



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

Mailing Date: October 20, 2017

Mr. Adam Devlin
President/Owner
Tri-County Respite, Inc.
5201 St. Joseph Road, PO Box 1001
Limeport, Pennsylvania 18060

RE: Mt. Trexler Manor
License # 216630

Dear Mr. Devlin:

As a result of the Department of Human Services' licensing inspection on November 30, 2016, December 6, 2016, December 15, 2016 and January 3, 2017 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,

Anne Graziano
Anne Graziano

Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 21663 - 11/30/2016 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 10/22/16 Staff person A was observed telling Resident #1 "you better go back to your room, do you remember what happened to you last night?" Staff person A was intimidating Resident #1. Later that evening Staff person A was observed raising his/her fist to Resident #1 and yelling "How would you like if I did this to you?" The home did not report the alleged abuse to the Department.

Resident #2 reported that Staff person B while on a smoke break, put his/her hands in his/her pockets looked at Resident #2 and said "c'mon swing at me!" Resident #2 reported that the staff person B was attempting to "antagonize" the resident. On 11/19/16 Resident #2 and staff person B were observed in the hallway of the home being separated by other staff persons. Resident #2 reported that Staff person B was yelling and cursing at the resident and there was a physical altercation between them where staff person B hit Resident #2. The home did not submit an incident report to the Department regarding the allegation of abuse.

Resident #1 has a physician's order dated 11/18/16 stating, "Change Zoloft dose to 11am". The November Medication Administration Record (MAR) for this resident did not have Zoloft listed anywhere on the MAR until 11/30/16 to reflect a physician's order dated 11/30/16 that states, "Start Zoloft oral solution 20mg/ml, give 25mg by mouth at 8am for anxiety". The home did not submit a reportable incident to the Department regarding the medication error.

Resident # 3 has an order for 1mg of ativan twice daily, from 11/10/16-11/29/16 the medication was administered 3x daily. The home did not submit a reportable incident to the Department regarding the medication error.

Resident #4 has an order for Benzotropin 1mg 3x daily. The medication was not administered from 12/2/16-12/7/16. The home did not submit a reportable incident to the Department regarding the medication error.

Resident #4 has an order for simvastatin 40mg daily. The medication was not administered from 12/1/16-12/14/16. The home did not submit a reportable incident to the Department regarding the medication error.

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.

See Attached

* In addition to reportable incidents related to allegations of abuse/neglect, the home will also ensure that the other 18 events are also reported as required.

CP. 3-6-17

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Ta. Tanya Stuchlik*

The following is the Plan of Correction for Mount Trexler Manor regarding the Statement of Deficiency dated February 2, 2017 from inspections on November 30, 2016; December 6, 2016; December 15, 2016; and January 3, 2017. Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the allegations or the correctness of the conclusion set forth on the License Inspection Summary. Rather, it is submitted as a confirmation of our ongoing efforts to comply with regulatory and statutory requirements. In this document, we have outlined specific actions in response to identified issues. We remain committed to the delivery of quality services and will continue to make changes and improvements to satisfy that objective.

Citation regarding 55 Pa Code 2600.16 (First alleged incident)

Facts – Our internal review of the incident revealed the following: On 10.21.16, an incident occurred in which Resident #1 struck staff person A several times. We found no evidence that any further blows were struck or that there was any other physical or verbal interaction between Staff person A and resident #1 that day.

On October 22, 2016 we are able to recount the following events:

- Staff person A returned to work for his shift for 12 PM. When he arrived, staff person [REDACTED] observed that staff person A was upset about having been struck the day before. Staff person [REDACTED] based this conclusion on the fact that he refused to complete duties he would normally help with.
- Staff person [REDACTED] was assisting Resident #1 near the kitchen area due to him banging on the wall. Staff person A went to assist staff person [REDACTED]. Staff person [REDACTED] stated staff person A attempted to assist and was called a derogatory name in an angry tone.
- Staff person A assumed a defensive posture and stated to Resident #1, "Do you remember what happened last night? (Referring to resident #1 punching staff member A on the night of 10.21.16.).
- Additionally, staff person A was reported to "not want to walk with resident #1 to the kitchen." We are unable to substantiate this statement based on our internal investigation. Resident #1 was reported by staff person [REDACTED] to "attempt to hit staff person A" in the doorway leading off of the 100 wing. It is alleged that staff person A "secluded" resident A to the unit by "blocking the resident" at the doorway off of the hall. (see attached floor plan).
- Staff person A attempted to keep other residents of the home safe by attempting to redirect Resident #1 towards an area of the home that he was familiar during his time of observed aggression and upset.

Reports by staff person [REDACTED] (and witness) recounted the facts of the incident to be the same as the report by staff person [REDACTED]. After this exchange staff did not observe any other physical or verbal interaction between staff person A and resident #1 that day or any other day. No other person we interviewed was a witness to any verbal or physical altercation between [REDACTED] and the resident on October 22 either. The citation itself does not name a witness to the incident or to the statements quoted. The resident is unable to communicate and could not state whether any such interaction occurred. As a result of our investigation, we have found no competent evidence to confirm that an altercation of the kind described in the citation occur. Consequently, we have not found any evidence that any incident occurred that should have been reportable under the regulations and dispute that any such violation occurred.

Citation regarding 55 Pa Code 2600.16 (Second alleged incident)

Facts - Our internal investigation of this citation revealed the following. On November 19, 2016, the incident at smoke break did not occur. Staff member [REDACTED] (witness to the incident) was interviewed and reported the incident at smoke break occurred several days earlier. [REDACTED] reported resident #2 was asked to hand in his lighter (considered contraband by home rules) and resident #2 declined to submit his lighter. [REDACTED] reported staff member B did have his hands in his pockets, but did not respond to resident @3 in an "antagonistic" manner. Nor did he state, "c'mon, swing at me." Staff person [REDACTED] reported staff person B attempted to coach and counsel the resident on the home rules.

(Continued on pg. 2B)

TB

On November 19, 2016 an incident occurred in which a resident #2 struck staff person B several times in the face as evidenced by a split lip. When struck, staff person B pushed the resident away in self-defense. Prior to this staff reported the following:

- Resident #2 appeared intoxicated as evidenced by finding an empty bottle of Jack Daniel's whiskey in the resident's room and the smell of alcohol on the person.
- Resident #2 was reported by staff person [REDACTED] as sexually harassing her by hitting her on the buttocks; using racial and derogatory slurs towards her. Resident #2 has staff person backed into a corner in the dining area in the 100 wing
- Staff person B attempted to redirect resident #2's behavior. Resident #2 turned towards staff person B and walks towards him while cursing at him resulting in staff person B being struck in the face. Reports indicate that staff person B cursed as a result of being struck by resident #2.
- Immediately, another staff person [REDACTED] intervened and escorted the resident away from staff person B in order to separate the two.

We identified no other evidence of any further verbal or physical interaction between staff person B and the resident that day. We identified no witness who could confirm the quotes contained in the citation, nor could we identify any witness who believed that staff person B was attempting to intimidate or antagonize the resident. None of the staff we interviewed confirmed that they saw staff person strike the resident. The resident remembered no such incident and claimed to have had a "blackout". Staff person B left for his shift and had no other contact with resident #1 after that date or during future dates.

A few days later on 11.22.16 the resident was hospitalized on a 302 commitment for aggressive and assaultive behavior directed towards staff. During this time he appeared intoxicated as evidenced by the smell of alcohol on the resident. He remained in the hospital until 12.9.16. Staff person B left employment on 12.8.16 and never saw or interacted with the resident after 11.19.16. Consequently, our investigation did not confirm that any incident occurred that should have been reported under the regulations and we deny that any violation of the regulations occurred.

Notwithstanding this conclusion, we have taken steps to assure that no incidents of this type occur in the future. These include:

- Staff were retrained on 12.23 thru 12.30.16 and again on 2.21.17 regarding reportable incidents and conditions; procedures on how to report and to whom; reporting suspected incidents; what the definition of abuse and neglect is; resident rights; chain of command; and positive interventions. All new staff will continue to be trained on the above topics before their first working day.
- During staff supervision sessions, the above topics will continue to be reviewed to allow for open communication; understanding of the regulations; and expectations of reporting requirements.
- For one week after retraining of the above topics, adjustments to scheduling to permit shift review and discussion occurred. One month after the retraining there was follow-up with the group to reinforce the topics (12.23.16).
- The supervisors group participated in a webinar through DHS on Adult Protective Services and Mandated Reporting.
- Ongoing discussions with staff continued and included positive proactive approaches for behavioral de-escalation and reinforcement that abuse is not tolerated.
- Contacted the ombudsman to come in and conduct resident rights training on 2.21.17. Assistant administrator partnered to review abuse, neglect, mandatory reporting, reportable incidents, OAPSA.
- Roleplaying will be included in staff meetings to demonstrate appropriate and inappropriate interactions.
- Daily rounds will continue to be used as a time to review and debrief on all incidents in the home.
- All incidents will be reviewed and investigated to determine if they meet reporting requirements.

(Continued on pg. 2C)

TR

- The administrator will ensure the care coordination staff meet regularly with the residents on their caseload to solicit information on quality of care, concerns, and improvements that can be made in the home.
- Staff failing to alert the administrator to reportable incidents, abuse, or neglect will be disciplined up to and including termination.

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Strategies to Improve the Quality of Supervision (target date 5/1/17 and ongoing)

New Vitae Wellness and Recovery leadership will evaluate the hiring managers and assess if their hiring skills can be remediated. The interview screener tool will be reviewed and updated to better screen for "right fit." It will include the following:

- Scenarios and vignettes to review and respond to
- Questions to assess ability to perform given job function
- Questions to assess ability to appropriately problem solve while maintaining the safety and dignity of our residents.
- Training for supervisors regarding asking staff about treatment of residents, peer to peer interactions, and quality issues.
- Vacant supervisory positions will be filled and the career pathways within the organization will be reassessed with an emphasis being put on selecting qualified individuals.
- Training will be provided concerning the use of on-call to assist with the management of resident incidents and suspected abuse.

