



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 30 2017

Ms. Traci Schultz,
Administrator
Wolf Run Village LLC
3750 Route 220 Highway
Hughesville, Pennsylvania 17737

RE: Wolf Run Village
License #: 221490

Dear Ms. Schultz:

As a result of the Department of Human Services' annual licensing inspection on November 16, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 22149 - 11/16/2016 - Rushin, Julianne
 PCH Name: WOLF RUN VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 PA Code 50.55 states "Fire alarm systems shall be maintained in operating conditions at all times. To assure operation, all items in the system shall be physically checked by persons who are familiar with the equipment and its proper operation.....with a minimum of once each year". The home has not had its required fire alarm system maintenance inspection since 12/03/10.

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 was brought to our attention December 8, 2016 that the company, completing inspections and service to all fire equipment, was not completing the required inspection on the alarm system. An inspection was completed on December 12, 2016 by another company. Annual inspections of the alarm system have been scheduled for July of each year going forward. See Attachment A for the current inspection verification.

The administrator shall monitor and assure ongoing compliance.

m
 1/13/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)		<i>Traci J. Schultz</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	12/22/16
		Traci J. Schultz, Administrator	

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The above plan of correction is approved as of <u>1/13/16</u> (Date)	Plan of correction implementation status as of <u>01/13/16</u> (Date)
The above plan of correction was approved by <u><i>m</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: 22149 - 11/16/2016 - Rushin, Julianne
 PCH Name: WOLF RUN VILLAGE

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
 Review of the home's fire drill logs indicates that drills were conducted on the following dates and times: 3/6/16 @ 8:00am; 5/9/16 @ 5:15 am; 8/23/16 @ 1:00pm and 10/01/16 @ 1:00am. Based on information obtained from the Cholin Alarm Co. activity reports, Department Representatives determined that the home falsely documented this information and that drills were not conducted at all during March, May, August and October of 2106.

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.

Upon investigation of the Cholin report, County Control verbally verified to the administrator that there was activity in the months where Cholin shows there was none. After speaking to [redacted] at Cholin, as to how this is possible, we have learned that the administrator was trained to press the drill button on the panel to activate the drill. By doing this, no activity is sent to Cholin. Thus, the drills will only show on the activity report if a pull station was used to activate the drill. Attachment B

A new Policy is in place for how to conduct a fire drill so that the activity will be recorded by central monitoring. Going Forward a copy of the activity report will be requested after each drill to ensure proper documentation of dates and times. Administrator will review the fire drill log each month.

The administrator shall monitor and assure that an unannounced fire drill shall be held at least once a month.

[Signature]
 1/13/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Traci J. Schultz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Traci J. Schultz, Administrator	Date 12/22/16
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Violation Report: 22149 - 11/16/2016 - Rushin, Julianne
 PCH Name: WOLF RUN VILLAGE

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 home's fire drill logs indicate that drills were conducted on 3/6/16 @ 8:00am; 5/9/16 @ 5:15 am; 8/23/16 @ 1:00pm and 10/01/16 @ 1:00am. Based on information obtained from the Cholin Alarm Co. activity reports, Department Representatives determined that the home falsely documented this information on the logs and that drills were not conducted on these dates and times.

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.

Upon investigation of the Cholin report, County Control verbally verified to the administrator that there was activity in the months where Cholin shows there was none. After speaking to [redacted] at Cholin, as to how this is possible, we have learned that the administrator was trained to press the drill button on the panel to activate the drill. By doing this, no activity is sent to Cholin. Thus, the drills will only show on the activity report if a pull station was used to activate the drill. Attachment B

→ A new Policy is in place for how to conduct a fire drill so that the activity will be recorded by central monitoring. Going Forward a copy of the activity report will be requested after each drill to ensure proper documentation of dates and times. Administrator will review the fire drill log each month.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Traci J. Schultz

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

Traci J. Schultz, Administrator

Date 12/22/16

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1/13/17
 (Date)

Plan of correction implementation status as of

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 (Date)

The above plan of correction was approved by

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 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22149 - 11/16/2016 - Rushin, Julianne
 PCH Name: WOLF RUN VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 Based on resident and staff interviews and information obtained from the Cholin Alarm Co. activity reports, it was determined that the home has not conducted any "sleeping hour" drills in 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.

