



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 11 2017

Ms. Dolores L. Smith Sharer,
Owner
47 Front Street, P.O. Box 65
Wyalusing, Pennsylvania 18853

RE: Smith's Personal Car Home
License #: 238780

Dear Ms. Smith Sharer:


As a result of the Department of Human Services' annual licensing inspection on November 15, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,


Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 23878 - 11/15/2016 - Yellenic, Cindy
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On 11/15/2016, at 1pm, the Licensing Inspection Summary from 12/9/2015 was posted on the home's bulletin board in the home's kitchen. The resident privacy coding was attached to Licensing Inspection Summary.

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.

Regulation 2600.17 is important to protect the resident's privacy. The home violated this regulation because the Licensing Inspection Summary from the past year, 12/9/2015 was posted on the home's bulletin board in the home's kitchen with the privacy coding attached. The violation was caused because the home had the privacy coding attached with the inspection of last year on the bulletin board in the kitchen. To fix this violation right away, Chelsie Calaman, Asst. Administrator took down the privacy coding sheet. To prevent this from future violations, when I, Chelsie Calaman, Asst. Administrator go to hang up the Licensing Inspection Summary will be sure to check more than once that the privacy coding sheet is not attached to protect the resident's privacy. The responsible party will be Chelsie Calaman, Assistant Administrator.

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

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

Date 12/22/2016

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

The above plan of correction is approved as of <u>2/4/17</u> (Date)	Plan of correction implementation status as of <u>2/4/17</u> (Date)
The above plan of correction was approved by <u><i>mc</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 23878 - 11/16/2016 - Yellenic, Cindy
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2800.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The annual training for Staff Persons A and B did not include the following mandatory elements: Medication Self-Administration - and - Care for Residents with Dementia.

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

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

The regulation is important so that staff know the basic understanding of the topics that may be compatible with the resident's in the home. The regulation was violated because the annual staff training for Staff Persons A and B did not include the following mandatory elements: Medication Self-Administration and Care for Resident's with Dementia. The cause of the violation was Staff Person A and B were did not complete Medication Self- Administration and Care for Resident's with Dementia. To fix this violation right away, Chelsie Calaman, Assistant Administrator updated the next years staff training plan and added the mandatory annual training. To prevent this violation from reoccurring in the future, [redacted] will see the staff training plan is being completed in a timely manner. Responsible parties will be [redacted] Asst. Admin. and [redacted] Administrator.

The administrator shall train staff A + B in the elements of this regulation in training year 2016 + 2017. Proof of training shall be maintained by the home and available

Repeat Violation: No Date(s) of Previous Violation(s): *upon request*

Signature of Legal Entity Representative (Required on EVERY Page) *Chelsie Calaman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chelsie Calaman Date *12/22/2016*

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

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 23878 - 11/19/2016 - Yellenic, Cindy
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION
 Resident room #23 did not have a bedside table or shelf at time of inspection.

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.
 Regulation was violated because Resident room # 23 did not have a bedside table or shelf at time of inspection. To fix this violation, we have placed a bedside table in room # 23. Resident Room checks will be done monthly by the asst. administrator or designee. A signature sheet for completion will be done when room checks take place.

The administrator shall monitor and assure ongoing compliance.

[Signature]
 2/4/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Chelsie Calaman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chelsie Calaman Date 12/22/2016

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Violation Report: 23878 - 11/15/2016 - Yellenio, Cindy
PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600
 2600.102(l) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION
 The common bathroom labeled S1 had an unlabeled bar of soap on the counter next to the sink.

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.
 Regulation was violated because in the common bathroom labeled S1 had an unlabeled bar of soap on the counter next to the sink. To fix this violation right away, the bar of soap was thrown away. Housekeeper has been assigned to do weekly bathroom checks to see there is nothing in the bathroom that shouldn't be. This will prevent future violations. Asst. Administrator will oversee this is being completed.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chelsie Calaman	Date 12/22/2016
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Violation Report: 23876 - 11/16/2016 - Yellenic, Cindy
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

The home has 25 residents being served at the time of inspection requiring 75 gallons of emergency water. The home had 73 gallons of water available.

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.

