pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 01 2017

Mr. Chad E. Mondorff,
Executive Director
Albright Care Services
1700 Normandie Drive
York, Pennsylvania 17408

RE: Normandie Ridge
License #: 351320

Dear Mr. Mondorff:

As a result of the Department of Human Services' annual licensing inspections on December 29, 2016, December 30, 2016, February 15, 2017 and February 16, 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.

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,

J Rowe

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

Page 1 of 5

PCH Name: NORMANDIE RIDGE	License Number: 35132
Address: 1700 NORMANDIE DRIVE, YORK, PA 17408	County: York
Administrator: Emily G. Shaw	Region: CENTRAL
Legal Entity Name: ALBRIGHT CARE SERVICES	
Legal Entity Address: 1700 NORMANDIE DRIVE, YORK, PA 17408	

Certificate(s) of Occupancy

C-2 LP
04/06/2010
L&I

Staffing Hours

Resident Support: 0 | Total Daily Staff: 41 | Waking Staff: 31

Type of Inspection: Full | **BHA Docket Number:** | **Notice:** Unannounced

Reason(s) for Inspection(s)

Renewal, Complaint, Incident

On-Site Inspections Dates and Department Representatives On-Site

02/15/2017: Springs, Israel; Rosenblat, Dale
02/16/2017: Springs, Israel; Rosenblat, Dale

Off-Site Inspection Dates and Inspectors, If Applicable

Other Details

Partial or Full Triggers: | Random Indicators:

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 66

Number of Residents Served: 25

Secured Dementia Care Unit in Home: Yes

Area: Memory Care

Secured Dementia Unit Capacity, If Applicable: 18

Number of Residents Served in Secured Dementia Care Unit, if applicable: 10

Number of Current Hospice Residents: 1

Number of Hospice Residents in past year: 2

Number of Residents who:

Receive Supplemental Security Income: 1

Are 60 Years of Age or Older: 25

Have Mental Illness: 0

Have an Intellectual Disability: 0

Have a Mobility Need: 16

Have a Physical Disability: 0

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

PCH Name: NORMANDIE RIDGE	License Number: 35132
Address: 1700 NORMANDIE DRIVE, YORK, PA 17408	County: York
Administrator: Emily Shaw	Region: CENTRAL

Legal Entity Name: ALBRIGHT CARE SERVICES

Legal Entity Address: 1700 NORMANDIE DRIVE, YORK, PA 17408

Certificate(s) of Occupancy

I-2
04/06/2010
West Manchester Township

Staffing Hours

Resident Support: 0	Total Daily Staff: 42	Waking Staff: 32
Type of Inspection: Partial	**BHA Docket Number:**	**Notice:** Unannounced

Reason(s) for Inspection(s)
Complaint

On-Site Inspections Dates and Department Representatives On-Site

12/29/2016: McCloskey, Jason
12/30/2016: McCloskey, Jason

Off-Site Inspection Dates and Inspectors, If Applicable

Other Details

Partial or Full Triggers: **Random Indicators:**

Resident Demographic Data as of Inspection Dates

	Number of Residents who:
Licensed Capacity: 66	**Receive Supplemental Security Income:** 1
Number of Residents Served: 26	**Are 60 Years of Age or Older:** 26
Secured Dementia Care Unit in Home: Yes	**Have Mental Illness:** 0
Area: memory care	**Have an Intellectual Disability:** 0
Secured Dementia Unit Capacity, If Applicable: 18	**Have a Mobility Need:** 16
Number of Residents Served in Secured Dementia Care Unit, if applicable: 8	**Have a Physical Disability:** 0
Number of Current Hospice Residents: 0	
Number of Hospice Residents in past year: 4	

Violation Report: 35132 - 12/29/2016 - McCloskey, Jason
PCH Name: NORMANDIE RIDGE

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 12-8-16, Resident 1 was heard yelling for help and was found on the floor of the dining room. Responding staff noted a puddle of blood on the floor. The resident was transported to York Hospital and treated for a 2" laceration of the scalp. The home did not report this incident by telephone or submit a reportable incident form to the Department.

On 11-4-16, 5 residents of the memory care unit missed 8pm medications because a staff person was not present to administer the medications. The home did not report this incident by telephone or submit a reportable incident to the Department.

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.

1. After being brought to our attention during the survey both incidents have since been reported to the department.
2. The administrator or designee will review all incident reports and report those required to the department within the required time frame.