Upon investigation of the Cholin report, County Control verbally verified to the administrator that there was activity including sleeping hour activity in the months where Cholin shows there was none. After speaking to [redacted] at Cholin, as to how this is possible, we have learned that the administrator was trained to press the drill button on the panel to activate the drill. By doing this, no activity is sent to Cholin. Thus, the drills will only show on the activity report if a pull station was used to activate the drill.

A new Policy is in place for how to conduct a fire drill so that the activity will be recorded by central monitoring. Going Forward a copy of the activity report will be requested after each drill to ensure proper documentation of dates and times. Sleeping hour fire drills will be conducted with a member of a local fire company to verify that the drills were/are in fact held as required. Administrator will review the fire drill log each month.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Traci J. Schultz, Administrator	Date 12/22/16
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Violation Report: 22149 - 11/16/2016 - Rushin, Julianne
 PCH Name: WOLF RUN VILLAGE

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 van to transport residents did not have a current registration for the vehicle.

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 registration card had been removed by the owner and not returned to the vehicle. A copy of the current registration was obtained from Womer's tag service. The copy and the original receipt from December 2015 were sent to DHS. Going Forward copies of the registration card will be kept in the Administrator's office and the van will be checked monthly by the administrator to ensure the originals are in the van. See Attachment C

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Traci J. Schultz, Administrator	Date 12/22/16
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Violation Report: 22149 - 11/16/2016 - Rushin, Julianne
 PCH Name: WOLF RUN VILLAGE

1. REGULATION 65 Pa.Code §2600
 2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION

Resident # 1 had Venelex Ointment in his/her bathroom. The resident is not assessed by his/her physician to be able to self-administer medications.
 Resident # 2 had Hemorrhoidel Ointment in his/her bathroom. The resident is not assessed by his/her physician to be able to self-administer medications.

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

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

In both cases listed above the families brought the ointments in for the residents without following our house rules of bringing them to the office for the nurse to review. Resident #1 was assessed on 9/23/16 by [redacted] physician to be able to self-administer some medications. Resident #2 was assessed on 6/24/16 by [redacted] physician to be able to self-administer some medications. See Attachment F.

Wolf Run Village was not aware the medications were in the residents' rooms and therefore did not have orders for the medications. The medication was removed at the time of the inspection. Families were contacted and the policy was reviewed.

Both residents' rooms have locks on the doors and are private rooms. Resident #2's door had to be unlocked for the inspector to enter the room for the interview. Resident #1 was in [redacted] room with the door open at the time of the interview.

Going forward, monthly inspections of resident rooms will be conducted by the administrative staff for unauthorized medications.

The administrator shall monitor and assure that all residents who desire to self-administer medications shall be assessed by a physician,

Repeat Violation: No Date(s) of Previous Violation(s): *Physician Assistant or certified RN Practitioner*

Signature of Legal Entity Representative (Required on EVERY Page) *Traci J. Scholtz* *Regarding the ability to self-admin. Medications*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Traci J. Scholtz, Administrator Date 12/22/16 *MM 1/13/17*

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

Violation Report: 22149 - 11/16/2016 - Rushin, Jullenne
 PCH Name: WOLF RUN VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 Resident #1 had Venelex Ointment in his/her bathroom, and the medication was not in a locked area or container.
 Resident # 2 had Hemorrhoidel Ointment in his/her bathroom, and the medication was not in a locked area or container.

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.

In both cases listed above the families brought the ointments in for the residents without following our house rules of bringing them to the office for the nurse to review. Resident #1 was assessed on 9/23/16 by [redacted] physician to be able to self-administer some medications. Resident #2 was assessed on 6/24/16 by [redacted] physician to be able to self-administer some medications.

Wolf Run Village was not aware the medications were in the residents' rooms and therefore did not have orders for the medications. The medication was removed at the time of the inspection. Families were contacted and the policy was reviewed.

Both residents' rooms have locks on the doors and are private rooms. Resident #2's door had to be unlocked for the inspector to enter the room for the interview. Resident #1 was in [redacted] room with the door open at the time of the interview.