This regulation is important that we have at least a 3-day supply of nonperishable food and drinking water for residents in case of an emergency. This regulation was violated because we have 25 residents and were required to have 75 gallons of emergency water. We only had 73 gallons of water available at the time. The violation was caused because we did not have the required amount of water per resident. To fix this violation right away, water was delivered that evening to the home so we had the required amount of drinking water for residents in an emergency. To fix this violation from reoccurring in the future, the Assistant Administrator has a written contract with the company that supplies our water. Will attach the contract. The responsible party to see this doesn't happen in the future will be the Assistant Administrator.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Chelsie Calaman

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

Chelsie Calaman

Date

12/22/2016

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2/4/17
 (Date)

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2/4/17
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

Violation Report: 23878 - 11/16/2016 - Yellenic, Cindy PCH Name: SMITH S PERSONAL CARE HOME	
1. REGULATION 56 Pa.Code §2600 2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.	
2a. DESCRIPTION OF VIOLATION The rabies vaccination for the cat named Dexter expired on 11/2/2016.	
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.	
Regulation was violated because the rabies vaccination for the cat named Dexter expired on 11/2/2016. The Asst. Administrator has added Dexter into the home's tickler system to ensure Dexter's rabies vaccination is all up to date. Dexter is scheduled with the Wyalusing Pet Clinic on <u>12/30/2016</u> to receive his rabies vaccination. Asst. Administrator will follow the tickler system to prevent future violations.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Chelsie Calaman</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chelsie Calaman	Date 12/22/2016
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Violation Report: 23878 - 11/16/2016 - Yellenic, Cindy
 PCH Name: SMITH S PERSONAL CARE HOME

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 written fire drill record for the fire drill held on 9/18/16 did not indicate the amount of time to evacuate in minutes and 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.

This regulation was violated because the written fire drill record for the fire drill held on 9/18/16 did not indicate the amount of time to evacuate in minutes and seconds. To fix this violation right away, the Administrator or Designee will review fire drill logs monthly to ensure accurate documentation is being done. The Asst. Administrator will be responsible for making sure the reviews are being completed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Chelsie Calaman

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

Chelsie Calaman

Date

12/22/2016

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The above plan of correction is approved as of

2/4/17
 (Date)

Plan of correction Implementation status as of

2/4/17
 (Date)

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

The above plan of correction was approved by

(Signature)
 (Initials)

Violation Report: 23878 - 11/15/2016 - Yellenic, Cindy
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The home's fire drill record indicates the home is not alternating exit routes during monthly fire drills. The home fire drill log indicates the home used all exits during monthly fire drills on the following dates: 4/27/16, 5/1/16 and 6/22/16.

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

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

This regulation is important to ensure the resident's are aware of alternative exit routes incase there is a fire. Regulation was violated because the fire drill log indicates the home used all exits during monthly fire drills on the following dates: 4/27/16, 5/1/16, and 6/22/16. The violation was caused because alternative exit routes were not being used in the monthly fire drills for the months of 4/27/16, 5/1/16, and 6/22/16. To fix this violation right away the home will be using alternative exit routes every time they have a fire drill to help ensure the resident's will know alternative exit routes in case of an emergency. To prevent future violations, Asst. Admin. or designee will review fire drill logs monthly to ensure alternative exit routes are being used. Asst. Admin. will oversee.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Chelsie Calaman

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

Chelsie Calaman

Date

12/22/16

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2/4/17
 (Date)

Plan of correction implementation status as of

2/4/17
 (Date)

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

The above plan of correction was approved by

[Signature]
 (Initials)

Violation Report: 23878 - 11/16/2016 - Yellonic, Cindy
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1's annual medical evaluation dated 8/17/2016 was not completed in its entirety by the resident's doctor. Under section 3, the medical information pertinent to diagnoses and treatment for the diagnosis of mood problem and the 2nd page of the medical evaluation was completed by an unlicensed staff after the doctor signed it on 8/17/2016.

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.