Mount Trexler Manor will also introduce an active program of assessment for current personnel to screen for the following:

- Consistency with program culture and policies including safety, relationship building, dignity, respect, and sensitivity to past trauma.
- Awareness on how staff approaches impact residents.
- Re-evaluation of the training process to look at quality, content, expectations and impact of the training regimen and the use of nonviolent interventions.
- Modeling and coaching for staff regarding responses to residents in crisis and how best to handle stressful/aggressive/ challenging situations.

After identifying a trend of increased incidents on the second shift and weekends, Mount Trexler Manor has been committed to ensuring the qualifications and credentials of staff during these time periods. An employment ad was placed in mid-February for a second and third shift supervisor with management experience and a minimum of 5 years direct care experience. Additionally, a nurse has been hired and is expected to start 3/13/17. She will oversee the med room and all responsibilities for wellness and medical care. Also, a new brain injury specialist is being recruited to support individuals with recovery goals. We are also recruiting for new PCH administrators.

Leadership recognizes the need to continue to train employees on the power differential between staff and residents. Continued training and supervision will be provided in order to establish a baseline understanding of this concept. We are focused on hiring a more qualified and professional work force, and have increased salaries in order to attract well-prepared employees.

In addition to the supervision, training and supports listed above, we will continue to be committed to the routine delivery of Safe Crisis Management (SCM) training. SCM refresher trainings will be a monthly topic at staff meetings.

Adm will oversee to ensure ongoing compliance. Cf. 3-6-17

TTB

Violation Report: 21663 - 11/30/2016 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Timothy* Date *2/24/17*

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

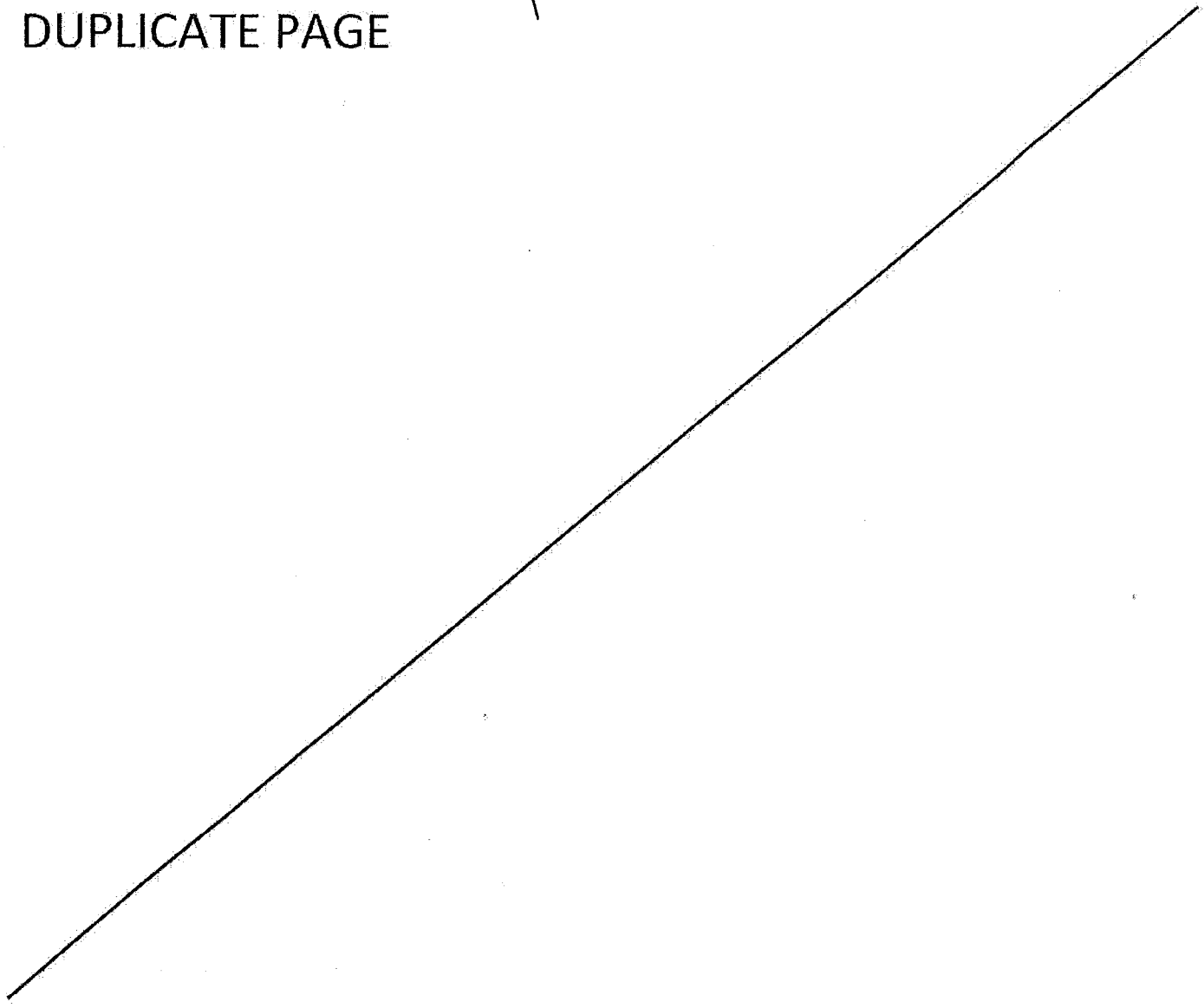
The above plan of correction is approved as of 3-6-17
(Date)

Plan of correction implementation status as of 9-17-17
(Date)

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

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

DUPLICATE PAGE



Violation Report: 21663 - 11/30/2016 - Novak, Ryan
PCH Name: MT TREXLER MANOR

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

An administrator or employee who has reasonable cause to suspect that a recipient between the ages of 18-59 with a disability is a victim of abuse, neglect, exploitation or abandonment shall immediately make a report in accordance with Adult Protective Services (APS) Law (Act 70). On 10/22/16 Staff person A was observed telling Resident #1 "you better go back to your room, do you remember what happened to you last night?" Staff person A was intimidating Resident #1. Later that evening Staff person A was observed raising his/her fist to Resident #1 and yelling "How would you like if I did this to you!?" The home did not report the alleged abuse as required.

Resident #2 reported that Staff person B while on a smoke break, put his/her hands in his/her pockets looked at Resident #2 and said "c'mon swing at me!" Resident #2 reported that the staff person B was attempting to "antagonize" the resident. On 11/19/16 Resident #2 and staff person B was observed in the hallway of the home being separated by other staff persons. Resident #2 reported that Staff person B was yelling and cursing at the resident and there was a physical altercation between them where staff person B hit Resident #2. The home did not report the allegation of abuse as required.

On 12/3/16 at 12:39pm, an allegation of abuse against resident #10 was reported to staff person E. The home did not report the allegation to the local Area Agency on Aging until 12/20/16 at 11:30am.

If an employee is alleged to have committed abuse of a recipient between the ages of 18-59 with a disability, the employee must be immediately suspended or a plan of supervision must be immediately implemented in accordance with Adult Protective Services (APS) Law (Act 70). Resident #2 reported that Staff person B while on a smoke break, put his/her hands in his/her pockets looked at Resident #2 and said "c'mon swing at me!" Resident #2 reported that the staff person B was attempting to "antagonize" the resident. On 11/19/16 Resident #2 and staff person B was observed in the hallway of the home being separated by other staff persons. Resident #2 reported that Staff person B was yelling and cursing at the resident and there was a physical altercation between them where staff person B hit Resident #2. Staff person B continued to work in the home until 12/6/16.

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.

See Attached

TB

The following is the Plan of Correction for Mount Trexler Manor regarding the Statement of Deficiency dated February 2, 2017 from inspections on November 30, 2016; December 6, 2016; December 15, 2016; and January 3, 2017. Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the allegations or the correctness of the conclusion set forth on the License Inspection Summary. Rather, it is submitted as a confirmation of our ongoing efforts to comply with regulatory and statutory requirements. In this document, we have outlined specific actions in response to identified issues. We remain committed to the delivery of quality services and will continue to make changes and improvements to satisfy that objective.

A full response to the incidents dated 10.22.16 and 11.19.16 were completed on pages 2A thru 2C.

The statement that the home did not report the incident occurring on 12.3.16 to the local AAA until 12.20.16 appears to be inaccurate. A full accounting of the time line for reporting is as follows:

- 12.3.16 at 2:35 PM - Alleged incident reported to staff, residents separated, and investigation started.
- 12.3.16 at 3:00 PM - Four phone calls were made. They included: Lehigh County AAA; Liberty Resources; Upper Saucon Police Dept; and Resident's designated persons
- 12.3.16 at 4:30 PM - Incident reported to DHS Northeast Regional office via written email report (see attached)
- 12.5.16 Mount Trexler Manor was called by DHS requesting incident be rewritten on the Department's requested form.
- 12.5.16 at 3:53 PM - The rewritten report was re-sent on the requested form(see attached)
- 12.20.16 at 11:12 AM - Upon becoming aware that the written report required to AAA was not sent as required; Mount Trexler Manor completed the Act 70 form and submitted it to AAA (see attached).

