS Woods, LLC d/b/a The Woods at Cedar Run

License Number: 331320

Date of Visit: 11/9/2015 & 11/10/2015

Date of Submission: 12/4/2015

1. Violation Review: 2600.132(c) – A written fire drill must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2. Violation Interpretative Statement: The fire drill record for the drill conducted on 10/28/15 does not have an accurate number of residents present in the home at the time of the drill, listing only the number of residents in the secure dementia unit.

3. Review the Benefit of the Regulation, per RCG: Recording fire drill information helps homes ensure compliance with all of the regulations relating to fire drills, and to identify and correct problems with evacuation.

4. Description of the Repair of the Immediate Problem: Not all residents were evacuated according to the regulation.

5. Determine/Document the Root Cause of the Violation: Only the residents residing in the Memory Care Neighborhood were evacuated for the drill conducted on 10/28/15. For the drill conducted on 6/26/15 the actual recorded evacuation time [8 mins and 43 seconds] logged was different than the actual evacuation time of 11 mins.]

6. Detail Action/Steps/System Developed to Prevent Further Occurrence: The total number of residents residing in the home will be evacuated to a fire safe area during a drill. It was reviewed with the Director of Environmental Services the importance of timely, accurate and legible documentation on the fire drill log. Retraining of the team members will occur on January 4th, 2016 by [redacted] commonwealth of PA UCC Fire Inspector. A successful fire drill was conducted on 12/17/2015 [Attached drill]

7. Designated Position Responsible and Specify Target Date for Correction: The Director of Environmental Services will be responsible for ensuring on-going compliance by 12/30/2015.

Chris Fuchs. ED Chris Fuchs

12-22-15

Violation Report: 33130 - 11/09/2015 - McCloskey, Jason
PCH Name: The Woods at Cedar Run

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
On 2/26/15, a fire drill was held at the home and no residents were evacuated.

On 10/28/15, a fire drill was held and only the 15 residents in the Secure Dementia Unit were evacuated. The remainder of the home's population were not evacuated.

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 attached

Pages 13A + 13B of 21

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

Signature of Legal Entity Representative (Required on EVERY Page) Chris S. Fuchs

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chris S. Fuchs, ED

Date 12/4/15

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

The above plan of correction is approved as of 12/23/15 (Date)

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

Plan of correction implementation status as of 12/23/15 (Date)

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

PLAN OF CORRECTION

Community Name: VS Woods, LLC d/b/a The Woods at Cedar Run

License Number: 331320

Date of Visit: 11/9/2015 & 11/10/2015

Date of Submission: 12/4/2015

1. Violation Review: 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.

2. Violation Interpretative Statement: On 10/28/15, a fire drill was held and only the 15 residents in the Secure Dementia Unit were evacuated. The remainder of the home's population were not evacuated. [Fire safety expert Bob Muller has provided a letter stating that the Memory Care Neighborhood is a standalone area of refuge. See attached]

3. Review the Benefit of the Regulation, per RCG: Designated meeting places and communication systems ensure that residents are accounted for during actual fires to ensure total evacuation and prevent death or injury from wandering.

4. Description of the Repair of the Immediate Problem: A telephone call was placed to our fire safety expert [redacted] for clarification and a better understanding of our requirements of evacuation during a fire drill.

5. Determine/Document the Root Cause of the Violation: Only the 15 residents residing in the Memory Care neighborhood were evacuated during the fire drill on 10/28/15 due to DES not having a full understanding of the evacuation requirements.

6. Detail Action/Steps/System Developed to Prevent Further Occurrence: The total number of residents residing in the home will be evacuated to a fire safe area during a drill. [A fire drill occurred on 12/18/2015 and all residents were evacuated to a fire safe area within the allotted time frame. [See attached]. It was reviewed with the Director of Environmental Services the importance of timely, accurate and legible documentation on the fire drill log. Retraining of the team members will occur on January 4th by [redacted] Commonwealth of PA UCC Fire Inspector.

7. Designated Position Responsible and Specify Target Date for Correction: The Director of Environmental Services will be responsible for on-going compliance by 01/04/2016. The ED or designee will monitor monthly compliance by reviewing each drill.

Chris Fuchs, ED Chris Fuchs

12-22-15

8. If the home chooses to simulate a fire in an area that would not require the evacuation of residents in order to test the actions of the staff, the home shall also perform a fire drill that requires the evacuation of the residents within the same month.