Regulation is important so if there are any changes in medical diagnosis the home will be aware of it by a medical professional. Was violated because Resident # 1's annual medical evaluation dated 8/17/16 was not completed in its entirety by the resident's doctor. Under section 3, the medical information pertinent to diagnoses and treatment for the diagnosis of mood problem and the 2nd page of the medical evaluation was completed by an unlicensed staff after the doctor signed it on 8/17/2016. Annual medical evaluations for residents will be entered into the tickler system. To fix this violation, Asst. Admin. or designee will see the medical evaluation is completed prior to the doctor signing it. Administrator and Asst. Administrator, will oversee the implementation of this regulation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Chelsie Calaman

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

Chelsie Calaman

Date

12/22/2016

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2/4/17
 (Date)

Plan of correction Implementation status as of

2/4/17
 (Date)

The above plan of correction was approved by

M
 (Initials)

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

Violation Report: 23878 - 11/15/2016 - Yellenic, Cindy PCH Name: SMITH S PERSONAL CARE HOME	
1. REGULATION 56 Pa.Code §2600 2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following: (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic. (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home. (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home. (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.	
2a. DESCRIPTION OF VIOLATION The medication administration annual practicum was not signed by the Medication Administration Trainer for Staff Person A on 11-4-16 and Staff Person C on 2-14-16.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) - Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed. Regulation is important that the staff administering medications to the residents is properly trained and educated on the proper way to administer the medicine. Regulation was violated because the medication administration annual practicum was not signed by the Medication Administration Trainer for Staff Person A on 11-4-16 and Staff Person C on 2-14-16. The violation was fixed right away by the annual practicum observer signing the Medication Administration Training for Staff Person A and C. To prevent this violation, Asst. Admin. has entered all staff members that are medication administrators into the tickler system to ensure all the required forms are signed for in the timely manner. Administrator and Asst. Administrator will oversee all required forms are signed for in the time frame.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Chelsie Calaman</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chelsie Calaman	Date 12/22/2016
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The above plan of correction was approved by <u>cm</u> (Initials)	<input type="checkbox"/> Fully implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 23878 - 11/15/2016 - Yellonic, Cindy
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 56 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

Resident #2 has a physician's order for Symbicort. The Inhaler was not dated when it was opened and has a shelf life of 3 months. The pharmacy refill date was 7-14-16.

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

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

This regulation was violated because we did not have a date on the Symbicort inhaler for Resident # 2 when it was opened. To fix this violation we have held a staff meeting on the importance of dating medications as well as expiration dates of medications. To prevent this violation, asst. administrator or designee will do bi weekly medication audits. Asst. Administrator also assigned a designee to do OTC audits weekly to make sure all OTC medications are dated and to check for expiration dates. Asst. Administrator will oversee this is being done.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chelsie Calaman	Date 12/22/2016
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The above plan of correction is approved as of 2/4/17
 (Date)

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

Plan of correction implementation status as of 2/4/17
 (Date)

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

Violation Report: 23878 - 11/15/2016 - Yellenic, Cindy
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 There was a small white oval pill found in the bottom of the medication cart.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This regulation was violated because there was a small white oval pill found in the bottom of the medication cart. To fix this violation right away, we held a staff education training on the importance of how to store medication. Also, Asst. Administrator has assigned a designee to complete medication cart audits weekly. Administrator and/or Asst. Administrator will oversee that the designee is completing the medication cart audits.

The administrator shall monitor for ongoing compliance.

M 2/4/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Chelsie Calaman</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Chelsie Calaman	12/22/2016

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Violation Report: 23878 - 11/16/2016 - Yellenic, Cindy
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2800.187(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 #3 has a physician's order for a fiber tablet to be administered at 7:30pm. The MAR was not initialed that the medication was administered on 11/8/16.

Resident #4 has a physician's order for a Olanzapine to be administered at 7:00pm. The MAR was not initialed that the medication was administered on 11/7/16 and 11/8/16.

Resident #5 has a physician's order for Hydrochlorothiazide to be administered at 7:00am. The MAR was not initialed that the medication was administered on 11/4/16.

