



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 06 2017

Ms. Kimberly Nettleton,
MSW, PCHA
Willow Valley Communities
675 Willow Valley Square, Floors 1 and 3
Lancaster, Pennsylvania 17602

RE: The Glen at Willow Valley
License #: 321910

Dear Ms. Nettleton:

As a result of the Department of Human Services' annual licensing inspection on January 9, 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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 32191 - 01/09/2017 - Bomberger, Cybil
 PCH Name: THE GLEN AT WILLOW VALLEY

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A who began working at the home on [REDACTED] 16, does not have a valid high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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.

Team Member, [REDACTED] holds a high school diploma from Stratford Career Institute. It was discovered this school/diploma is not accredited through the PA Department of Education, therefore the diploma is invalid.

Administrator discussed this with Human Resources on 1/20/17 and [REDACTED] on 1/23/17. [REDACTED] was immediately removed from the schedule and any future shifts at this time. She was directed to PA Career Link where she can schedule to take her GED exam. [REDACTED] will be placed back on the schedule following the receipt of her GED. Should [REDACTED] fail the exam or not move forward with the exam for any reason, her employment will be terminated.

In the future, Human Resources and/or the Administrator will plan to utilize the PA Department of Education website:

<http://www.education.pa.gov/K-12/Private%20Schools/Pages/Listing-of-Schools.aspx#tab-1>
 to verify whether a diploma is accredited.

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
Kimberly Nettleton	1/25/17

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

The above plan of correction is approved as of <u>1/26/17</u> (Date)	Plan of correction implementation status as of <u>1/26/17</u> (Date)
The above plan of correction was approved by <u>BAS</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

Violation Report: 32191 - 01/09/2017 - Bomberger, Cybil
 PCH Name: THE GLEN AT WILLOW VALLEY

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
 The Nitrostat prescribed for the administration to Resident #1 had an expiration date of 10/2016.

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.

During survey, an expired medication (Nitrostat) was found in one of our medication drawers. The medication had expired October 2016. The medication was immediately disposed of and a new prescription was ordered from pharmacy, per the Resident's current physician's order.

Checking for expired and discontinued medications is a task assigned to nightshift staff. To prevent reoccurrence, the nightshift staff was re-educated on the responsibility of checking medication carts for any and all expired medications. Administrator had each nightshift LPN and CNA/RCA review the 11-7 shift duties (see attachments). Part of those shift duties includes twice a month the LPN will check all PRNs and make sure none have expired. A formal floor audit was also created for the 11-7 CNAs/RCAs to complete on a biweekly basis. Part of this audit includes checking for discontinued/expired medications. Upon completion, this audit sheet is turned into the Administrator for review. Administrator will also complete random audits of the medication drawers/carts to ensure compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Nettleton*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kimberly Nettleton</i>	Date <i>1/25/17</i>
---	---------------------

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

The above plan of correction is approved as of <u>1/26/17</u> (Date)	Plan of correction implementation status as of <u>1/26/17</u> (Date)
The above plan of correction was approved by <u>BAS</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

Violation Report: 32191 - 01/09/2017 - Bomberger, Cybil
 PCH Name: THE GLEN AT WILLOW VALLEY

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The most recent photo of resident #2 is dated 8/14/14.
 The most recent photo of resident #3 is dated 12/17/13.

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.

Surveyors discovered two Resident charts that included a photograph of the Resident that was more than two years old. An updated photograph had not been taken within the past two years for either of these Residents. A new picture was taken of Resident [REDACTED] and placed on the Resident's record on 1/12/17. The other Resident, [REDACTED] is currently a bed hold and not in facility. If Resident does return to facility, a new photograph will be taken of Resident upon [REDACTED] re-admission.

Administrator audited all of the Resident photographs to ensure compliance with this regulation. Administrator provided education to nursing staff and Rec therapy staff who are assigned to take the Resident pictures. To prevent future occurrence, Administrator updated the Quarterly Nursing Audit Tool (see attached) to include checking the Resident Record for a photograph of the Resident that is no more than 2 years old.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Nettleton*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kimberly Nettleton</i>	Date <i>1/25/17</i>
---	---------------------

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

The above plan of correction is approved as of 1/26/17
 (Date)

The above plan of correction was approved by *KNS*
 (Initials)

Plan of correction implementation status as of 1/26/17
 (Date)

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