BAS 12/23/15

Violation Report: 33130 - 11/09/2015 - McCloskay, Jason
PCH Name: The Woods at Cedar Run

1. REGULATION 55 Pa.Code §2600

2600.171(c) - The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:

(1) Vehicle registration.
(2) Valid driver's license for each vehicle operator.
(3) Vehicle insurance.
(4) Current inspection.
(5) Commercial driver's license for vehicle operator if applicable.

2a. DESCRIPTION OF VIOLATION

The home's Ford E-350 van was observed being used to transport residents on 11/9/15 and 11/10/15. The registration for this vehicle had expired as of 7/31/15.

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.

Refer to 14A of 21

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

Signature of Legal Entity Representative (Required on EVERY Page) Chris S. Fuchs

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chris S. Fuchs, ED — Date 12/4/15

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

The above plan of correction is approved as of 12/23/15 (Date)

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

Plan of correction implementation status as of 12/23/15 (Date)

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

PLAN OF CORRECTION

Community Name: VS Woods, LLC d/b/a The Woods at Cedar Run

License Number: 331320

Date of Visit: 11/9/2015 & 11/10/2015

Date of Submission: 12/4/2015

1. Violation Review: 2600.171(c) – The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:
   (1) Vehicle registration
   (2) Valid driver's license for each vehicle operator
   (3) Vehicle insurance
   (4) Current inspection
   (5) Commercial driver's license for vehicle operator if applicable

2. Violation Interpretative Statement: The home's Ford E-350 van was observed being used to transport residents on 11/9/15 and 11/10/15. The registration for this vehicle had expired as of 7/31/2015

3. Review the Benefit of the Regulation, per RCG: Ensures that the homes vehicles and vehicles of staff who regularly transport residents are in compliance with Pennsylvania traffic codes.

4. Description of the Repair of the Immediate Problem: The van was registered online 11/10/2015. The paperwork was presented to the surveyors. The registration sticker was received on 11/30/2015 and applied to the van.

5. Determine/Document the Root Cause of the Violation: The home's car [no longer using] and the van both had registrations due in July. Inadvertently the car was registered and the van was not. When the home received the tags and registration it was mistakenly placed on the van. This was not realized until the surveyor identified that the registration card was actually for the car and not the van.

6. Detail Action/Steps/System Developed to Prevent Further Occurrence: The business office manager added the van registration to the monthly driving log as a reminder. This log tracks all the managers expiration dates of licenses and automobile insurance. [Attached log].

7. Designated Position Responsible and Specify Target Date for Correction: The Business Office Manager and the Director of Independent Living who oversees transportation services will be responsible for the on-going compliance by 11/30/2015.

Chris Fuchs ED Chris Fuchs

11-22-15

Violation Report: 33130 - 11/09/2015 - McCloskey, Jason
PCH Name: The Woods at Cedar Run

1. REGULATION 55 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 11/10/15, a medication cart located in the personal care area contained a Triple Antibiotic Ointment that expired September 2015.

On 11/10/15, a medication cart located in the Secured Dementia Unit, Life Stories, contained a bottle of Advanced Formula Multi-Vitamins & Minerals for Resident # 2 that expired August 2015..

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 attached
Page 15A of 21

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

Signature of Legal Entity Representative (Required on EVERY Page) Chris S. Fuchs

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chris S. Fuchs, EO

Date 12/14/15

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

The above plan of correction is approved as of 12/23/15 (Date)

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

Plan of correction implementation status as of 12/23/15 (Date)

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

PLAN OF CORRECTION

Community Name: VS Woods, LLC d/b/a The Woods at Cedar Run

License Number: 331320

Date of Visit: 11/9/2015 & 11/10/2015

Date of Submission: 12/4/2015

1. Violation Review: 2600.183(d) – Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

2. Violation Interpretative Statement: on 11/10/15, a medication cart located in the personal care area contained a Triple Antibiotic Ointment that expired September 2015. On 11/10/15, a medication cart located in the Secured Dementia Unit, Life Stories, contained a bottle of Advanced Formula Multi-Vitamins & Minerals for Resident #2 that expired August 2015.

3. Review the Benefit of the Regulation, per RCG: Ensures the home does not keep medications that are for resident no longer living in the home or that have been discontinued.

4. Description of the Repair of the Immediate Problem: The expired medications were immediately removed from the medication carts and destroyed.