All staff will be re-educated on the home's process for reporting Reportable Incidents and the types of incidents that are required to be reported, as outlined in regulation 2600.16(a). This re-education shall be completed by 2/1/2017

BAS 1/24/17

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

Signature of Legal Entity Representative (Required on EVERY Page) Emily W Shaw

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Emily Shaw — Date 1-13-17

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

The above plan of correction is approved as of 1/24/17 (Date)

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

Plan of correction implementation status as of 5/2/17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 35132 - 12/29/2016 - McCloskey, Jason
PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

A one-gallon jug of Dial Professional Antimicrobial Liquid Soap, with a manufacturer's label indicating "If swallowed, get medical help or contact a poison control center right away," was unlocked and accessible to residents in the memory care unit. Residents of the Secure Dementia Care Unit (SDCU) are not assessed to be capable of recognizing and using poisons safely.

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.

1. The housekeeping cart where poisonous materials were found was locked immediately at the time is was discovered.
2. Staff will be educated on the requirement and importance that the housekeeping cart and any poisonous materials will be locked at all times when not in use. Staff education will be completed by 2-1-17.

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

Signature of Legal Entity Representative (Required on EVERY Page): Emily M Shaw

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Emily Shaw — Date: 1-13-17

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The above plan of correction is approved as of 1/24/17 (Date)

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

Plan of correction implementation status as of 5/2/17 (Date)

- [x] Fully Implemented
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- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 35132 - 12/29/2016 - McCloskey, Jason
PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
The memory care unit has two residents who receive blood sugar testing. A comparison of readings stored on their glucometers was made to readings recorded on their medication administration records (MARs). Several readings stored on Resident 2's silver McKesson True Result meter appeared on Resident 3's MARs. Per interview with Staff Person B, Resident 2's meter was used to check Resident 3's blood sugar on the morning of the inspection.

Results stored on Resident 2's meter which appeared on Resident 3's MARs included:

Date and Time of Check		Blood Glucose Level
12-29-16	7:30am	95
12-28-16	4:30pm	143
12-25-16	7:30am	94
12-24-16	4:30pm	131

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.

1. All residents will receive new glucometers.
2. Staff will be educated that glucometers may not be used on anyone other then the resident it has been assigned to. The education will be completed by 2-1-17.The administrator or designee with conduct weekly audits to ensure that recorded readings in the glucometers are accurate with those documented. Audits will be conducted until 100% accuracy is maintained for 3 months.

All residents who receive blood sugar testing and their designated person (if applicable) will be notified by letter of the shared glucometer use in the facility and the possibility of blood borne diseases. Copies of the letters shall be maintained by the home for Department review. This shall be completed by 2/5/17.

Each resident's physician (for those that receive blood sugar testing) will be notified of the possibility of shared glucometer use and all recommendations made by the physician (i.e. testing for blood borne pathogen) will be followed. Documentation of the notification to the physician, the recommendations of the physician, and the home's follow-up based on the recommendations shall be maintained by the home for Department review. The notification to the physician(s) shall be completed by 2/5/17.

BAS 1/24/17

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

Signature of Legal Entity Representative (Required on EVERY Page) Emily W Shaw

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Emily Shaw — Date 1-13-17

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Violation Report: 35132 - 12/29/2016 - McCloskey, Jason
PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
The secure dementia care unit (SDCU) has an electronic locking system which automatically secures exit doors unless temporarily deactivated with an electronic fob. There are signs at the exit doors advising to "please ask staff for assistance with door. Guest fob available upon request." Per interview with Staff Person C, there is only one guest fob available. The use of electronic locking systems is not permitted unless all visitors to the SDCU are educated regarding the operation of the locking system and there is a sufficient number of fobs available for visitors to use to exit the unit.

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.

1. Additional fobs for guest use were programmed and made available on 12-31-16.
2. Staff will be educated on making all visitors aware of the electronic fob system and how to exit the unit upon admission to the unit. Education will be completed by 2-1-17.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Emily Shaw — Date 1-13-17

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Violation Report: 35132 - 12/29/2016 - McCloskey, Jason
PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
The medical evaluation for Resident 1, dated 6-8-16, lacks height, weight and whether the resident's immunizations are current.

The medical evaluation for resident 4, dated 11-21-16, lacks height, weight, pulse rate, blood pressure, temperature, special health or dietary needs, whether immunizations are current, allergies and body positioning and movement.

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.

1. The resident was no longer in the personal care home when the survey was conducted. The resident has since been readmitted and the medical evaluation was completed accurately.
2. The administrator or designee will audit all medical evaluation forms to ensure accuracy. If any modifications or additions are needed the physician will be contacted in a timely manner. Audits will be conducted until 100% accuracy is maintained for 3 months.

