



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 17 2017

Mr. Frederick D. Kessler,  
President  
Leeds Health Care Services Inc.  
60 Neitz Road, P.O. Box 32  
Northumberland, Pennsylvania 17857

RE: Nottingham Village Retirement Center  
License #: 202130

Dear Mr. Kessler:

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](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, appearing to read 'J. Rowe'.

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: NOTTINGHAM VILLAGE RETIREMENT CENTER		License Number: 20213
Address: 60 NEITZ ROAD PO BOX 32, NORTHUMBERLAND, PA 17857		County: Northumberland
Administrator: Kimberly Golder		Region: NORTHEAST
Legal Entity Name: LEEDS HEALTH CARE SERVICES INC		
Legal Entity Address: PO BOX 32, NORTHUMBERLAND, PA 17857		
<b>Certificate(s) of Occupancy</b>		
C-2 LP	LP	
07/02/2002	08/03/1984	
Department of L&I	Department of L&I	
<b>Staffing Hours</b>		
Resident Support: NM	Total Daily Staff: 42	Waking Staff: 32
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
01/18/2017: Hummel, Jesse; Rushin, Julienne		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 90	<b>Number of Residents who:</b>	
Number of Residents Served: 42	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 42	
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: 20213 - 01/18/2017 - Hummel, Jesse  
 PCH Name: NOTTINGHAM VILLAGE RETIREMENT CENTER

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 completed on 9/22/16 for resident #1 does not include the resident's health status  
 The medical evaluation completed on 11/16/16 for resident #2 does not include the resident's temperature.

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 #1 - health status updated 1-18-17 \*  
 Resident #2 - temperature entered 1-18-17 \*

QA form has been developed to track completion of medical evals as they are due. PL supervisor will complete form before filling med eval in residents chart.  
 also added to Semi-Annual QA review


\* as noted on p 3 of 7 physician signed updates 4-3-17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kimberly A. Bolder*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kimberly J. Bolder Administrator*      Date *2/7/17*

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

The above plan of correction is approved as of 4-3-17 (Date)  
 The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 4-3-17 (Date)

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

Violation Report: 20213 - 01/18/2017 - Hummel, Jesse  
 PCH Name: NOTTINGHAM VILLAGE RETIREMENT CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.


2a. DESCRIPTION OF VIOLATION  
 Resident #3 was most recently medically evaluated on 7/2/15, which was more than 12 months prior.

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.

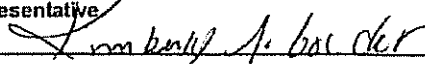
Resident #3 medical evaluation updated 1-18-17.  
 during inspection (returned from physician signed)

Yearly tracking form updated to reflect only due dates of med evals w/ listing last med eval as reference due date. Tracking for "date form completed" removed - to avoid non-compliance with actual due date.

PC Supervisor will maintain current tracking form and notify physician of med eval due date.


Adm will oversee to ensure ongoing compliance.  4-3-17

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) Kimberly J. Bolder, Administrator Date 2/7/17

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The above plan of correction is approved as of <u>4-3-17</u> (Date)  The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>4-3-17</u> (Date) <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
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Violation Report: 20213 - 01/18/2017 - Hummel, Jesse  
 PCH Name: NOTTINGHAM VILLAGE RETIREMENT CENTER

**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**

Staff person A regularly administers medication to residents of the facility. Staff person A completed the Initial Medication Administration Training on 3/6/15, however scored only an 89, which is not a passing score. Staff person A is administering medication to residents without being qualified to do so.

**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.

[Redacted] was removed from med tech schedule  
 On January 21 and Jan 24 she was given the medication administration training and passed w/ grade of 95.64%. She completed the remaining requirements on 1-25-2017 and was certified to pass med admin policy #190 updated to indicate both administrator and current medication trainer must review records provided from another facility to ensure passing criteria requirements are met.  
 Also updated semi-annual QA form to review all transferring records re: med. training  
 Adm will oversee to ensure ongoing compliance. 4-3-17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kimberly J. Golder*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kimberly J. Golder, Administrator*      Date *2/7/17*

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Violation Report: 20213 - 01/18/2017 - Hummel, Jesse  
 PCH Name: NOTTINGHAM VILLAGE RETIREMENT CENTER

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  
 Department Representatives observed the first aid kit located in the facility's van that transports residents. Located in the first aid kit was alcohol prep pads that expired in April 2014.

