



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: MAR 13 2017**

Nancy Donnelly, ED  
Hatfield Mennonite Homes, Inc.  
275 Dock Drive  
Lansdale, Pennsylvania 19446

RE: Oakwood Court  
License #: 127960

Dear Ms. Donnelly:

As a result of the Department of Human Services' off site licensing inspection on November 30, 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,



Patricia Adams  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

PCH Name: OAKWOOD COURT		License Number: 12796
Address: 275 DOCK DRIVE, LANSDALE, PA 19446		County: Montgomery
Adminstrator: KATHY MOSKOWITZ		Region: SOUTHEAST
Legal Entity Name: HATFIELD MENNONITE HOMES INC		
Legal Entity Address: 275 DOCK DRIVE, LANSDALE, PA 19446		
Certificate(s) of Occupancy NM  NM		
Staffing Hours Resident Support: 0                      Total Dally Staff: 0                      Waking Staff: 0		
Type of Inspection: Partial                      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site		
Off-Site Inspection Dates and Inspectors, if Applicable 11/30/2016: Thomas, Tahesia		
Other Details Partial or Full Triggers:                      Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: NM Number of Residents Served: NM Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: NM Number of Hospice Residents in past year: NM	Number of Residents who: Receive Supplemental Security Income: NM Are 60 Years of Age or Older: NM Have Mental Illness: NM Have an Intellectual Disability: NM Have a Mobility Need: NM Have a Physical Disability: NM	

Violation Report: 12796 - 11/30/2016 - Thomas, Tahesia  
 PCH Name: OAKWOOD COURT

**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 11/10/16, at 4:30 pm, staff member A did not correctly identify resident #1 before administering their medication.

**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.

On 11/10/16 the charge nurse reviewed with the med tech the importance of accurate transcribing of medication. In addition, the enclosed handout "the 5 rights of medication administration" was reviewed by the med. tech. On 1/3/17 the med tech had viewed a 30 min webinar on medication administration: avoiding common errors and scored 100% in the post test.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Kathy Minkwitz RN, MBA, PCHL*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathy Minkwitz* Date *2/23/17*

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

The above plan of correction is approved as of <i>3/3/17</i> (Date)	Plan of correction implementation status as of <i>3/3/17</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 12796 - 11/30/2016 - Thomas, Tahesia  
 PCH Name: OAKWOOD COURT

**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 11/10/16, Resident # 1 was administered Alprazolam 0.25mg 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.*

on 11/10/16 Charge nurse reviewed with the med tech the importance of accurate transcribing of medication. In addition, the enclosed handout "the 5 rights of medication administration" was reviewed by the med tech. On 1/3/17 the med tech had viewed a 30 min Webinar on medication administration: Avoiding Common errors and scored 100% on the Post test.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kathy Mischwitz RN, MBA, PCH*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kathy Mischwitz*      Date *2/23/17*

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 (Date)

Plan of correction implementation status as of 3/3/17  
 (Date)

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

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