



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 13, 2017

Mr. G. Bryan Oros, Executive Director
The Heritage at St. Paul Homes
339 East Jamestown Road
Greenville, Pennsylvania 16125

RE: The Heritage at St. Paul Homes
424570

Dear Mr. Reeves:

As a result of the Department of Human Services' licensing inspection on November 17, 2016 and November 18, 2016, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Sincerely,

A handwritten signature in black ink that reads "Brent Sutherland".

Brent Sutherland
Acting Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

RECEIVED

Violation Report: 42457 - 11/17/2016 - Summers, Vicky

PCH Name: THE HERITAGE AT ST PAUL HOMES

DEC 28 2016

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1 was prescribed morphine concentrate 100 mg/5 ml take 0.25 ml/5 mg under the tongue every 1 hour as needed for shortness of breath or discomfort. On 9/13/16 at 2:29 a.m., staff person A administered 2.5 ml/50 mg morphine concentrate via medication cup.

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.

- ① The controlled substance/storage/special handling/documentation of disposal policy was updated on 9/13/16 by administrator to include # 7 which states " Liquid, oral suspension, oral concentrate solution, or any other liquid form of controlled substances will have 2 medication administration staff double checking the preparation of the amount to be administered, and 2 medication administration staff signing off on the amount administered. (see Attachment # 1, # 2)
- ② All medication administration staff have been trained on the new policy starting 9/13/16 - (see Attachment # 3)
- ③ Staff member A was reprimanded per policy. (see Attachment # 4, # 5)
- ④ Medication error policy was reviewed with staff member A on 9/14/16 (see Attachment # 6, # 7)
- ⑤ Medication trained staff members will send the controlled substances documentation sheets/signature pages to Resident Care Coordinators upon completion of medication for review of compliance

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mickie Chapman, Administrator* Date *12/22/16.*

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

The above plan of correction is approved as of 12/29/16 (Date)

Plan of correction implementation status as of 12/29/16 (Date)

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

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