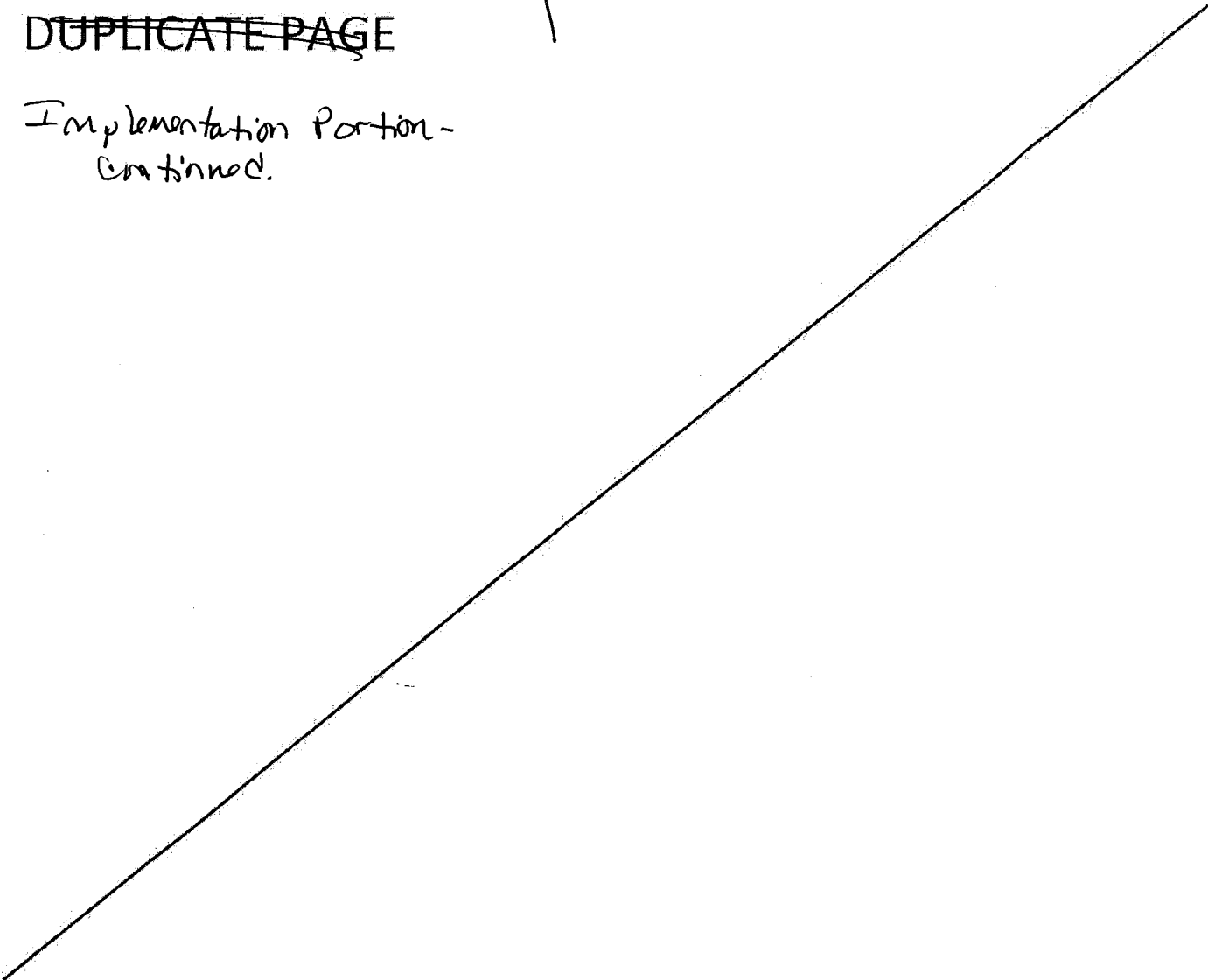
Administrator would oversee reporting of all aspects of allegations of abuse, abandonment, exploitation or neglect in order to ensure ongoing compliance. (C)

3-6-17

Violation Report: 21663 - 11/30/2016 - Novak, Ryan PCH Name: MT TREXLER MANOR	
1. REGULATION 55 Pa.Code §2600 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Iday Targin Stackhouse</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Iday Targin-Stackhouse</i>	Date <i>2/24/17</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>3-6-17</u> (Date)	Plan of correction implementation status as of <u>8-17-17</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</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

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Implementation Portion -
Continued.



Violation Report: 21663 - 11/30/2016 - Novak, Ryan
 PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

The RASP dated 10/9/16 for Resident #5 notes requires minimal supervision while in the home or in familiar surroundings. Resident #5 requires supervision when in unfamiliar surroundings or when in the community. He has a history of purchasing/using drugs and requires staff to be with him at all times in the community. The home did not assist Resident #5 with the assistance needed on 12/15/16 while in the community.

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.

SEE ATTACHED

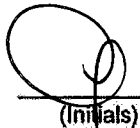
Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) By Torgin-Stackhouse Date 2/21/17

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

The above plan of correction is approved as of 3/6/17
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 8-17-17
 (Date)

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

002

Citation regarding 55 Pa Code 2600.23

Facts – Our internal review of the incident revealed the following:

Resident # 5 chose to exercise his right to move freely by signing himself out of the home and go with a friend into the community. In an effort to provide the assessed level of support and supervision required for resident #5 staff coached, counseled and educated resident #5 regarding his RASP dated 10/9/16. Despite staff efforts to intervene, resident #5 left the home.

Upon return to the home on 12/15/16, the individual's team convened to provide support to resident #5. Reassessments were made to the individual's RASP on the following dates: 12/15/16; 12/18/18; 1/9/17 to provide increased support for the individual. A 30-day notice was issued to resident #5 for repeated violations to the home rules on 1.6.17. The 30-Day Notice and intervention by the individual's team has helped the resident get back on track; it was determined that his current needs can be met in the home his 30-Day notice was rescinded.

Staff believed the pattern of psychoeducation, intervention, and support would be effective in order to follow the goals of the individual's RASP. We believe this does not constitute a violation of the regulation.

Notwithstanding this conclusion, we have taken steps to assure that no incidents of this type occur in the future. These include:

We are careful not to violate individual rights. Mount Trexler Manor's standard procedure for addressing a resident's disregard for their RASP are as follows:

- Provide counseling, coaching and education the individual regarding the impact of not following their RASP.
- Review of the individual's RASP to assess for supports that are needed or require modification
- Convening of team meeting(s) to provide support and feedback to the individual.
- Repeated violations to the home rules result in an issuance of a 30-day notice.

Mount Trexler Manor is committed to serving individuals through personalized support as consistent with their RASP.

Adm will oversee that assessments and support plans (RASP's) are sufficiently detailed & assess resident specific in order to secure future compliance.

QA 3-6-17

TB

Violation Report: 21663 - 11/30/2016 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 10/22/16 Staff person A was observed telling Resident #1 "you better go back to your room, do you remember what happened to you last night?" Staff person A was intimidating Resident #1. Later that evening Staff person A was observed raising his/her fist to Resident #1 and yelling "How would you like if I did this to you!? That same night Staff person A was observed taunting Resident #1 by eating chocolate pudding in front of the resident saying "mmmm good" and then going to get chocolate milk to drink in front of the resident and wouldn't give the resident any. Staff person A was taunting the resident with the things the residents liked.

Resident #2 reported that Staff person B while on a smoke break, put his/her hands in his/her pockets looked at Resident #2 and said "c'mon swing at me!" Resident #2 reported that the staff person B was attempting to "antagonize" the resident. On 11/19/16 Resident #2 and staff person B was observed in the hallway of the home being separated by other staff persons. Resident #2 reported that Staff person B was yelling and cursing at the resident and there was a physical altercation between them where staff person B hit Resident #2. Staff person B was observed yelling at the resident "i can beat your billy bad a**!"

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

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A full response to the incidents dated 10.22.16 and 11.19.16 were completed on pages 2A thru 2C.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Ray Torgerson-Stuckhouse

Date

2/24/17

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

The above plan of correction is approved as of 3-6-17
(Date)

Plan of correction implementation status as of 9-18-17
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

See page 8 of 29

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Facts – Our internal review of the incident revealed the following: On 10.21.16, an incident occurred in which Resident #1 struck staff person A several times. We found no evidence that any further blows were struck or that there was any other physical or verbal interaction between Staff person A and resident #1 that day.

On October 22, 2016 we are able to recount the following events:

- Staff person A returned to work for his shift for 12 PM. When he arrived, staff person [redacted] observed that staff person A was upset about having been struck the day before. Staff person [redacted] based this conclusion on the fact that he refused to complete duties he would normally help with.
- Staff person [redacted] was assisting Resident #1 near the kitchen area due to him banging on the wall. Staff person A went to assist staff person [redacted]. Staff person [redacted] stated staff person A attempted to assist and was called a derogatory name in an angry tone.
- Staff person A assumed a defensive posture and stated to Resident #1, "Do you remember what happened last night? (Referring to resident #1 punching staff member A on the night of 10.21.16.).
- Additionally, staff person A was reported to "not want to walk with resident #1 to the kitchen." We are unable to substantiate this statement based on our internal investigation. Resident #1 was reported by staff person [redacted] to "attempt to hit staff person A" in the doorway leading off of the 100 wing. It is alleged that staff person A "secluded" resident A to the unit by "blocking the resident" at the doorway off of the hall. (see attached floor plan).
- Staff person A attempted to keep other residents of the home safe by attempting to redirect Resident #1 towards an area of the home that he was familiar during his time of observed aggression and upset.

Reports by staff person [redacted] (and witness) recounted the facts of the incident to be the same as the report by staff person [redacted]. After this exchange staff did not observe any other physical or verbal interaction between staff person A and resident #1 that day or any other day. No other person we interviewed was a witness to any verbal or physical altercation between [redacted] and the resident on October 22 either. The citation itself does not name a witness to the incident or to the statements quoted. The resident is unable to communicate and could not state whether any such interaction occurred. As a result of our investigation, we have found no competent evidence to confirm that an altercation of the kind described in the citation occur. Consequently, we have not found any evidence that any incident occurred that should have been reportable under the regulations and dispute that any such violation occurred.

Citation regarding 55 Pa Code 2600.16 (Second alleged incident)

Facts - Our internal investigation of this citation revealed the following. On November 19, 2016, the incident at smoke break did not occur. Staff member [redacted] (witness to the incident) was interviewed and reported the incident at smoke break occurred several days earlier. [redacted] reported resident #2 was asked to hand in his lighter (considered contraband by home rules) and resident #2 declined to submit his lighter. [redacted] reported staff member B did have his hands in his pockets, but did not respond to resident @3 in an "antagonistic" manner. Nor did he state, "c'mon, swing at me." Staff person [redacted] reported staff person B attempted to coach and counsel the resident on the home rules.