Going forward, monthly inspections of resident rooms will be conducted by the administrative staff for unauthorized medications.

The administrator shall monitor and assure ongoing compliance.
[Signature]
 1/13/17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Traci J. Schultz, Administrator	Date	12/22/16
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Violation Report: 22149 - 11/16/2016 - Rushin, Julienne
 PCH Name: WOLF RUN VILLAGE

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
 Resident # 2 had Hemorrhoidal Ointment in his/her bathroom. The resident does not have a physician's order for the medication.

The First Aid kit in the home's vehicle contained the following expired medications: Burn Cream, exp. 6/14; Antibiotic Cream, exp. 12/15; and, Insect Sting Relief, exp. 4/14.

Resident #1's triple antibiotic ointment was noted in the med cart. It was discontinued on 10/26/16.

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.

Resident #2 - the family brought the ointment in for the resident without following our house rules of bringing it to the office for the nurse to review. Resident #2 was assessed on 6/24/16 by [redacted] physician to be able to self-administer some medications. Wolf Run Village was not aware the medication was in the residents' room and therefore did not have orders for the medication. The medication was removed at the time of the inspection. Families were contacted and the policy was reviewed. A bedside order for the medication was obtained and the ointment was returned to the resident. See Attachment E. Going forward, monthly inspections of resident rooms will be conducted by the administrative staff for unauthorized medications.

The codes on the items in the first aid kit were not recognized as expiration dates (Burn Cream was 0614T1024) . All items in question were removed from the first aid kit at the time of the inspection. Only items with clearly marked expiration dates will be placed in the first aid kit going forward. Administrative staff will review first aid kit monthly.

Resident #1 - triple antibiotic ointment was removed from the cart at the time of the inspection. Medication Storage policy was reviewed with the staff. Going forward overnight staff will review the carts each night and administrative staff will audit the carts monthly. DON will review order changes weekly.

The administrator shall monitor and be responsible for ongoing compliance. *Traci J. Schultz* *11/13/17*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/17/2015
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Signature of Legal Entity Representative (Required on EVERY Page)

Traci J. Schultz

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Traci J. Schultz, Administrator	Date	12/22/16
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Violation Report: 22149 - 11/16/2016 - Rushin, Julienne
 PCH Name: WOLF RUN VILLAGE

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

2a. DESCRIPTION OF VIOLATION

Resident #3 has a physician's order for a blood glucose (BG) test to be administered 4 x daily and insulin to be administered based on a sliding scale for insulin coverage. On 11/10/16 at 4:00pm the resident's BG#266 required 8 units of insulin. The resident received 6 units of insulin. On 11-14-16 at 4:00pm the resident's BG#219 required 6 units of insulin. The resident received 2 units of insulin.

Resident #1 is prescribed insulin based on a sliding scale. On 11/7/16 at 11:00am, resident #1's BG level measured 241; 4 units were needed; 6 units were administered. On 11/10/16 at 4:00 pm, resident #1's BG level measured 219; 4 units were needed; 6 units were administered.

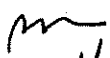
Resident #4 is prescribed Timolal MAL solution eye drops daily for glaucoma. The medication was not administered on 11/16/16 at 7:00am because it was not available.

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

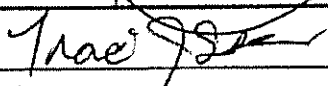
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Diabetic testing, insulin administration and recording were reviewed with the staff on 11/17/16 and 11/18/16. Two staff are now required for the administration of insulin. DON will monitor the administrations weekly. Administrator will review glucometers and MARs during the routine cart audits.

The pcp for Resident #4 did not respond to the pharmacy request to refill the eye drops in a timely manner. The DON contacted the pcp office twice by phone and once by fax on 11/16/16. The pharmacy then received the new script. The medication was delivered in time for the next dose. Going Forward, the staff will call the pharmacy two business days before medication runs out if the medication has not been delivered. Administrative staff will review during routine cart audits. Attachment D


The administrator shall monitor and assure ongoing compliance

 11/13/17

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/17/2015

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Traci J. Schultz, Administrator Date 12/22/16

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