5. Determine/Document the Root Cause of the Violation: A system to check the carts weekly was in place however, the team members failed to identify these two items. . If we immediately checked the medication cart and found no additional expired items.

6. Detail Action/Steps/System Developed to Prevent Further Occurrence: The 11-7 nurse/med tech will check all medication carts [3] on a weekly basis for expiring meds. [See attached log] A log will be placed on each cart indicating that all items within the cart have not expired. Medications/items that expire at the end of the month will be pulled from the cart and destroyed. The PRN medications, OTC and medications provided by the family will have the expiration date put on top of the bottle to quickly identify expiring medications. Additionally, Quick Mar dashboard will be checked daily by the DSL or designee for prescription medication that will be expiring soon. All staff will receive retraining on checking for expired medications on 12/10/2015. [See attached training log].

7. Designated Position Responsible and Specify Target Date for Correction: The Director of Senior Living will be responsible for the on-going compliance by 12/30/2015.

Chris Fuchs, ED — Chris Fuchs — 12-22-15

Violation Report: 33130 - 11/09/2015 - McCloskey, Jason
PCH Name: The Woods at Cedar Run

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

The medication administration record for Resident # 2 does not include the diagnosis or purpose for the prescribed Metoprolol Tab 50 mg ER, Namenda XR Cap 28 mg., Rivastigmine DIS 13.3/24, and Sertraline Tab 50 mg.

The medication administration record for Resident # 4 does not include the diagnosis or purpose for the prescribed Donepezil 5 mg Tabs, Mag Oxide Tab 400 mg, Memantine HC Tab 10 mg, Metoprolol Tab 50 mg ER, and Omeprazole 20 mg Cap DR.

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 attached
Pages 16A + 16B of 21

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

Signature of Legal Entity Representative (Required on EVERY Page) Chris S. Fuchs

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chris S. Fuchs, ED

Date 12/4/15

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

The above plan of correction is approved as of 12/23/15 (Date)

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

Plan of correction implementation status as of 12/23/15 (Date)

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

PLAN OF CORRECTION

Community Name: VS Woods, LLC d/b/a The Woods at Cedar Run

License Number: 331320

Date of Visit: 11/9/2015 & 11/10/2015

Date of Submission: 12/4/2015

1. Violation Review: 2600.187(a) – A medication record shall be kept to include the following for each resident for whom the 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 of medication, include pro re nata (PRN)
   (13)Date and time of medication administration
   (14)Name and initials of the staff person administering the medication

2. Violation Interpretative Statement: The medication administration record for Resident #2 does not include the diagnosis or purpose for the prescribed Metoprolol Tab 50mg ER, Namenda XR Cap 28mg, Rivastigmine DIS 13.3/24, and Sertraline Tab 50mg
   The medication administration record for Resident #4 does not include the diagnosis or purpose for the prescribed Donepezil 5mg Tabs, Mag Oxide Tab 400mg, Memantine HC Tab 10mg, Metoprolol Tab 50mg ER, and Omeprazole 20mg Cap DR.

3. Review the Benefit of the Regulation, per RCG: The home's staff persons will be able to track all medications a resident receives and to ensure all medications are administered as prescribed.

4. Description of the Repair of the Immediate Problem: The physician was contacted for Resident's #2 and #4 on 11/10/2015 and they provided a diagnosis for all prescribed medications. [See attached MARs]

Chris Fuchs, ED 12-22-15

Chris Fuchs

5. Determine/Document the Root Cause of the Violation: There were not diagnosis's listed for the prescribed medication as team members were not always checking for a diagnosis. Additional monitoring was required to establish the expectation or they needed retraining.

6. Detail Action/Steps/System Developed to Prevent Further Occurrence: An audit was done on 11/10/2015 of all resident's Medication Administration Records to determine what medications had missing diagnoses. The physicians were contacted and all medications have an appropriate diagnosis as of 12/16/2015. All nurses/med techs received retraining on 12/10/2015 [Attached training log] to ensure each medication has a diagnosis. If a diagnosis is missing, they will need to contact the physician and obtain a diagnosis. The DSL will review all MARs on or about the 10th, 20th and 30th of each month for 6 months to ensure each medication has a diagnosis. When approving new medications the nurses/med techs will ensure a diagnosis is listed for that new medication.

7. Designated Position Responsible and Specify Target Date for Correction: The Director of Senior Living will be responsible for ensuring on-going compliance by 12/31/2015.