(Continued on pg. 2B)

OP 3-6-17 TB

On November 19, 2016 an incident occurred in which a resident #2 struck staff person B several times in the face as evidenced by a split lip. When struck, staff person B pushed the resident away in self-defense. Prior to this staff reported the following:

- Resident #2 appeared intoxicated as evidenced by finding an empty bottle of Jack Daniel's whiskey in the resident's room and the smell of alcohol on the person.
- Resident #2 was reported by staff person [REDACTED] as sexually harassing her by hitting her on the buttocks; using racial and derogatory slurs towards her. Resident #2 has staff person backed into a corner in the dining area in the 100 wing
- Staff person B attempted to redirect resident # 2's behavior. Resident #2 turned towards staff person B and walks towards him while cursing at him resulting in staff person B being struck in the face. Reports indicate that staff person B cursed as a result of being struck by resident #2.
- Immediately, another staff person [REDACTED] intervened and escorted the resident away from staff person B in order to separate the two.

We identified no other evidence of any further verbal or physical interaction between staff person B and the resident that day. We identified no witness who could confirm the quotes contained in the citation, nor could we identify any witness who believed that staff person B was attempting to intimidate or antagonize the resident. None of the staff we interviewed confirmed that they saw staff person strike the resident. The resident remembered no such incident and claimed to have had a "blackout". Staff person B left for his shift and had no other contact with resident #1 after that date or during future dates.

A few days later on 11.22.16 the resident was hospitalized on a 302 commitment for aggressive and assaultive behavior directed towards staff. During this time he appeared intoxicated as evidenced by the smell of alcohol on the resident. He remained in the hospital until 12.9.16. Staff person B left employment on 12.8.16 and never saw or interacted with the resident after 11.19.16. Consequently, our investigation did not confirm that any incident occurred that should have been reported under the regulations and we deny that any violation of the regulations occurred.

Notwithstanding this conclusion, we have taken steps to assure that no incidents of this type occur in the future. These include:

- Staff were retrained on 12.23 thru 12.30.16 and again on 2.21.17 regarding reportable incidents and conditions; procedures on how to report and to whom; reporting suspected incidents; what the definition of abuse and neglect is; resident rights; chain of command; and positive interventions. All new staff will continue to be trained on the above topics before their first working day.
- During staff supervision sessions, the above topics will continue to be reviewed to allow for open communication; understanding of the regulations; and expectations of reporting requirements.
- For one week after retraining of the above topics, adjustments to scheduling to permit shift review and discussion occurred. One month after the retraining there was follow-up with the group to reinforce the topics (12.23.16).
- The supervisors group participated in a webinar through DHS on Adult Protective Services and Mandated Reporting.
- Ongoing discussions with staff continued and included positive proactive approaches for behavioral de-escalation and reinforcement that abuse is not tolerated.
- Contacted the ombudsman to come in and conduct resident rights training on 2.21.17. Assistant administrator partnered to review abuse, neglect, mandatory reporting, reportable incidents, OAPSA.
- Roleplaying will be included in staff meetings to demonstrate appropriate and inappropriate interactions.
- Daily rounds will continue to be used as a time to review and debrief on all incidents in the home.
- All incidents will be reviewed and investigated to determine if they meet reporting requirements.

(Continued on pg. 2C)

OP. 3-6-17
TP

P 7C 929

VIOLATION PAGE 4 (Continued from pg. 2B)

PAGE 2C

- The administrator will ensure the care coordination staff meet regularly with the residents on their caseload to solicit information on quality of care, concerns, and improvements that can be made in the home.
- Staff failing to alert the administrator to reportable incidents, abuse, or neglect will be disciplined up to and including termination.

Strategies to Improve the Quality of Supervision (target date 5/1/17 and ongoing)

New Vitae Wellness and Recovery leadership will evaluate the hiring managers and assess if their hiring skills can be remediated. The interview screener tool will be reviewed and updated to better screen for "right fit." It will include the following:

- Scenarios and vignettes to review and respond to
- Questions to assess ability to perform given job function
- Questions to assess ability to appropriately problem solve while maintaining the safety and dignity of our residents.
- Training for supervisors regarding asking staff about treatment of residents, peer to peer interactions, and quality issues.
- Vacant supervisory positions will be filled and the career pathways within the organization will be reassessed with an emphasis being put on selecting qualified individuals.
- Training will be provided concerning the use of on-call to assist with the management of resident incidents and suspected abuse.

Mount Trexler Manor will also introduce an active program of assessment for current personnel to screen for the following:

- Consistency with program culture and policies including safety, relationship building, dignity, respect, and sensitivity to past trauma.
- Awareness on how staff approaches impact residents.
- Re-evaluation of the training process to look at quality, content, expectations and impact of the training regimen and the use of nonviolent interventions.
- Modeling and coaching for staff regarding responses to residents in crisis and how best to handle stressful/aggressive/ challenging situations.

After identifying a trend of increased incidents on the second shift and weekends, Mount Trexler Manor has been committed to ensuring the qualifications and credentials of staff during these time periods. An employment ad was placed in mid-February for a second and third shift supervisor with management experience and a minimum of 5 years direct care experience. Additionally, a nurse has been hired and is expected to start 3/13/17. She will oversee the med room and all responsibilities for wellness and medical care. Also, a new brain injury specialist is being recruited to support individuals with recovery goals. We are also recruiting for new PCH administrators.

Leadership recognizes the need to continue to train employees on the power differential between staff and residents. Continued training and supervision will be provided in order to establish a baseline understanding of this concept. We are focused on hiring a more qualified and professional work force, and have increased salaries in order to attract well-prepared employees.

In addition to the supervision, training and supports listed above, we will continue to be committed to the routine delivery of Safe Crisis Management (SCM) training. SCM refresher trainings will be a monthly topic at staff meetings.

Qf 3-6-17 ITJ

Violation Report: 21663 - 11/30/2016 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

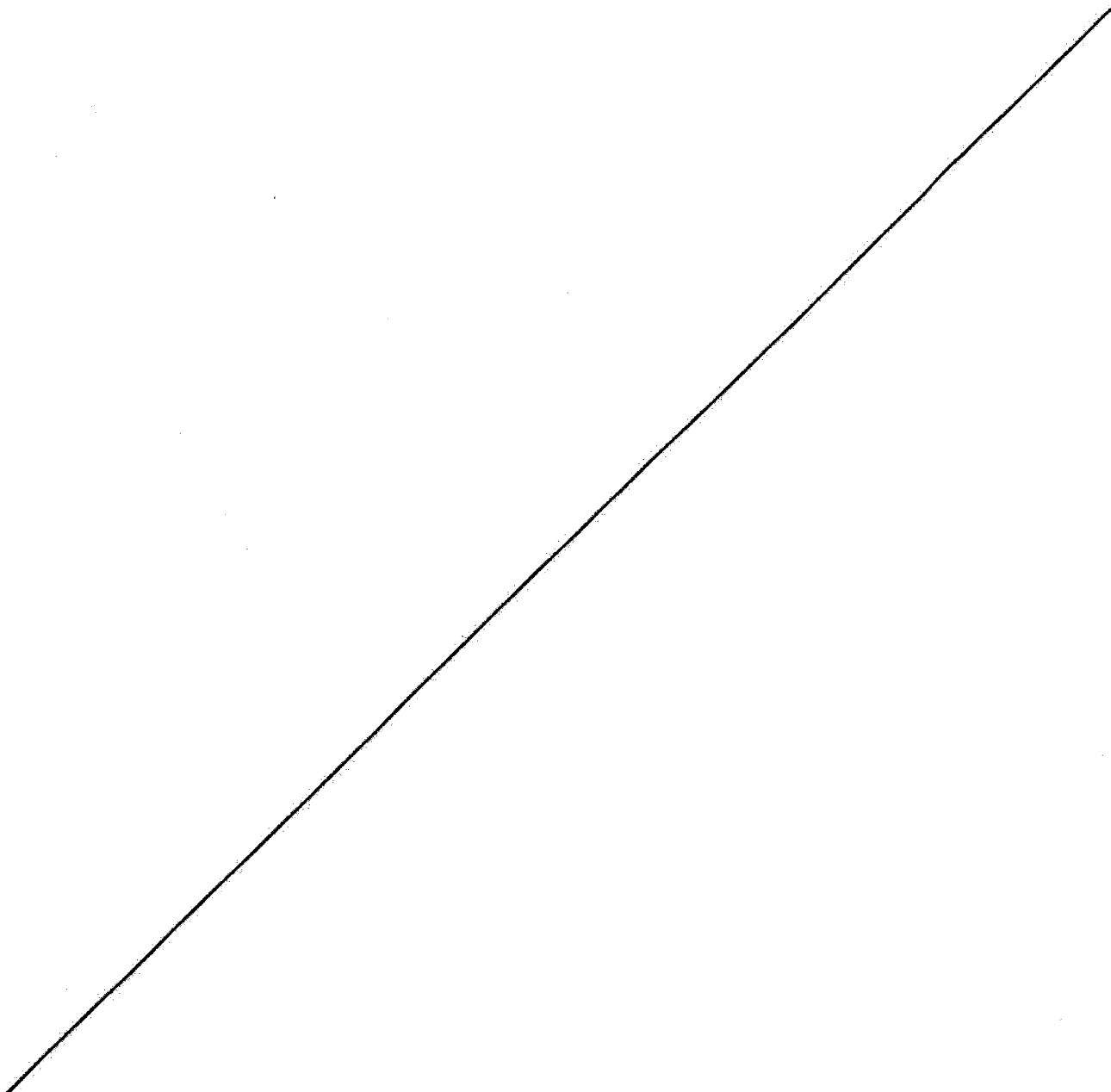
The above plan of correction was approved by

AN
(Initials)

Partially Implemented - Inadequate Progress

Not Implemented

DUPLICATE PAGE



TB

Violation Report: 21663 - 11/30/2016 - Novak, Ryan
 PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.42(o) - A resident has the right to freely associate, organize and communicate with others privately.

