



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 24 2017

Ms. Carol N. DeLancey,
Chief Operating Officer
The Community at Rockhill
3250 State Road
Sellersville, Pennsylvania 18960

RE: The Community at Rockhill
License #: 126870

Dear Ms. DeLancey:

As a result of the Department of Human Services' annual licensing inspection on February 15, 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,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 12687 - 02/15/2017 - Gray, Dean
 PCH Name: THE COMMUNITY AT ROCKHILL

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 02/15/17, Resident #1s glucometer was not calibrated to the correct date.

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.

2' Director [redacted] and [redacted] LPN, Care Coordinator, will perform monthly audit of testing equipment that will include a sign off sheet that the monitor dates are correct. This audit will also include verification by the above staff that the meter and electronic record are accurately matching one another. *Please see attached schedule*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Carol N. Delaney*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Carol N. Delaney</i>	Date <i>3/7/17</i>
-----------------------------------------------------------------------------------------------------------	--------------------

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

The above plan of correction is approved as of <u>3/7/17</u> (Date)	Plan of correction implementation status as of <u>3/7/17</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 12687 - 02/16/2017 - Gray, Dean
 PCH Name: THE COMMUNITY AT ROCKHILL

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's glucose readings do not correspond to resident's glucometer readings;
 - on 02/11/17, recorded as 168, actual reading was 185,
 - on 02/12/17, recorded as 234, actual reading was 244,
 - on 02/13/17, recorded as 186, actual reading was 183.

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.

Plan of Correction for violation of Regulation 55 Pa.Code 2600.185(a)

- 1 We held an initial meeting and in servicing regarding expectations and procedures for glucometers and test result recording. *on 2/23/2017*
- 2 We will hold in servicing to all employees at the monthly staff meeting. In servicing will include reminders to check and verify correct date calibration of glucometers and to calibrate the date if needed. We will also stress the importance of proper and accurate recording of glucose readings
- 3 Director [redacted] and [redacted] LPN, Care Coordinator, will perform monthly audit of testing equipment that will include a sign off sheet that the monitor dates are correct. This audit will also include verification by the above staff that the meter and electronic record are accurately matching one another.

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

Signature of Legal Entity Representative *Carol N. Delaney*
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative *Carol N. Delaney* Date *3/7/17*
 (Required on EVERY Page)

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

The above plan of correction is approved as of <u>3/7/17</u> (Date)	Plan of correction implementation status as of <u>3/7/17</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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