



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 24 2017

Dr. Michael Salazar,
Chief Executive Officer
Universal Health Recovery Centers, Inc.
2001 Providence Avenue
Chester, Pennsylvania 19013

RE: Universal Health Recovery Center
2000 Providence Avenue
Chester, Pennsylvania 19013
License #: 188360

Dear Dr. Salazar:

As a result of the Department of Human Services' annual licensing inspection on January 18, 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: UNIVERSAL HEALTH RECOVERY CENTER		License Number: 18836
Address: 2000 PROVIDENCE AVENUE, CHESTER, PA 19013		County: Delaware
Administrator: Michael P. Morlon		Region: SOUTHEAST
Legal Entity Name: UNIVERSAL HEALTH RECOVERY CENTERS INC		
Legal Entity Address: 2001 PROVIDENCE AVENUE, CHESTER, PA 19013		
Certificate(s) of Occupancy C-2 LP 11/24/1993 Labor and Industry		
Staffing Hours		
Resident Support:	Total Daily Staff: 8	Waking Staff: 6
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/18/2017: Gray, Dean; Weaver, Tina		
Off-Site Inspection Dates and Inspectors, if Applicable 01/26/2017: Gray, Dean		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 16	Number of Residents who:	
Number of Residents Served: 8	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 0	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

Violation Report: 18836 - 01/18/2017 - Gray, Dean
 PCH Name: UNIVERSAL HEALTH RECOVERY CENTER

1. REGULATION 55 Pa.Code §2609
 2609.102(j) - Towels and washcloths shall be in the possession of the resident in the resident's living space unless the resident has access to the home's linen supply.

2a. DESCRIPTION OF VIOLATION
 On 1/18/17, there was an unlabeled wash cloth in the bathtub, located on the third floor.

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 unlabeled wash cloth found in the bathtub was immediately removed from the 3rd floor bathroom.
2. ECU staff reviewed the house rules with residents.
3. Housekeeping will assure that unlabeled items are not left in bathrooms and monitor that house rules are being maintained.
4. Housekeeping to report deficiencies to ECU clinical staff and will immediately remove any unidentifiable items.

Responsible:
 [Redacted] Head
 Housekeeper

The staff will be trained on the importance of labeling w/cloths, within 30 days of approved POC. (Signature)

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michael Salazar, Psy.D* Date *2/15/17*

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

The above plan of correction is approved as of *2/28/17*
 (Date)

Plan of correction implementation status as of *2/28/17*
 (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: 18836 - 01/18/2017 - Gray, Dean
 PCH Name: UNIVERSAL HEALTH RECOVERY CENTER

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

On 1/18/17, the home's menu, dated 1/5/17, was not posted one week in advance.

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. Dietary staff was re-educated regarding menu posting.
2. Menus were updated as per regulation to include appropriate dates and were posted in public area.
3. All menus will be posted for the current and upcoming week.
4. Overnight staff will assure that proper menus are posted.
5. Deficiencies will be reported to ECU Director for follow up.

Responsible: [Redacted] Director of Support Services

The administrator is responsible for continued compliance. (P)

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)

Michael Salazar, Psy.D.

Date 2/15/17

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Violation Report: 10836 - 01/18/2017 - Gray, Dean
 PCH Name: UNIVERSAL HEALTH RECOVERY CENTER

REGULATION 56 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
 On 1/18/17, Resident # 1's Risperidone 0.5mg was observed in the medication cabinet. It was discontinued on 12/28/16.

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.

1. All staff were re-educated regarding medical self-administration policies.
2. All discontinued medications will be discarded, as per policy, and then documented in the medication monitoring log.
3. Weekly monitoring of the medication storage area will be conducted by the Clinical Coordinator and result of the audit will be reported to the PI Committee monthly.

Responsible: [Redacted] Director of Extended Care Unit

Staff will be trained on discontinued medication and its importance within 30 days receipt of approved POC [Signature]

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) Michael Salazar, PhD

Date 2/15/17

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Violation Report: 18836 - 01/18/2017 - Gray, Dean
 PCH Name: UNIVERSAL HEALTH RECOVERY CENTER

REGULATION 55 Pa.Code §2600
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #2 lists, Divalproex SOD DR, 500mg at 8:00 am, and Divalproex SOD DR, 1000mg at 10:00 pm. The medication label states, Divalproex SOD DR 500mg, take three tablets at bedtime.

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. Prescribing physician will re-label the medication bottle when changes occur to a prescription medication via his physician order.
2. M.D. will sign the new label to authenticate it.
3. Weekly monitoring of the medication storage area will be conducted by the Clinical Coordinator and result of the audit will be reported to the PI Committee monthly.

Responsible:
 [Redacted] Director of
 Extended Care Unit

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
 (Required on EVERY Page)

Michael Selazar, Pharm

Date 2/15/17

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Violation Report: 18836 - 01/18/2017 - Gray, Dean
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REGULATION 55 Pa.Code §2600
 2600.188(c) - Documentation of medication errors and the prescriber's response shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

- On 1/5/17, 1/6/17, 1/11/17 - 1/17/17 and 11-13,17, resident #1 missed the scheduled dose of Gabapentin. There is no documentation of the error in the resident's record.

- On 1/9/17 - 1/13/17, and 1/15/17 and 1/17/17 resident #3 missed the scheduled dose of, Demethylphenidate, Aripiprazole, Lamotrigine, Lithium Carbonate, and Solodyn ER. There is no documentation of the error in the resident's record.

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 staff will be re-educated regarding medication self-administration policies.
2. Medication monitoring log will be completed, as per policy, which includes that the log will not have blanks on it.
3. Weekly monitoring of the medication storage area will be conducted by the Clinical Coordinator and result of the audit will be reported to the PI Committee monthly.

Responsible:
 [Redacted] Director of
 Extended Care Unit

Staff will be reeducated/trained on medication errors and documentation within 30 days receipt of approved POC.

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

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Printed Name and Title of Legal Entity Representative
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