2a. DESCRIPTION OF VIOLATION

Resident #6 would often go the action recovery unit and sit and watch their TV in the common area. Staff would often have to ask Resident #6 to leave this section of the home. The home is licensed as one licensed building. The home was not allowing Resident #6 access to all areas of the home.

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 following is the Plan of Correction for Mount Trexler Manor regarding the Statement of Deficiency dated February 2, 2017 from inspections on November 30, 2016; December 6, 2016; December 15, 2016; and January 3, 2017. Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the allegations or the correctness of the conclusion set forth on the License Inspection Summary. Rather, it is submitted as a confirmation of our ongoing efforts to comply with regulatory and statutory requirements. In this document, we have outlined specific actions in response to identified issues. We remain committed to the delivery of quality services and will continue to make changes and improvements to satisfy that objective.

With the goal of creating smaller communities in a larger home, hallways were designated as unique areas. It is possible that staff misinterpreted the intention. It is not the desire of Mount Trexler Manor to have residents restricted from common areas of the home. Staff were reminded that residents can freely access common areas of the home. Resident rights training completed 12/23/16 and again on 2/21/17 by Lehigh County Ombudsman. Staff will continue to be trained upon hire and annually.

Administrator will oversee to ensure ongoing compliance. 3-6-17

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

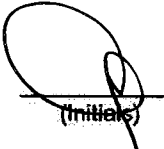
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>T. J. Timmon</i>	Date <i>2/24/17</i>
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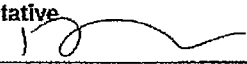
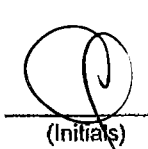
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3-6-17
 (Date)

Plan of correction implementation status as of 8-17-17
 (Date)

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

The above plan of correction was approved by 
 (Initials)

Violation Report: 21663 - 11/30/2016 - Novak, Ryan PCH Name: MT TREXLER MANOR	
1. REGULATION 55 Pa.Code §2600 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102). (4) Reporting of reportable incidents and conditions.	
2a. DESCRIPTION OF VIOLATION Direct care staff person C, date of hire 3/11/16, and direct care staff person D, date of hire 5/4/16, did not receive training in (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, and (4) Reporting of reportable incidents and conditions.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> The following is the Plan of Correction for Mount Trexler Manor regarding the Statement of Deficiency dated February 2, 2017 from inspections on November 30, 2016; December 6, 2016; December 15, 2016; and January 3, 2017. Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the allegations or the correctness of the conclusion set forth on the License Inspection Summary. Rather, it is submitted as a confirmation of our ongoing efforts to comply with regulatory and statutory requirements. In this document, we have outlined specific actions in response to identified issues. We remain committed to the delivery of quality services and will continue to make changes and improvements to satisfy that objective. Basic training and information related to mandatory reporting for abuse and neglect is included in sections of the DHS Direct Care Online Training. All employees are required to take this test upon hire. The training describes what abuse is and how to report suspected abuse. Both staff had this training (See Attached). Staff person C had training on reportable incidents on 4/12/16 (see attached). Upon determining staff did not have the training on reportable incidents and conditions on the date of hire, it was determined HR was providing a different orientation to contract/agency staff. Mount Trexler Manor will include a more thorough training during employees' first 40 hours of service. All new staff, regardless of status, will be trained with our specific policies and procedures (see attached). An audit of staff records will be completed and all staff are in compliance with this regulation. <i>Administrator will oversee to ensure ongoing compliance. Cf 3-6-17</i>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) 	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>M. Varain-Stuckhouse</i>	Date <i>2/24/17</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>3-6-17</u> (Date)	Plan of correction implementation status as of <u>8-17-17</u> (Date)
The above plan of correction was approved by  (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: 21663 - 11/30/2016 - Novak, Ryan
 PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The menus posted on the bulletin board are dated 12/11-12/17/16, the home does not have the following weeks menu posted.

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.

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Corrected at time of inspection. The Administrator or designee will insure that the adequate number of menus are posted.

The administrator or designee will ensure that the adequate number of menus are posted. This will be done by weekly.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Name: Tara in Skulchore]* Date *2/24/17*

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The above plan of correction is approved as of 3-6-17
 (Date)

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

Plan of correction implementation status as of 8-17-17
 (Date)

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

Violation Report: 21863 - 11/30/2016 - Novak, Ryan
 PCH Name: MT TREXLER MANOR

1. REGULATION 55 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

Staff person E completed their initial medication administration training on 7/31/14. This staff person's annual practicum indicates that they had MAR reviews conducted in 9/2014, 12/27/14, 3/2015, and 6/2015. It indicates that the observations were completed on 1/22/15 and 7/31/15. Both of the dates for the observations had white out used on the form. Under the 7 in 7/31/15 is an "8" and under the 31 in 7/31/15 is a "25". This would appear as if the second observation was actually completed on 8/25/15. This means that it was not completed annually.

Resident #4 has a PRN order for haldol to be administered intramuscularly. The home does not have a licensed nurse working in the building 24 hours a day if the medication needed to be administered.

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.

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The practicum observer from that time period has left the PCH and all training is being conducted by MTM's certified medication trainer. All staff were instructed on the prohibition of whiteout. The item appears to be a training date error that predated the last annual licensing survey. We are unable to correct errors that may have occurred in 2015 and all current med techs are up to date on annual practicums as required by regulations. Staff person E will be retrained if she wants to continue to serve in this role.

Resident #4's IM Haldol was discontinued.

The resident MARs were reviewed to insure no IM prn orders are present (day of inspection). All new orders will be reviewed by Med Room staff to insure prn IM orders are not present. An alert was sent to the pharmacy (see attached) that IM prns are not allowed and to alert the individual's doctor for the need to discontinue the order and prescribe an alternative. MARs will be audited upon receipt from the pharmacy to ensure compliance.

Adm will oversee to ensure ongoing compliance.

CP 3-6-17

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Dby Tarquin-Stackhouse			2/24/17
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			

Violation Report: 21663 - 11/30/2016 - Novak, Ryan
 PCH Name: MT TREXLER MANOR

1. REGULATION 55 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.

The above plan of correction is approved as of

(Date)
3-6-17

The above plan of correction was approved by

Op
 (Initials)

Plan of correction implementation status as of 8-17-17
 (Date)

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

DUPLICATE PAGE

TB

Violation Report: 21663 - 11/30/2016 - Novak, Ryan
 PCH Name: MT TREXLER MANOR

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 #6's Temazepam and Lorazepam were located in the medication cart, Resident #6 no longer resides at the home.
 Resident #4's Atorvastatin Calcium was located in the filing cabinet in the medication room. The medication is not a current order.

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.

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To ensure compliance with regulation 2600.183d, a med cart audit was completed to ensure only prescribed medication with current prescriptions are in the cart/med room. Medication reconciliation needs to be completed upon resident discharges, return from LOAs and hospitalizations. Mount Trexler Manor will work with the pharmacy on how we would like to conduct medication exchanges.

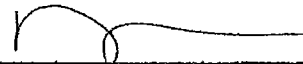
Mount Trexler Manor has had difficulty obtaining medications from the Veteran's Administration and had not disposed of medication for an individual that was a veteran. Staff were retrained on the regulations and internal procedures for disposal of discontinued medications.

Med Techs were systematically met with by the certified med tech trainer upon learning of the violation. Retraining was also completed on 2/22/17 in a med tech meeting. (See Attached)

To ensure residents receive their medication as ordered in a timely manner, Mount Trexler will request technical assistance from the Department of Human Services. This will serve as our request for technical assistance.

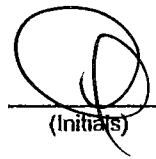
Discussion w/ D.F. followed regarding changes in hiring, staffing & supervision.
Adm/ will conduct periodic audits to ensure ongoing compliance. @ 3-6-17

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) <i>Toby Torquin-Stauchhuse</i>	Date <i>2/24/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3-6-17</u> (Date)	Plan of correction implementation status as of <u>8-17-17</u> (Date)
The above plan of correction was approved by  (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: 21663 - 11/30/2016 - Novak, Ryan
 PCH Name: MT TREXLER MANOR

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

Located on top of the medication cart in the young adult unit was a medication cup with a white pill labeled TEVA 22/10.

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.

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The medication in question was refused by the resident and not disposed of in a timely manner. The staff member administering the medication was re-educated (day of inspection) regarding the policies for medication refusals and the disposal of refused medications.

Staff were notified immediately and the issue was reviewed. Med Tech meetings will be held monthly to review regulatory requirements and problem solve issues.

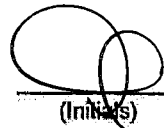
*Adm will oversee to ensure ongoing compliance
 P. 3-6-17*

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) *Theresa Staudhuse* Date *2/24/17*

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

The above plan of correction is approved as of <u>3-6-17</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>8-17-17</u> (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 21663 - 11/30/2016 - Novak, Ryan

PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION

Resident #7's bone restore and Ester C did not include the residents name.

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.

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The med carts will be audited now and ongoing to ensure all purchased OTCs have the resident's name on the medication. All med techs were retrained.

Administrator will oversee in order to ensure ongoing compliance. Q. 3-6-17

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) *Therese Tangin-Stackhouse* Date *2/24/17*

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

The above plan of correction is approved as of 3-6-17
(Date)

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

- Plan of correction implementation status as of 8-17-17
(Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

Violation Report: 21663 - 11/30/2016 - Novak, Ryan
 PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 Resident #8's PRN Lorazepam was not available at the time of the inspection.

On 11/30/16, resident #9 had a blister pack of Methylphenidate Tab 10mg RX 1475298 labeled 1 of 3, 30 of 90 tabs, a blister pack of Methylphenidate Tab 10mg RX 1475298 labeled 2 of 3, 30 of 90 tabs, and a blister pack of Methylphenidate Tab 10mg RX 1475298 labeled 3 of 3, 30 of 90 tabs. The home did not have a corresponding narcotic count sheet for this prescription. The resident also had a blister pack of Methylphenidate Tab 10mg RX 1453515 labeled 1 of 1, QTY 30 tabs. This prescription had a corresponding narcotic count sheet with an incorrect count. It stated there were 24 pills left and there was one tablet left in the pack.