Chris Fuchs, ED

Chris Fuchs

12-22-15

Violation Report: 33130 - 11/09/2015 - McCloskey, Jason
PCH Name: The Woods at Cedar Run

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

2a. DESCRIPTION OF VIOLATION
Resident #4 was not administered the prescribed Memantine HC 10 mg and Metoprolol 50 mg at 8 pm on both 9/3/15 and 9/4/15. The home failed to follow the prescriber's orders for Resident #4.

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 attached

Pages 17A + 17B of 21

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

Signature of Legal Entity Representative
(Required on EVERY Page) Chris S. Fuchs

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Chris S. Fuchs, ED — Date 12/4/15

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

The above plan of correction is approved as of 12/23/15 (Date)

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

Plan of correction implementation status as of 12/23/15 (Date)

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

PLAN OF CORRECTION

Community Name: VS Woods, LLC d/b/a The Woods at Cedar Run

License Number: 331320

Date of Visit: 11/9/2015 & 11/10/2015

Date of Submission: 12/4/2015

1. Violation Review: 2600.187(d) – The home shall follow the directions of the prescriber.

2. Violation Interpretative Statement: Resident #4 was not administered the prescribed Memantine HC 10mg and Metoprolol 50mg at 8PM on both 9/3/15 and 9/4/15. The home failed to follow the prescriber's orders for Resident #4.

3. Review the Benefit of the Regulation, per RCG: Ensures that residents receive medications and treatments as ordered by a physician.

4. Description of the Repair of the Immediate Problem: The resident did not receive his prescribed medications because they were not available from pharmacy. They were available on 9/5/2015.

5. Determine/Document the Root Cause of the Violation: The nurse or medication assistant failed to follow the policy and contact the physician when the medication(s) were not available. The nurses/med techs failed to use the Quick Mar system to assist them in identifying medications that hadn't been administered.

6. Detail Action/Steps/System Developed to Prevent Further Occurrence: The nurses/medication assistants received education 12/10/2015 on the importance of contacting the physician when a resident does not receive their prescribed medication. [Attached training log] The nurses/med techs will document on a pharmacy telephone log their conversations with pharmacy as it pertains to ordering and/or checking on the status of medications. [Attached log]. The Unit Clerk or designee will pull a "dashboard" report each AM from Quick Mar. This report will assist the DSL to follow up with the nurses/med techs to monitor if medications are being ordered and administered timely. Nurses/med techs received retraining on 12/10/2015 to ensure they are ordering medications 72 hours prior to the last available dose so there is no lapse in the availability of medications from pharmacy. [Attached training log] Pharmacy will begin delivering meds in the AM and PM each day in addition to emergency deliveries if indicated.

Chris Fuchs ED

Chris Fuchs

12-22-15

7. Designated Position Responsible and Specify Target Date for Correction: The Director of Senior Living will be responsible for ensuring on-going compliance by 12/30/2015. The ED or designee reviews the "dashboard" report(s) each day.

Chris Fuchs ED

Chris_fuchs

12-22-15

Violation Report: 33130 - 11/09/2015 - McCloskey, Jason
PCH Name: The Woods at Cedar Run

1. REGULATION 55 Pa.Code §2600
2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
The pre-admission screen forms for Resident #2 (admitted [redacted]15), Resident #4 (admitted [redacted]15), and Resident # 7 (admitted [redacted]15),do not contain a determination that the home can meet the service needs of 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.

See attached
Page 18A of 21

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

Signature of Legal Entity Representative
(Required on EVERY Page) Chris S. Fuchs

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Chris S. Fuchs, ED — Date 12/4/15

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

The above plan of correction is approved as of 12/23/15 (Date)

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

Plan of correction implementation status as of 12/23/15 (Date)

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

PLAN OF CORRECTION

Community Name: VS Woods, LLC d/b/a The Woods at Cedar Run

License Number: 331320

Date of Visit: 11/9/2015 & 11/10/2015

Date of Submission: 12/4/2015

1. Violation Review: 2600.224(a) – A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2. Violation Interpretative Statement: The pre-admission screen forms for Resident #2 (admitted [redacted]15), Resident #4 (admitted [redacted]'15) and Resident #7 (admitted [redacted]'15) do not contain a determination that the home can meet the service needs of the residents.

3. Review the Benefit of the Regulation, per RCG: Ensures that the home can safely meet a resident's need prior to admission.

4. Description of the Repair of the Immediate Problem: The pre admission screening form was updated by the Director of Sales and Marketing indicting by checking the determination box that the residents are appropriate for personal care on 11/9/2015.