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

Signature of Legal Entity Representative (Required on EVERY Page) Emily W Shaw

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Emily Shaw — Date 1-13-17

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Violation Report: 35132 - 12/29/2016 - McCloskey, Jason
PCH Name: NORMANDIE RIDGE

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

On 11-4-16, medications for 5 residents were not administered because a staff person wasn't present to give them. The home's policy includes returning medications to the pharmacy or destroying the medications as well as completing a medication disposition form which is to be kept by the home for 2 years. Per interview with Staff Person A, the Administrator, no medication disposition forms were completed nor is there any record of what happened with the 25 medications that were not given.

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.

1. The person responsible for destroying the medications is no longer employed at the home.
2. All staff responsible for destroying medications will be educated on the correct way to document the destroyed medications using a medication disposition form. Education will be completed by 2-1-17. The administrator or designee will audit medication administration records on weekly basis to ensure all required medication disposition forms have been completed. Audits will be conducted until 100% accuracy is maintained for 3 months.

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

Signature of Legal Entity Representative (Required on EVERY Page): Emily W Shaw

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

Date: 1-13-17

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Violation Report: 35132 - 12/29/2016 - McCloskey, Jason
PCH Name: NORMANDIE RIDGE

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

2a. DESCRIPTION OF VIOLATION
Medications were not given to Residents 2, 3, 5, 6 and 7 during the evening shift of 11-4-16. Medications Included:

Resident 2's:
Donepezil HCL 10 mg, Namenda XR 21 mg, Metformin HCL 500 mg, Montelukast Sod 10 mg, Risperidone 0.5 mg tablet, Thera Tears 0.25% eye drops, Refresh P.M. 57.3% - 42.5% eye ointment, and Coumadin 1 mg.

Resident 3's:
Acetaminophen 325 tablet, Donepezil 10 mg, Lantus 6 units, and Risperdal 0.5 mg

Resident 5's:
Seroquel XR 50 mg, Esomeprazole 20 mg, and Xalantan 0.005% eye.

Resident 6's:
Atorvastatin 10 mg, Risperidal 0.5 mg, and Trazadone 50 mg.

Resident 7's:
Osteo Bi-Flex Triple Strength 750 mg - 644 mg - 30 mg - 1 mg, Lisinopril 10 mg, Acetaminophen 325 mg, Tramadol HCL, 50 mg, Donepezil 10 mg tablet, and Remeron 7.5 mg,

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.

1. The person responsible for ensuring that all resident receive their medications in the event of a staff member failing to report to work no longer is employed at the home.
2. Staff responsible for administering medication to residents will be educated on the procedure in the event that a relief staff member fails to report to work. The education will be conducted ~~until 100% accuracy is maintained for 3 months.~~ by 2-1-17. BAS 3/6/17

The administrator or designee will audit medication administration records on a weekly basis to ensure all medications have been provided per prescriber's orders. Audits will be maintained for a period of three months.

BAS 1/24/17

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

Signature of Legal Entity Representative (Required on EVERY Page) Emily W Shaw

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Emily Shaw — Date 1-13-17

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Plan of correction implementation status as of 5/2/17 (Date)

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- [ ] Not Implemented

Violation Report: 35132 - 12/29/2016 - McCloskey, Jason
PCH Name: NORMANDIE RIDGE

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
On 11-4-16, medications were not provided to Residents 2, 3, 5, 6 and 7 at 8pm because nobody was present to administer them. The errors were not reported to the residents, residents' designated persons, and the prescribers.

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.

1. After being brought to our attention during the survey all resident's designated persons, prescriber, and the department was notified of the medications not being administered as prescribed.
2. The administrator or designee will audit medication errors on a weekly basis to ensure all required notifications are completed in a timely manner. Audits will be conducted until 100% accuracy is maintained for 3 months.

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

Signature of Legal Entity Representative (Required on EVERY Page) Emily W Shaw

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Emily Shaw — Date 1-13-17

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

Plan of correction implementation status as of 5/2/17 (Date)

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Violation Report: 35132 - 12/29/2016 - McCloskey, Jason
PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:
(1) Annually.
(2) If the condition of the resident significantly changes prior to the annual assessment.
(3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for Resident 1, completed 6-9-16, indicates that the resident is independent with turning and positioning. Per interview with multiple staff, the resident frequently slumped in their wheelchair and required repositioning, especially when eating. In addition, the assessment describes the resident as requiring enouragement to attend meals. Staff interviews indicate the resident required asssitance with cutting food as well as verbal and sometimes physical assistance to consume meals. The home did not complete a new assessment to address the changes of condition an increased service 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.

