



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: APR 25 2017**

Ms. Laura Strausser  
Personal Care Administrator  
Frederick Mennonite Community  
P.O. Box 498/2849 Big Road  
Frederick, Pennsylvania 19435

RE: Frederick Living Magnolia House  
License #: 127720

Dear Ms. Strausser:

As a result of the Department of Human Services' licensing off site inspection on November 28, 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, appearing to read 'Patricia Adams', written over a large, stylized flourish.

Patricia Adams  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 12772 - 11/28/2016 - Thomas, Tahesia  
PCH Name: FREDERICK LIVING MAGNOLIA HOUSE

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

On 11/20/16, at 4:30pm, staff member A administered Resident # 2's medications, Aricept 10mg, Namenda 10mg, and Glyburide 5mg, to Resident # 1.

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

1. REGULATION 55 Pa.Code 2600.182c 'steps to prevent a similar violation from occurring again. If steps cannot be completed

2. PLAN OF CORRECTION:

The purpose of this regulation is to ensure that staff administering medication take the proper steps to ensure successful completion of the medication administration process. The med tech administering the medication to resident #1 identified she was administering the medication to the wrong person and stopped the process. She immediately sought the intervention from the Nurse Supervisor to ensure the safety of the resident. The Nurse Supervisor assessed the resident for ill effect and notified the resident's physician and responsible party. A reportable incident report was completed and sent to DHS Southeast Regional Office within the required timeframe on 11/20/2017. The Administrator and Clinical Manager completed an investigation into the incident and initiated a plan of correction to assure continued compliance with the regulation. The Med Tech was assigned and completed an on-line training program titled MA - Medication Pass on 11/28/2015. Course curriculum and verification of completion was sent to DHS Southeast Regional Office. The Med Tech was scheduled and completed a remedial medication observation with a certified Medication Administration Trainer on 11/29/2017 to ensure med tech's competency with following proper procedure. Verification of practicum observations were sent to DHS Southeast Regional Office.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Laura Straussner*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Laura Straussner, Personal Care Administrator* Date *2/24/2017*

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

The above plan of correction is approved as of *2/28/17*  
(Date)

The above plan of correction was approved by *[Signature]*  
(Initials)

Plan of correction Implementation status as of \_\_\_\_\_  
(Date)

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

Violation Report: 12772 - 11/28/2016 - Thomas, Tahesia  
PCH Name: FREDERICK LIVING MAGNOLIA HOUSE

1. REGULATION 55 Pa.Code §2600  
2600.186(b) - Prescription medications shall be used only by the resident for whom the prescription was prescribed.

2a. DESCRIPTION OF VIOLATION

On 11/20/16, Resident # 1 was administered Namenda 10mg, Aricept 10mg, and Glyburide 5mg prescribed for and belonging to Resident # 2.

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.

3. REGULATION 55 Pa.Code 2600.186b

4. PLAN OF CORRECTION:

The purpose of this regulation is to ensure that staff only administer medications to the resident for whom the medication was prescribed. The med tech administering the medication to resident #1 identified she was administering the medication to the wrong person and stopped the process. She immediately sought the intervention from the Nurse Supervisor to ensure the safety of the resident. The Nurse Supervisor assessed the resident for ill effect and notified the resident's physician and responsible party. A reportable incident report was completed and sent to DHS Southeast Regional Office within the required timeframe on 11/20/2017. The Administrator and Clinical Manager completed an investigation into the incident and initiated a plan of correction to assure continued compliance with the regulation. The Med Tech was assigned and completed an on-line training program titled MA - Medication Pass on 11/28/2015. Course curriculum and verification of completion was sent to DHS Southeast Regional Office. The Med Tech was scheduled and completed a remedial medication observation with a certified Medication Administration Trainer on 11/29/2017 to ensure med tech's competency with following proper procedure. Verification of practicum observations were sent to DHS Southeast Regional Office.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Laura Strausser*

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

Laura Strausser, Personal Care Administrator

Date 2/24/2017

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

The above plan of correction is approved as of

2/28/17  
(Date)

Plan of correction implementation status as of

2/28/17  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

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