5. Determine/Document the Root Cause of the Violation: The pre screening form was not appropriately completed. The determination box was not checked indicating that the resident was appropriate to reside in personal care. The residents were appropriate to live in personal care but the screener failed to check the box indicating this.

6. Detail Action/Steps/System Developed to Prevent Further Occurrence: An audit was done by the marketing assistant on 11/20/15 of all current resident records to ensure the pre admission form was completely and accurately filled out. The audit revealed that all determination boxes were checked appropriately.

7. Designated Position Responsible and Specify Target Date for Correction: The ED will review all Move In files to ensure appropriate screenings are completed prior to admission. The Director of Sales and Marketing will be responsible for ensuring on-going compliance by 12/18/2015.

Chris Fuchs ED

Chris Fuchs

12-22-15

Violation Report: 33130 - 11/09/2015 - McCloskey, Jason
PCH Name: The Woods at Cedar Run

1. REGULATION 55 Pa.Code §2600

2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION

The resident assessment and support plan for Resident # 8, dated 1/28/15, does not have a signature of the resident or indicate the resident's refusal or inability to sign.

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 attached

Page 19A of 21

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

Signature of Legal Entity Representative
(Required on EVERY Page) Chris S. Fuchs

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Chris S. Fuchs, ED

Date 12/4/15

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Plan of correction implementation status as of 12/23/15 (Date)

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

PLAN OF CORRECTION

Community Name: VS Woods, LLC d/b/a The Woods at Cedar Run

License Number: 331320

Date of Visit: 11/9/2015 & 11/10/2015

Date of Submission: 12/4/2015

1. Violation Review: 2600.227(h) – If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2. Violation Interpretative Statement: The resident assessment and support plan for Resident #8, dated 1/28/15, does not have a signature of the resident or indicate the resident's refusal or inability to sign.

3. Review the Benefit of the Regulation, per RCG: If a resident and/or designated person participates in the development of the support plan and is unable or chooses not to sign and date the support plan, noting this is the record provides a record of who participated in the development of the support plan for future reference purposes (even though the persons did not sign).

4. Description of the Repair of the Immediate Problem: The Director of Senior Living was educated on the regulation and the importance of ensuring that residents participate in the development of their support plan by and sign that they have participated. If they choose not to sign then a note needs to be placed in their record indicating why they did not sign.

5. Determine/Document the Root Cause of the Violation: The support plans had missing signatures indicating they had not participated in the development of the plan.

6. Detail Action/Steps/System Developed to Prevent Further Occurrence: An audit was conducted on 11/10/2015 to review and ensure all support plans are signed appropriately. All RASPs have appropriate signatures as of 12/16/2015. The DSL will review all RASPs for signatures on a weekly basis. (See attached log). The ED will review all RASP audits.

7. Designated Position Responsible and Specify Target Date for Correction: The Director of Senior Living will be responsible for ensuring on-going compliance by 12/30/2015.

Chris Fuchs, ED

Chris Fuchs

12-22-15

Violation Report: 33130 - 11/09/2015 - McCloskey, Jason
PCH Name: The Woods at Cedar Run

1. REGULATION 55 Pa.Code §2600
2600.233(b) - A home shall have a statement from the manufacturer, specific to that home, verifying that the electronic or magnetic locking system will shut down, and that all doors will open easily and immediately when one or more of the following occurs:
(1) Upon a signal from an activated fire alarm system, heat or smoke detector.
(2) Power failure to the home.
(3) Overriding the electronic or magnetic locking system by use of a key pad or other lock-releasing device.

2a. DESCRIPTION OF VIOLATION
The home has the manufacturer's power supply wiring instructions for the magnetic locking mechanism. However, this information does not include a statement verifying that the locks will release when the fire alarm system is activated, the home's power fails, and when a lock releasing device (i.e. key pad) is used to override the system.

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 attached

Pages 20A and 20B of 21

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

Signature of Legal Entity Representative (Required on EVERY Page) Chris S. Fuchs

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chris S. Fuchs, ED

Date 12/4/15

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

Plan of correction implementation status as of 12/23/15 (Date)

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

PLAN OF CORRECTION

Community Name: VS Woods, LLC d/b/a The Woods at Cedar Run

License Number: 331320

Date of Visit: 11/9/2015 & 11/10/2015

Date of Submission: 12/4/2015

1. Violation Review: 2600.233(b) – A home shall have a statement from the manufacturer, verifying that the electronic or magnetic locking system will shut down, and that all doors will open easily and immediately when one or more of the following occurs:
   (1) Upon a signal from an activated fire alarm system, heat or smoke detector
   (2) Power failure to the home
   (3) Overriding the electronic or magnetic locking system by use of a key pad or other lock-releasing device.

