



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: May 10, 2017

Mr. Jeffrey S. Truhan, CEO
The Shook Home
55 South Second Street
Chambersburg, Pennsylvania 17201

**RE: Quarters at the Shook
License #: 355540**

Dear Mr. Truhan:

As a result of the Department of Human Services' licensing inspection on December 22, 2016, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Neil Cody".

Neil Cody
Central Regional Director

Enclosure
Licensing Inspection Summary

Violation Report: 35554 - 12/22/2016 - Hoover, Douglas
 PCH Name: QUARTERS AT THE SHOOK

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

The medication administration record for Resident #1 was not initialed for *Xarelto, 20 mg.* on 12/19/16 at 6:00 pm.

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):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature] PCHA

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

Lehoma Theimer PCH

Date *3-9-2017*

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

The above plan of correction is approved as of 5/8/17
 (Date)

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

Plan of correction implementation status as of 5/8/17
 (Date)

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

The Quarters at the Shook Home

Violation Report 355540

Plan of Correction

Regulation 55 Pa. Code 2600.187(a)

- 1. The Personal Care Home Administrator immediately investigated whether or not the Xarelto 20mg was administered on 12/19/2016 at 6pm.**
- 2. Once verified that Xarelto 20mg had been administered on 12/19/2016 at 6pm, Licensed Practical Nurse documented a late entry on the resident Medication Administration Record.**
- 3. The Personal Care Home Administrator provided verbal education to the Licensed Practical Nurse on the Six Rights of Medication Administration.**
- 4. The Personal Care Home Administrator will educate all Licensed Practical Nurses on the Violation Report and subsequent Plan of Correction at the regularly scheduled staff meeting on 3/29/2017. Absent Licensed Practical Nurses will be educated prior to the start of their next scheduled shift.**
- 5. The Personal Care Home Administrator will educate all Licensed Practical Nurses the correct procedure for medication administration focusing on when to complete documentation to comply with 55 Pa Code 2600.187(a).**
- 6. The Personal Care Home Administrator or designee will perform an initial one time medication administration audit on all Licensed Practical Nurses.**
- 7. The Personal Care Home Administrator or designee will complete Medication Pass Audits on daylight and evening shift Licensed Practical Nurses at least two times a month. Nightshift does not have a scheduled medication pass.**
- 8. The Personal Care Home Administrator will report the results of the audits to the Quality Assurance/Performance Committee monthly starting April 25, 2017, to ensure the solutions are sustained over time. The audits will continue until no longer deemed necessary by the Committee.**