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.

First Aid Checklist form updated to include expiration date on alcohol pads  
 Monthly checks done by administrator  
 Expired date pads replaced on 1-18-17.

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

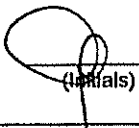
Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kimberly J. Bolder*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kimberly J. Bolder, Administrator*      Date *2/7/17*

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Violation Report: 20213 - 01/18/2017 - Hummel, Jesse  
 PCH Name: NOTTINGHAM VILLAGE RETIREMENT CENTER

**1. 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**

Resident #4 is prescribed the following medications, however the medication pharmacy label does not indicate the correct administration instructions as ordered by the resident's physician;

Prescribed Coumadin 2mg - 1 tablet by mouth at bedtime every Tuesday, Thursday, and Saturday. Coumadin 4mg - 1 tablet by mouth at bedtime every Sunday, Monday, Wednesday, and Friday. The pharmacy label incorrectly indicates to administer: Coumadin 4mg 0 Take 1 tablet by mouth at bedtime except on Tuesday, Thursday, and Saturday, take 1/2 tablet by mouth at bedtime on Tuesday, Thursday, and Saturday.

Prescribed Vitamin B-12 ER 2000 Mcg - 1 tablet by mouth in the evening. The pharmacy label incorrectly indicates to administer: Vitamin B-12 1000 Mcg - 2 tablets by mouth daily.

Prescribed Tylenol PM Extra Strength - 1 Tablet as needed at Hour of Sleep. The pharmacy label incorrectly indicates to administer: Tylenol Extra Strength - 1 to 2 tablets as needed at Hour of Sleep.

Resident #5 is prescribed Pain & Fever Extra Strength 500mg - 1 tablet by mouth every 6 Hours as needed for mild pain. The pharmacy label incorrectly indicates to administer: Pain & Fever Extra Strength - Take 2 tablets, 2 times per day as needed for pain/fever.

**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.*

On day of inspection all above corrected w/ either "note dose/strength label" or "directions changed refer to MAR" label. Also order clarifications sent to physician to ensure order on MAR reflects label.  
 PC Supervisor created attached clinical procedure guide addressing assurance that labels match mar order.  
 All Charge staff Inservice on procedure. Adm will over see to ensure ongoing compliance.

Repeat Violation: No      Date(s) of Previous Violation(s):      *OP 4-3-17*

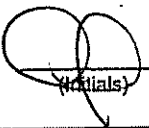
Signature of Legal Entity Representative (Required on EVERY Page) *Kimberly J. Bolder*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kimberly J. Bolder, Administrator*      Date *2/7/17*

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Violation Report: 20213 - 01/18/2017 - Hummel, Jesse  
 PCH Name: NOTTINGHAM VILLAGE RETIREMENT CENTER

**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**

Resident #6 is prescribed to have the resident's blood glucose level (BGL) tested once per day. On the following dates the resident's (BGL) was tested however the (BGL) was incorrectly documented on the resident's Medication Administration Record (MAR).

- 1/4/17: (BGL) 125 (MAR) 102
- 1/13/17 (BGL) 167 (MAR) 124
- 1/16/17 (BGL) 153 (MAR) 135
- 1/18/17 (BGL) 139 (MAR) 132

Resident #7 is prescribed to have the resident's blood glucose level (BGL) tested once per day. On the following dates the resident's (BGL) was tested however the (BGL) was incorrectly documented on the resident's Medication Administration Record (MAR).

- 1/3/17: (BGL) 229 (MAR) 226
- 1/8/17 (BGL) 261 (MAR) 221
- 1/10/17 (BGL) 182 (MAR) 186

**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.

PC Supervisor created clinical procedure for correctly documenting glucose readings.  
 Inservice sheet attached. Random audits added to semi-annual QA  
 PC Supervisor will do random weekly checks to ensure compliance

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kimberly J. Bolder*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kimberly J. Bolder, Administrator*      Date *2/7/19*

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The above plan of correction is approved as of *4-3-17*  
 (Date)  
*Adm will oversee to ensure ongoing compliance.*

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

Plan of correction implementation status as of *4-3-17*  
 (Date)

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