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

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

The regulation is important so that the medication administrators have the correct understanding of the physicians directions. This was a violation because Resident # 3 has a physicians order for a fiber tablet to be administered at 7:30pm. The MAR was not initialed that the medication was administered on 11/8/16. Resident #4 has a physician's order for a Olanzapine to be administered at 7:00pm. The MAR was not initialed that the medication was administered on 11/7/16 and 11/8/16. Resident #5 has a physician's order for Hydrochlorothiazide to be administered at 7:00am. The MAR was not initialed that the medication was administered on 11/4/16. To fix this violation right away, we held a staff education training on the importance of medication administration as well as the correct way of documentation. Asst. Administrator is doing medication log audits weekly to see documentation is being done correctly.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chelsie Calaman Date 12/22/2016

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Violation Report: 23878 - 11/16/2016 - Yellenic, Cindy
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 85 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 has a physician's order for insulin to be administered according to a sliding scale for insulin coverage. On 11/11/16 at 4:00pm the resident's BG#197 required 2 units of insulin. The resident did not receive any insulin. On 11/14/16 at 6:00pm the residents BG#274 required 6 units of insulin. The resident did not receive any insulin. Resident #5 attends program every week (Monday - Friday). The resident has a physician's order for Benzotropine 1mg, and Gabapentin 100mg, to be administered at noon every day. The resident does not take the medication to program and consequently is not receiving the medication 6 out of 7 days as prescribed.

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.

It is important to follow the prescribers directions with medications. Violation of regulation because Resident #2 has a physician's order for insulin to be administered according to a sliding scale for insulin coverage. On 11/11/16 at 4:00pm the resident's BG #197 required 2 units of insulin. The resident did not receive insulin. On 11/14/16 at 6:00pm the residents BD #274 required 6 units of insulin. The resident did not receive insulin. Resident #5 attends day program every week(Monday-Friday). The resident has a physician's order for Benzotropine 1mg, and Gabapentin 100mg, to be administered at noon every day. The resident does not take the medication to program and consequently is not receiving the medication 6 out of 7 days as prescribed. To fix this violation right away, we held a staff education training on the importance of medication administration, also we have changed the way to document Resident # 2's insulin in the medication log.

We have a different and easier method of documentation for Resident #2's insulin to help understand exactly how many units received if needed. To fix Resident # 5, right away we called the physician to see if we could have the times of medication changed to the times that corresponds to when Resident # 5 is in the home. To ensure this doesn't happen again, Asst. Administrator or designee will audit the medication log.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Chelsie Calaman

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

Chelsie Calaman

Date

12/22/2016

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

The above plan of correction is approved as of

2/4/17
 (Date)

Plan of correction implementation status as of

2/4/17
 (Date)

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

The above plan of correction was approved by

m
 (Initials)

Violation Report: 23070 - 11/16/2016 - Yellenic, Cindy
PCH Name: SMITH'S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800

2800.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #5 does not receive his/her noontime medications while at program Monday- Friday. The resident's physician was not notified that the resident was missing his/her Benztoripine 1mg, and Gabapentin 100mg. Monday - Friday at noon.

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.

Regulation was violated because Resident #5 does not receive his/her noontime medications while at program Monday-Friday. The resident's physician was not notified that the resident was missing his/her Benzlorpine 1mg. and Gabapentin 100mg. Monday- Friday at noon. Regulation was fixed right away by the asst. administrator calling the doctor to see if the change in time of administration could be changed beings that Resident #5 is in not in the home between the hours of 8am-3:30pm. Times were changed by the doctor to correspond to when Resident #5 is in the home. Asst. Administrator and designee assigned to the medication log will complete medication audits to prevent this violation from happening in the future.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chelsie Calaman	Date 12/22/2016
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/4/17
 (Date)

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

Plan of correction implementation status as of 2/4/17
 (Date)

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

Violation Report: 23878 - 11/16/2016 - Yellenic, Cindy
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Staff person D Initial Medication Administration test score was an 86 and a passing score is 90 or above. The Medication Administration Trainer passed the staff person and the staff person has been administering medications since 7-21-16.

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

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

Importance of regulation is that a staff person has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies. Regulation was violated because Staff person D Initial Medication Administration test score was an 86 and a passing score is 90 or above. The medication Administration Trainer passed the staff person and the staff person has been administering medications since 7-21-16. To fix this violation right away, the medication administration trainer had Staff person D retake the medication administration test. Staff person D completed the test with a score of 92. To prevent this from happening again, Asst.Administrator has a better understanding of what the score has to be in order to pass staff in the medication admin. course

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chelsie Calaman Date 12/22/2016

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

The above plan of correction is approved as of 2/4/17
(Date)

Plan of correction implementation status as of 2/4/17
(Date)

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

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