On 11/30/16, resident #1 had a blister pack of Lorazepam Tab 0.5mg RX 1397136 labeled 1 of 1, QTY 90 tabs. The home did not have a corresponding narcotic count sheet for this prescription. The resident also had a blister pack of Lorazepam Tab 0.5mg RX 1475305, 1 of 1, QTY 10 tabs. This prescription had a corresponding narcotic count sheet with an incorrect count. It stated that there were two pills left and there was only one left in the pack.

On 11/30/16 staff person F was working the second shift in the Young Adult Unit. This staff person relieved first shift staff person G. These staff did not conduct a narcotic count at change of shift.

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 following is the Plan of Correction for Mount Trexler Manor regarding the Statement of Deficiency dated February 2, 2017 from inspections on November 30, 2016; December 6, 2016; December 15, 2016; and January 3, 2017. Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the allegations or the correctness of the conclusion set forth on the License Inspection Summary. Rather, it is submitted as a confirmation of our ongoing efforts to comply with regulatory and statutory requirements. In this document, we have outlined specific actions in response to identified issues. We remain committed to the delivery of quality services and will continue to make changes and improvements to satisfy that objective.

To ensure compliance with regulation 2600.185a, Mount Trexler Manor immediately implemented a med tech assignment sheet (see attached) that dictates who is responsible for each med cart and the name of the staff member who is co-responsible for medication counts. The home has three med room areas. This assignment sheet helps to show a flow/clarity and eliminate confusion as to the expectation. Staff assigned to pass medications are responsible for the following: holding the keys to the med cart; administering the medications at each med pass; signing all control sheets for administered controlled medications; complete narc count with the person they are relieving, and a similar count with the person that is relieving them.

Additionally, staff were educated on the impact of inaccurate narc counts.

*Act / Designee will oversee to ensure ongoing compliance.
 CP 3-6-17*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/01/2016
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Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>[Handwritten Name: Tina Stachura]</i>	2/24/17

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

The above plan of correction is approved as of <u>3-6-17</u> (Date)	Plan of correction implementation status as of <u>3-17-17</u> (Date)
	<input type="checkbox"/> Fully Implemented

Violation Report: 21663 - 11/30/2016 - Novak, Ryan PCH Name: MT TREXLER MANOR	
1. REGULATION 55 Pa.Code §2600 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	
The above plan of correction was approved by  (initials)	<input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

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13

Violation Report: 21663 - 11/30/2016 - Novak, Ryan
 PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
 2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

2a. DESCRIPTION OF VIOLATION
 Resident #4's MAR notes Pantoprazole 40mg twice daily, the label to the medication notes 40mg once daily.

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.

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Resident # 4's issue was communicated to med techs upon discovery. Resident # 4 is a veteran. His medication came from the VA with a different order on the bottle as compared to the MAR. The VA was contacted to clarify the order. Upon receipt of the correct order the issue was corrected. Med techs are trained to always check any label on a bottle with the MAR before giving.

Med Tech meetings will be held monthly to review regulatory requirements and problem solve issues.

Admin Designee will oversee MARs on a monthly basis to ensure future compliance.

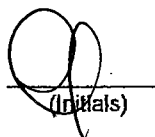
Admin will oversee process to ensure ongoing compliance, CP. 3-6-17

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) <i>Toby Targuin</i>	Date <i>2/24/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3-6-17</u> (Date)	Plan of correction implementation status as of <u>9-17-17</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21663 - 11/30/2016 - Novak, Ryan
 PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(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

On 11/30/16 staff person G administered medications on the first shift in the Young Adult Unit. The most recent Master Key in the Medication Administration record in the Young Adult Unit is from October 2016. Staff person G is not on the Master Key. The Medication Administration Record for resident #1 for the month of November 2016 did not have a diagnosis or purpose listed for Benadryl.

Resident #9's Pantoprazole 40 mg did not include a diagnosis or purpose.

Resident #9's 8am medications on 11/16/16 were not initialed as administered.

Resident #9's Thorazine 100mg was not initialed as administered on 11/19, 11/24 & 11/29/16.

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 following is the Plan of Correction for Mount Trexler Manor regarding the Statement of Deficiency dated February 2, 2017 from inspections on November 30, 2016; December 6, 2016; December 15, 2016; and January 3, 2017. Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the allegations or the correctness of the conclusion set forth on the License Inspection Summary. Rather, it is submitted as a confirmation of our ongoing efforts to comply with regulatory and statutory requirements. In this document, we have outlined specific actions in response to identified issues. We remain committed to the delivery of quality services and will continue to make changes and improvements to satisfy that objective.

To ensure compliance with regulation 2600.187a, the med techs were retrained on the information that is required for a medication record. The master key was corrected and will be completed and put into all 5 MAR books by the last day of each month. Med techs are trained to review their MARs for missing initials. Nightly audits will also be completed to ensure the initialing of MAR documents. MARs will be reviewed prior to the first day of the month to ensure compliance. All new orders will be reviewed for missing information by 3rd shift. MARs will also be audited upon receipt from the pharmacy to ensure compliance.

Med Tech meetings will be held monthly to review regulatory requirements and problem solve issues.

Adm will oversee to ensure ongoing compliance of
3/6/17

Repeat Violation: Yes	Date(s) of Previous Violation(s): 06/01/2016		
Signature of Legal Entity Representative (Required on EVERY Page)			

Violation Report: 21663 - 11/30/2016 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(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.

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

Tony Tompkins - Stackhouse

Date

2/24/17

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

The above plan of correction is approved as of

3-6-17
(Date)

Plan of correction implementation status as of

9-18-17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- NOT IMPLEMENTED

The above plan of correction was approved by

[Signature]
(Initials)

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Violation Report: 21663 - 11/30/2016 - Novak, Ryan

PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #1 has a physician's order dated 10/26/16 for Benadryl 25mg, one tablet by mouth three times daily for 7 days and then discontinue. It was listed on the resident's November MAR to be administered at 8am, 12pm and 8pm. It should have ended on 11/2/16. It was initialed as administered on 11/5/16. According to the home's Administrator the medication was not administered at all because it was not covered by the resident's insurance and was not delivered to the home.

Resident #1 was prescribed Keflex 500mg take one tablet by mouth twice daily for 7 days for a UTI at 8am and 5pm on 11/9/16. This medication should have been administered from 11/10/16 through 11/16/16. It was initialed as administered on 11/17/16, 11/18/16, 11/19/16 at 8am and 11/17/16, 11/20/16, 11/21/16, 11/22/16 at 5pm. It was marked as refused on 11/20/16 and 11/21/16 at 8am.

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 following is the Plan of Correction for Mount Trexler Manor regarding the Statement of Deficiency dated February 2, 2017 from inspections on November 30, 2016; December 6, 2016; December 15, 2016; and January 3, 2017. Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the allegations or the correctness of the conclusion set forth on the License Inspection Summary. Rather, it is submitted as a confirmation of our ongoing efforts to comply with regulatory and statutory requirements. In this document, we have outlined specific actions in response to identified issues. We remain committed to the delivery of quality services and will continue to make changes and improvements to satisfy that objective.

The home has operationalized that if a medication is not here/available due to prior authorization, coverage issues, etc. there is a "give when available" order from the doctor. Med techs were retrained on proper medication administration and documentation to avoid possible signing for a medication that is not available. Time sensitive orders will have stop date written with orders and won't start until the medication is available.

Med Tech meetings will be held monthly to review regulatory requirements and problem solve issues.

Individual notifications will be made to the prescriber, and written responses change/d/c orders will be retained by the home

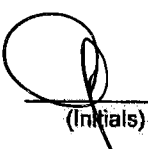
ADM will oversee in order to ensure ongoing compliance. 3-6-17

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) Toby Jacobson - Stuckhouse Date 2/24/17

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

The above plan of correction is approved as of <u>3-6-17</u> (Date)	Plan of correction implementation status as of <u>9-17-17</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

Violation Report: 21663 - 11/30/2016 - Novak, Ryan
 PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
 2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #1 refused Risperidone tablet 0.5mg at 8am on 11/1/16, 11/3/16, 11/10/16, 11/11/16, 11/16/16, 11/20/16, 11/21/16, 11/23/16 and at 11am on 11/24/16. The physician was not notified of the resident's refusals.
 Resident #1 has a physician's order for Levothyroxin Tablet 25mcg, take one tablet by mouth daily, 7am. The resident refused this medication on 11/1/16, 11/10/16, 11/11/16, 11/16/16, 11/20/16, 11/21/16, and 11/23/16. The physician was not notified of the resident's refusals.
 Resident #1 has a physician's order for Sucralfate tab 1gm, take one capsule by mouth three times a day, 30 minutes before each meal, 8am, 12pm, and 5pm. The resident refused this medication at 8am on 11/1/16, 11/3/16, 11/10/16, 11/11/16, 11/16/16, 11/20/16, 11/21/16, 11/23/16, and 12pm on 11/2/16, 11/4/16, 11/5/16, 11/6/16, 11/7/16, 11/10/16, 11/11/16, 11/12/16, 11/16/16, 11/17/16, 11/18/16, 11/19/16, 11/20/16, 11/21/16, 11/22/16, and 11/23/16. The physician was not notified of the resident's refusals.

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 following is the Plan of Correction for Mount Trexler Manor regarding the Statement of Deficiency dated February 2, 2017 from inspections on November 30, 2016; December 6, 2016; December 15, 2016; and January 3, 2017. Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the allegations or the correctness of the conclusion set forth on the License Inspection Summary. Rather, it is submitted as a confirmation of our ongoing efforts to comply with regulatory and statutory requirements. In this document, we have outlined specific actions in response to identified issues. We remain committed to the delivery of quality services and will continue to make changes and improvements to satisfy that objective.
Med techs now complete the refusal forms, fax to the prescriber and file in the MAR. Daily audits will be able to be performed quickly and efficiently to ensure all refusals have proper documentation. All med techs were retrained on the regulatory expectation of medication refusals.
Med Tech meetings will be held monthly to review regulatory requirements and problem solve issues.