2. Violation Interpretative Statement: The home has the manufacturer's power supply wiring instructions for the magnetic locking mechanism. However, this information does not include a statement verifying that the locks will release when the fire alarm system is activated, the home's power fails, and when a lock releasing device (i.e. key pad) is used to override the system.

3. Review the Benefit of the Regulation, per RCG: Having a statement from the manufacturer attesting to the information above helps to ensure that the home's locking system will not prevent egress in the event of an emergency.

4. Description of the Repair of the Immediate Problem: The fire doors were tested and they de-energized and performed per the outlined specifications. A letter was received from the manufacturer on 11/16/2015 that outlines the specifics of the door(s) should there be a loss of power. [See attached]. This letter will be maintained in a compliance ready binder for future inspections.

5. Determine/Document the Root Cause of the Violation: The home failed to have a statement on file from the manufacturer.

6. Detail Action/Steps/System Developed to Prevent Further Occurrence: The Director of Environmental Services was educated on the importance of ensuring that all specifications are being met per the intent of the regulation.

Chris Fuchs, ED

Chris Fuchs

12-22-15

7. Designated Position Responsible and Specify Target Date for Correction: The Director of Environmental Services will be responsible for ensuring on-going compliance by 12/15/2015.

Chris Fuchs, ED

Chris Fuchs

12-22-15

Violation Report: 33130 - 11/05/2015 - McCloskey, Jason

PCH Name: The Woods at Cedar Run

1. REGULATION 55 Pa.Code §2900

2600.234(a) - The resident or the resident's designated person shall be involved in the development and the revisions of the support plan.

2a. DESCRIPTION OF VIOLATION

The Support Plan for Resident #2 (developed on 5/18/15) and Resident #9 (developed 3/21/15) indicate that the residents were unable to participate, but contains no indication that the residents' designated person was involved in the development of the plan.

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 attached

Page 21 A of 21

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

Signature of Legal Entity Representative (Required on EVERY Page) Chris S. Fuchs

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chris S. Fuchs, ED

Date 12/4/15

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The above plan of correction is approved as of 12/23/15 (Date)

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

Plan of correction implementation status as of 12/23/15 (Date)

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

PLAN OF CORRECTION

Community Name: VS Woods, LLC d/b/a The Woods at Cedar Run

License Number: 331320

Date of Visit: 11/9/2015 & 11/10/2015

Date of Submission: 12/4/2015

1. Violation Review: 2600.234(e) – The resident or the resident's designated person shall be involved in the development and the revisions of the support plan.

2. Violation Interpretative Statement: The Support Plan for Resident #2 (developed 5/16/2015) and Resident #9 (developed 3/21/2015) indicate that the residents were unable to participate, but contains no indication that the resident's designated person was involved in the development of the plan.

3. Review the Benefit of the Regulation, per RCG: Having a resident and/or designated person participate in the development and implementation of the support plan helps to provide crucial detailed information about the specific resident which can assist the home in developing a specific plan as to how it will meet the needs of the resident identified in the assessment.

4. Description of the Repair of the Immediate Problem: Signatures were obtained for Residents #2 and #9. An audit was completed on 11/9/2015 to determine that all current residents have signed a RASP or a note indicating why they didn't sign the RASP. For the Memory Care residents the audit will indicate a signature by a designated person.

5. Determine/Document the Root Cause of the Violation: The RASP did not have signatures by the resident or the designated person or there were no notes in the resident record(s) of senior living residents indicating why they did not sign.

6. Detail Action/Steps/System Developed to Prevent Further Occurrence: The Director of Senior Living was educated on the importance of having the resident and/or designated person participate in the development of the support plan and obtaining signatures and/or placing a note in the resident record. The families will be invited to participate in the planning of the support plan. The DSL will review all RASPs for signatures on a weekly basis. [See attached log]

7. Designated Position Responsible and Specify Target Date for Correction: The Director of Senior Living will be responsible for ensuring on-going compliance by 12/18/2015.

Chris Fuchs, ED

Chris Fuchs

12-22-15