



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 11 2017

Ms. Samantha Roos-Meiser,
Executive Director
Presbyterian Homes, Inc.
Attn: Kirkland Village PCH
One Trinity Drive East, Suite 201
Dillsburg, Pennsylvania 17019

RE: Kirkland Village
1 Kirkland Village
Bethlehem, Pennsylvania 18017
License #: 220500

Dear Ms. Roos-Meiser:

As a result of the Department of Human Services' annual licensing inspection on December 7, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

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

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

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 22050 - 12/07/0016 - Novak, Ryan
 PCH Name: KIRKLAND VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Ancillary Staff person A hired [redacted] 18 did not receive the first day general fire safety orientation.

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.

Ancillary staff member A began her employment in a different department within our Continuous care retirement Community on [redacted] 13. She transitioned to Briarholme PC on [redacted] 16 and did not receive specific PC orientation. Administrator met 1:1 with employee on 12/14/16 to complete orientation (See Attachment A). Management team educated regarding the specific orientation requirements for a licensed personal care. All direct care and ancillary staff who transition to PC will receive mandated training per regulation 2600.65(a). (See attachment B). by the PC Administrator. PC Administrator will review each employees education files monthly to ensure compliance.

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 1/24/17

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

The above plan of correction is approved as of 2-3-17
 (Date)

Plan of correction implementation status as of 2-3-17
 (Date)

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

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

Violation Report: 22050 - 12/07/0016 - Novak, Ryan
 PCH Name: KIRKLAND VILLAGE

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


Ancillary Staff person A hired [redacted] did not receive training in resident rights, The Older Adult Protective Services Act, emergency medical plan and 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.)
 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.

Ancillary staff member A began her employment in a different department within our continuous care retirement community on [redacted] 13. She transitioned to Briarholme PC on [redacted] 14 and did not receive training on residents rights, emergency medical plan, mandatory report of abuse and neglect and reporting of reportable incidents and conditions. Administrator met 1:1 with employee on 12/14/16 to complete orientation (see Attachment A). Management team educated regarding the specific orientation requirements for a licensed personal care. All direct care staff and ancillary staff who transition to PC will receive mandated training per regulation 2600.65(b). (See attachment B), by the PC Administrator. The PC Administrator will review each employees education files monthly to ensure compliance.

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
Samantha Ross-Neiser		1/24/17

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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: 22050 - 12/07/0016 - Novak, Ryan
 PCH Name: KIRKLAND VILLAGE

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

Direct care staff person B completed the initial medication administration training on 5/8/15, the annual practicum was completed on 11/9/16.

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.

All ACA/med tech staff were receiving quarterly observation and annual practicum on the same schedule. For example, all quarterly observations were completed in January, April, July and October, and all annual practicums were completed in November. New med tech trainer has been educated on this regulation and has obtained correct tracking forms.
 Adm will oversee to ensure ongoing compliance. P. 2-3-17

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



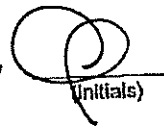
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 1/24/17

Samantha Roos-Meiser

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Violation Report: 22050 - 12/07/0016 - Novak, Ryan
 PCH Name: KIRKLAND VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for Individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

3 packets of antiseptic were located in the homes first aid kit that expired 11/16.


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.

Antiseptic packets were removed at the time of survey.
 Staff will complete weekly audits of the first aid kit to assure compliance. (See Attachment C). Weekly audits will be completed by LPN/PCA med tech staff.

Adm will oversee to ensure ongoing compliance. CP 2-3-17

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Samantha Ross-Meiser 1/24/17	

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Violation Report: 22050 - 12/07/0016 - Novak, Ryan
 PCH Name: KIRKLAND VILLAGE

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 #1's PRN fleet enema was not available at the time of the inspection.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident A was no longer using this prn medication. The order should have been discontinued. Administrator will work with Trinity pharmacy consultant to conduct quarterly medication audits. Administrator will share audit results with the appropriate physician in order to eliminate unnecessary medication. LPN staff will be educated and empowered to carefully review all return orders and will follow up with the attending physician with any questions and concerns. AM will oversee to ensure ongoing compliance. Q. 2-3-17

Repeat Violation: No

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Date

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Violation Report: 22050 - 12/07/0016 - Novak, Ryan
 PCH Name: KIRKLAND VILLAGE

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 #2's MAR notes Oxycodone/APAP 10/325 1 tablet PRN every 4 hours, 2 tablets PRN every 6 hours, 2 tablets PRN every 4 hours and 1 tablet PRN every 6 hours. The label to the medication only notes 1 tablet PRN every 4 hours.
 Resident #3's MAR notes Pot CL 20 meq 1 tablet as needed, the label to the medication notes 1/2 tablet as needed.

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.

Staff will complete weekly audits on the medication carts to assure that all medication is labeled correctly and match the MAR. This responsibility will be designated to LPN/PCA med tech staff.
 ADN will oversee to ensure ongoing compliance.  2-3-17


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

Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) Sarah Ann Ross-Meiser 2/24/17

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