Adm will oversee to ensure ongoing compliance

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/01/2016
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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)	Date
Jay Targin - Stackhouse	2/24/17

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

The above plan of correction is approved as of <u>3-6-17</u> (Date)	Plan of correction implementation status as of <u>9-17-17</u> (Date)
<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress	

Violation Report: 21663 - 11/30/2016 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

The above plan of correction was approved by _____
(Initials)
RB

- Partially Implemented - Inadequate Progress
- Not Implemented

~~Signature Page~~
DUPLICATE PAGE

TB

Violation Report: 21663 - 11/30/2016 - Novak, Ryan
 PCH Name: MT TREXLER MANOR

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

2a. DESCRIPTION OF VIOLATION
 At approximately 9:10am Staff person H was still passing 8am medications, approximately 17 residents did not receive their medications yet.
 Resident #9 has an order for Ritalin 10mg 3x daily. From 11/19-11/30/16 the medication was only being administered twice daily.
 Resident # 3 has an order for Ativan 1mg 2x daily, from 11/10/16-11/29/16 the medication was administered 3x daily.
 Resident #4 has an order for Benzotropin 1mg 3x daily. The medication was not administered from 12/2/16-12/7/16.
 Resident #4 has an order for Sinvastatin 40mg daily. The medication was not administered from 12/1/16-12/14/16.

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.

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In order to ensure that medications are passed within the prescribed timeframe, med techs will begin passing medications at 7am/3pm. This will give the full hour before and after the prescribed time. Previously, med pass was not starting until 7:45/8:00 AM.

Med techs were retrained on the medication administration process including the process of documenting medication refusals; reviewing the physician orders; and the parameters around medication administration times.

Med Tech meetings will be held monthly to review regulatory requirements and problem solve issues.

An audit will be performed on a monthly basis for each med cart in order to ensure ongoing compliance. Op. 3-6-17

Repeat Violation: Yes	Date(s) of Previous Violation(s): 06/01/2016
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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) <i>Topher Quinn-Stuckler</i>	Date <i>2/24/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3-6-17</u> (Date)	Plan of correction implementation status as of <u>9-17-17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

Violation Report: 21663 - 11/30/2016 - Novak, Ryan
 PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident # 3 has an order for Ativan 1mg 2x daily, from 11/10/16-11/29/16 the medication was administered 3x daily.
 Resident #4 has an order for Benztropin 1mg 3x daily. The medication was not administered from 12/2/16-12/7/16.
 Resident #4 has an order for simvastatin 40mg daily. The medication was not administered from 12/1/16-12/14/16.
 The prescriber was not notified regarding the medication errors.

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

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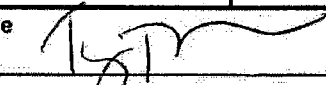
In order to ensure that medications are passed within the prescribed timeframe, med techs will begin passing medications at 7am/3pm. This will give the full hour before and after the prescribed time. Previously, med pass was not starting until 7:45/8:00 AM.

Med techs were retrained on the medication administration process including the process of documenting medication refusals; reviewing the physician orders; and the parameters around medication administration times.

Med Tech meetings will be held monthly to review regulatory requirements and problem solve issues.

An audit will be performed on a monthly basis for each med cart in order to ensure ongoing compliance. Op. 3-6-17

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) Thea Toran-Shaulhorse Date 2/24/17

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

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 (Date)

Plan of correction implementation status as of 9-17-17
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 21663 - 11/30/2016 - Novak, Ryan
 PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION

Staff report that when resident #1 becomes upset they begin to yell and say "B*tch". The resident is known to stomp/tap hard when walking up and down the hall. When upset, mad or something is bothering the resident, the stomping/tapping becomes faster and louder. The resident was described as motivated by food and drink primarily anything chocolate related and their mission for the day is to walk back and forth from their room to the kitchen. The resident required supervision when walking from the unit to the kitchen. The resident was known to only eat chocolate pudding, chocolate milk, peanut butter and jelly sandwiches, and sometimes turkey. The home has not implemented positive interventions to modify or eliminate this behavior.

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.

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SEE ATTACHED


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) <u>Taryn Struckman</u>	Date <u>2/24/17</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3/6/17
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 8-17-17
 (Date)

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

Mount Trexler Manor disputes the statement that "the home has not implemented positive interventions to modify or eliminate this behavior." Positive interventions that have been attempted since his admission include the use of increased staffing for additional support, participation in a structured day program, activities to refocus the individual's attention to more positive outlets for strong emotions; access to therapeutic counsel; engagement and behavioral activation by staff.

The individual's behavior is greatly improved since admission. Reports indicate the individual did not leave his home or bathe for approximately 2 years prior to his admission. Reports also indicate he would only consume chocolate milk during this time. The statement that the individual will only eat "chocolate pudding, chocolate milk, peanut butter and jelly sandwiches and sometimes turkey" is inaccurate. The individual has and will consume other food choices. The food choices listed are his preferences.

Although we contest the accuracy of this violation; Mount Trexler Manor has and will do the following:

- All staff are trained in positive interventions, resident rights, and safe crisis management
 - Safe Crisis Management (SCM) and positive interventions 2/9/2016
 - Resident Rights 4/12/16, 12/23/16, 2/21/17
- All staff will continue to be trained at the time of hire, annually, and as needed.
 - Training for SCM and positive interventions are offered monthly for new hires, annual updates, and people requesting refreshers.
 - At monthly staff meetings an SCM/Positive intervention agenda item will be added.
- Resident #1 was also placed on comfort checks during times he is upset to assist him with utilizing coping skills.
- During the hours of 3pm-8pm resident #1 requires support and comfort due to his difficulty communicating his needs verbally.
- Staff members have been trained on managing the resident's angry tapping/banging behaviors.

Violation Report: 21663 - 11/30/2016 - Novak, Ryan
 PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION


On 10/22/16, Staff person A didn't want to walk with resident #1 to the kitchen and so this staff person stood in front of the door and blocked the resident telling the resident to go back. The staff person continued to block the door to not allow the resident to leave. The resident started saying "You're a B*tch" which is what the resident does when getting angry and escalating. Staff is instructed to let the resident go and provide some distance. Staff person A secluded Resident #1 to a particular portion of the home by means of physically impeding the resident from moving freely about the home which is strictly prohibited.

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.

SEE ATTACHED


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) Tony Tajiri-Stuckert Date 2/24/17

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

The above plan of correction is approved as of 3-6-17
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 8-17-17
 (Date)

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

The following is the Plan of Correction for Mount Trexler Manor regarding the Statement of Deficiency dated February 2, 2017 from inspections on November 30, 2016; December 6, 2016; December 15, 2016; and January 3, 2017. Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the allegations or the correctness of the conclusion set forth on the License Inspection Summary. Rather, it is submitted as a confirmation of our ongoing efforts to comply with regulatory and statutory requirements. In this document, we have outlined specific actions in response to identified issues. We remain committed to the delivery of quality services and will continue to make changes and improvements to satisfy that objective.

A full response to the incident dated 10.22.16 was completed on pages 2A thru 2C.

Additionally, seclusion, is defined by 2600.202, as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving. In this instance, the staff person did not confine resident #1 to a room. Mount Trexler Manor objects to the word secluded; the area that resident #1 was occupying was not small and was in a large hallway that had two egresses from the hall on the other end that went to a courtyard. (See attached floor plan). During times of distress resident #1 has a history of outbursts including striking staff, breaking picture frames, and glass doors. Due to the level of upset by resident #1, the staff member in question was attempting to protect other residents in the home.

Resident #1 was escalating behaviorally and staff member A placed himself at the exit of the hall between resident #1 and a heavily populated area of the home. Resident #1 has means of egress.

Staff member A is no longer employed by the company for other reasons.

TS

The following is the Plan of Correction for Mount Trexler Manor regarding the Statement of Deficiency dated February 2, 2017 from inspections on November 30, 2016; December 6, 2016; December 15, 2016; and January 3, 2017. Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the allegations or the correctness of the conclusion set forth on the License Inspection Summary. Rather, it is submitted as a confirmation of our ongoing efforts to comply with regulatory and statutory requirements. In this document, we have outlined specific actions in response to identified issues. We remain committed to the delivery of quality services and will continue to make changes and improvements to satisfy that objective.

Citation regarding 55 Pa Code 2600.16 (First alleged incident)

Facts – Our internal review of the incident revealed the following: On 10.21.16, an incident occurred in which Resident #1 struck staff person A several times. We found no evidence that any further blows were struck or that there was any other physical or verbal interaction between Staff person A and resident #1 that day.

On October 22, 2016 we are able to recount the following events:

- Staff person A returned to work for his shift for 12 PM. When he arrived, staff person [REDACTED] observed that staff person A was upset about having been struck the day before. Staff person [REDACTED] based this conclusion on the fact that he refused to complete duties he would normally help with.
- Staff person [REDACTED] was assisting Resident #1 near the kitchen area due to him banging on the wall. Staff person A went to assist staff person [REDACTED]. Staff person [REDACTED] stated staff person A attempted to assist and was called a derogatory name in an angry tone.
- Staff person A assumed a defensive posture and stated to Resident #1, "Do you remember what happened last night? (Referring to resident #1 punching staff member A on the night of 10.21.16.).
- Additionally, staff person A was reported to "not want to walk with resident #1 to the kitchen." We are unable to substantiate this statement based on our internal investigation. Resident #1 was reported by staff person [REDACTED] to "attempt to hit staff person A" in the doorway leading off of the 100 wing. It is alleged that staff person A "secluded" resident A to the unit by "blocking the resident" at the doorway off of the hall. (see attached floor plan).
- Staff person A attempted to keep other residents of the home safe by attempting to redirect Resident #1 towards an area of the home that he was familiar during his time of observed aggression and upset.