1. The resident is no longer in the home there for a correction cannot be made.
2. The administrator or designee will audit all resident assessment support plans to ensure accuracy. All staff will be educated to notify the administrator or designee of any modifications or additions that are needed based on changes of the residents condition. Education will be completed by 2-1-17. Audits will be conducted until 100% accuracy is maintained for 3 months.

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

Signature of Legal Entity Representative (Required on EVERY Page): Emily M Shaw

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Emily Shaw — Date 1-13-17

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

The above plan of correction is approved as of 1/24/17 (Date)

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

Plan of correction implementation status as of 5/2/17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 35132 - 02/15/2017 - Springs, Israel
PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600
2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
The lint trap in the dryer located in the resident laundry room contained an accumulation of lint.

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 and residents will be re-educated that the lint trap must be cleaned after every use of the dryer. Education will be completed by April 21ST, 2017

The Administrator or designee will complete weekly audits to ensure the lint traps are cleaned after each use for 3 months until 100% accuracy is achieved.

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

Signature of Legal Entity Representative (Required on EVERY Page) Emily W Shaw

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Emily G. Shaw, PCHA — Date 3/31/17

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

The above plan of correction is approved as of 4/13/17 (Date)

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

Plan of correction implementation status as of 5/2/17 (Date)

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

Violation Report: 35132 - 02/15/2017 - Springs, Israel
PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600
2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
The home's evacuation time as determined by a fire safety expert is 6 minutes and 30 seconds. The fire drill held at 7:33 am on 7/8/16, took 7 minutes and 33 seconds for the residents to evacuate.

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.

Maintenance staff responsible for conducting fire drills will be re-educated that the drills must be completed in the determined amount of time by the fire safety expert. They will also be educated that any fire drill that is not completed in the determined amount of time by the fire safety expert must be repeated within the month it is due until such time has been met. Education will be completed by April 21, 2017.

The Administrator of designee will complete monthly audits to ensure fire drills are completed with the determined amount of time by the fire safety expert for 3 months until 100% accuracy is achieved.

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

Signature of Legal Entity Representative (Required on EVERY Page) Emily W Shaw

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Emily G. Shaw, PCHA — Date 3/31/17

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

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

Plan of correction implementation status as of 5/2/17 (Date)

- [ ] Fully Implemented
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Violation Report: 35132 - 02/15/2017 - Springs, Israel
PCH Name: NORMANDIE RIDGE

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 #2 does not document the diagnosis or purpose for the prescribed Omeprazole 20 mg, Align 4 mg, and Senokot 8.6 mg.

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 current residents will have their medication administration records audited to ensure that every medication has a diagnosis associated with it no longer than April 24TH, 2017.

Re-education will be provided to those staff responsible for entering orders into the electronic mediation administration record that all medications must have a diagnosis associated with the medication included in the order.

The Administrator of designee will complete weekly audits to ensure all medications have a diagnosis listed with them on the medication administration record for 3 months until 100% accuracy is achieved.

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

Signature of Legal Entity Representative (Required on EVERY Page): Emily M Shaw

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Emily G. Shaw, PCHA — Date 3/31/17

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The above plan of correction is approved as of 4/13/17 (Date)

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

Plan of correction implementation status as of 5/2/17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 35132 - 02/15/2017 - Springs, Israel
PCH Name: NORMANDIE RIDGE

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

2a. DESCRIPTION OF VIOLATION
On 11/26/16, Resident #1 was prescribed Sennosides-Docusate Sodium 8.6 mg -50 mg tab to be administered two tablets twice daily. Between the period of 11/26/16 and 2/15/17, the home administered one tablet twice 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.

The staff member responsible for this transcription error is no longer employed by the home.

All current residents will have their medication administration records audited to ensure that every medication has a diagnosis associated with it no longer than April 24TH, 2017.

Re-education will be provided to those staff responsible for entering orders into the electronic mediation administration record that all orders must be entered accurately and follow the guidelines provided by pharmacy. This education will be completed by April 21ST, 2017.

The Administrator of designee will complete weekly audits to ensure all medications have a diagnosis listed with them on the medication administration record for 3 months until 100% accuracy is achieved.

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

Signature of Legal Entity Representative (Required on EVERY Page): Emily W Shaw

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Emily A. Shaw, PCHA — Date 3/31/17

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

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- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
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