Reports by staff person [REDACTED] (and witness) recounted the facts of the incident to be the same as the report by staff person [REDACTED]. After this exchange staff did not observe any other physical or verbal interaction between staff person A and resident #1 that day or any other day. No other person we interviewed was a witness to any verbal or physical altercation between [REDACTED] and the resident on October 22 either. The citation itself does not name a witness to the incident or to the statements quoted. The resident is unable to communicate and could not state whether any such interaction occurred. As a result of our investigation, we have found no competent evidence to confirm that an altercation of the kind described in the citation occur. Consequently, we have not found any evidence that any incident occurred that should have been reportable under the regulations and dispute that any such violation occurred.

Citation regarding 55 Pa Code 2600.16 (Second alleged incident)

Facts - Our internal investigation of this citation revealed the following. On November 19, 2016, the incident at smoke break did not occur. Staff member [REDACTED] (witness to the incident) was interviewed and reported the incident at smoke break occurred several days earlier. [REDACTED] reported resident #2 was asked to hand in his lighter (considered contraband by home rules) and resident #2 declined to submit his lighter. [REDACTED] reported staff member B did have his hands in his pockets, but did not respond to resident @3 in an "antagonistic" manner. Nor did he state, "c'mon, swing at me." Staff person [REDACTED] reported staff person B attempted to coach and counsel the resident on the home rules.

(Continued on pg. 2B)

On November 19, 2016 an incident occurred in which a resident #2 struck staff person B several times in the face as evidenced by a split lip. When struck, staff person B pushed the resident away in self-defense. Prior to this staff reported the following:

- Resident #2 appeared intoxicated as evidenced by finding an empty bottle of Jack Daniel's whiskey in the resident's room and the smell of alcohol on the person.
- Resident #2 was reported by staff person [REDACTED] sexually harassing her by hitting her on the buttocks; using racial and derogatory slurs towards her. Resident #2 has staff person backed into a corner in the dining area in the 100 wing
- Staff person B attempted to redirect resident # 2's behavior. Resident #2 turned towards staff person B and walks towards him while cursing at him resulting in staff person B being struck in the face. Reports indicate that staff person B cursed as a result of being struck by resident #2.
- Immediately, another staff person [REDACTED] intervened and escorted the resident away from staff person B in order to separate the two.

We identified no other evidence of any further verbal or physical interaction between staff person B and the resident that day. We identified no witness who could confirm the quotes contained in the citation, nor could we identify any witness who believed that staff person B was attempting to intimidate or antagonize the resident. None of the staff we interviewed confirmed that they saw staff person strike the resident. The resident remembered no such incident and claimed to have had a "blackout". Staff person B left for his shift and had no other contact with resident #1 after that date or during future dates.

A few days later on 11.22.16 the resident was hospitalized on a 302 commitment for aggressive and assaultive behavior directed towards staff. During this time he appeared intoxicated as evidenced by the smell of alcohol on the resident. He remained in the hospital until 12.9.16. Staff person B left employment on 12.8.16 and never saw or interacted with the resident after 11.19.16. Consequently, our investigation did not confirm that any incident occurred that should have been reported under the regulations and we deny that any violation of the regulations occurred.

Notwithstanding this conclusion, we have taken steps to assure that no incidents of this type occur in the future. These include:

- Staff were retrained on 12.23 thru 12.30.16 and again on 2.21.17 regarding reportable incidents and conditions; procedures on how to report and to whom; reporting suspected incidents; what the definition of abuse and neglect is; resident rights; chain of command; and positive interventions. All new staff will continue to be trained on the above topics before their first working day.
- During staff supervision sessions, the above topics will continue to be reviewed to allow for open communication; understanding of the regulations; and expectations of reporting requirements.
- For one week after retraining of the above topics, adjustments to scheduling to permit shift review and discussion occurred. One month after the retraining there was follow-up with the group to reinforce the topics (12.23.16).
- The supervisors group participated in a webinar through DHS on Adult Protective Services and Mandated Reporting.
- Ongoing discussions with staff continued and included positive proactive approaches for behavioral de-escalation and reinforcement that abuse is not tolerated.
- Contacted the ombudsman to come in and conduct resident rights training on 2.21.17. Assistant administrator partnered to review abuse, neglect, mandatory reporting, reportable incidents, OAPSA.
- Roleplaying will be included in staff meetings to demonstrate appropriate and inappropriate interactions.
- Daily rounds will continue to be used as a time to review and debrief on all incidents in the home.
- All incidents will be reviewed and investigated to determine if they meet reporting requirements.

(Continued on pg. 2C)

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- The administrator will ensure the care coordination staff meet regularly with the residents on their caseload to solicit information on quality of care, concerns, and improvements that can be made in the home.
- Staff failing to alert the administrator to reportable incidents, abuse, or neglect will be disciplined up to and including termination.

Strategies to Improve the Quality of Supervision (target date 5/1/17 and ongoing)

New Vitae Wellness and Recovery leadership will evaluate the hiring managers and assess if their hiring skills can be remediated. The interview screener tool will be reviewed and updated to better screen for "right fit." It will include the following:

- Scenarios and vignettes to review and respond to
- Questions to assess ability to perform given job function
- Questions to assess ability to appropriately problem solve while maintaining the safety and dignity of our residents.
- Training for supervisors regarding asking staff about treatment of residents, peer to peer interactions, and quality issues.
- Vacant supervisory positions will be filled and the career pathways within the organization will be reassessed with an emphasis being put on selecting qualified individuals.
- Training will be provided concerning the use of on-call to assist with the management of resident incidents and suspected abuse.

Mount Trexler Manor will also introduce an active program of assessment for current personnel to screen for the following:

- Consistency with program culture and policies including safety, relationship building, dignity, respect, and sensitivity to past trauma.
- Awareness on how staff approaches impact residents.
- Re-evaluation of the training process to look at quality, content, expectations and impact of the training regimen and the use of nonviolent interventions.
- Modeling and coaching for staff regarding responses to residents in crisis and how best to handle stressful/aggressive/ challenging situations.

After identifying a trend of increased incidents on the second shift and weekends, Mount Trexler Manor has been committed to ensuring the qualifications and credentials of staff during these time periods. An employment ad was placed in mid-February for a second and third shift supervisor with management experience and a minimum of 5 years direct care experience. Additionally, a nurse has been hired and is expected to start 3/13/17. She will oversee the med room and all responsibilities for wellness and medical care. Also, a new brain injury specialist is being recruited to support individuals with recovery goals. We are also recruiting for new PCH administrators.

Leadership recognizes the need to continue to train employees on the power differential between staff and residents. Continued training and supervision will be provided in order to establish a baseline understanding of this concept. We are focused on hiring a more qualified and professional work force, and have increased salaries in order to attract well-prepared employees.

In addition to the supervision, training and supports listed above, we will continue to be committed to the routine delivery of Safe Crisis Management (SCM) training. SCM refresher trainings will be a monthly topic at staff meetings.

Adm will oversee to ensure ongoing compliance. CP 3-6-17

TTJ

Violation Report: 21663 - 11/30/2016 - Novak, Ryan
 PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
 Resident #6's RASP dated 10/9/16 notes he requires minimal supervision while in the home or in familiar surroundings. Resident #6 requires supervision when in unfamiliar surroundings or when in the community. The resident has a history of purchasing/using drugs and requires staff to be with him at all times in the community. An interview with Staff person I indicated that this supervision is when the home takes resident #6 on supervised community trips. The residents RASP does not indicate the current care needs of the resident.

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 following is the Plan of Correction for Mount Trexler Manor regarding the Statement of Deficiency dated February 2, 2017 from inspections on November 30, 2016; December 6, 2016; December 15, 2016; and January 3, 2017. Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the allegations or the correctness of the conclusion set forth on the License Inspection Summary. Rather, it is submitted as a confirmation of our ongoing efforts to comply with regulatory and statutory requirements. In this document, we have outlined specific actions in response to identified issues. We remain committed to the delivery of quality services and will continue to make changes and improvements to satisfy that objective.

A full response to the incident above was completed on page 6A.

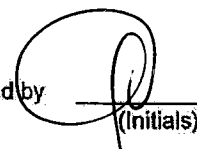
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Myra Tarquin-Stachurski</u>	Date <u>2/24/17</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2-6-17
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 9-18-17
 (Date)

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

2600. 227 d

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Facts – Our internal review of the incident revealed the following:

Resident # 5 chose to exercise his right to move freely by signing himself out of the home and go with a friend into the community. In an effort to provide the assessed level of support and supervision required for resident #5 staff coached, counseled and educated resident #5 regarding his RASP dated 10/9/16. Despite staff efforts to intervene, resident #5 left the home.

Upon return to the home on 12/15/16, the individual's team convened to provide support to resident #5. Reassessments were made to the individual's RASP on the following dates: 12/15/16; 12/18/18; 1/9/17 to provide increased support for the individual. A 30-day notice was issued to resident #5 for repeated violations to the home rules on 1.6.17. The 30-Day Notice and intervention by the individual's team has helped the resident get back on track; it was determined that his current needs can be met in the home his 30-Day notice was rescinded.

Staff believed the pattern of psychoeducation, intervention, and support would be effective in order to follow the goals of the individual's RASP. We believe this does not constitute a violation of the regulation.

Notwithstanding this conclusion, we have taken steps to assure that no incidents of this type occur in the future. These include:

We are careful not to violate individual rights. Mount Trexler Manor's standard procedure for addressing a resident's disregard for their RASP are as follows:

- Provide counseling, coaching and education the individual regarding the impact of not following their RASP.
- Review of the individual's RASP to assess for supports that are needed or require modification
- Convening of team meeting(s) to provide support and feedback to the individual.
- Repeated violations to the home rules result in an issuance of a 30-day notice.

Mount Trexler Manor is committed to serving individuals through personalized support as consistent with their RASP.

Adm will oversee that assessments and support plans (RASP) are sufficiently detailed & ~~specific~~ resident specific in order to secure future compliance.

QP 3-6-17

TB