



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: June 2, 2017

Ms. Sue Keefer
Member
Heritage Mills Personal Care Center LLC
401 Moltke Avenue
Scranton, Pennsylvania 18505

RE: Heritage Mills Personal Care Center
846 East Wiconisco Avenue
Tower City, Pennsylvania 17980
License #: 226360

Dear Ms. Dubois:

As a result of the Department of Human Services' licensing inspection on 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.

Sincerely,

Michele Moskalczyk

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 22636 - 02/16/2017 - O'Haire, Anne
PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

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

The home did not submit an incident report for missed medications for resident #1. The home reported that resident #1 did not receive his/her medications as the medications may not have been on hand.

Following medications were not administered on the following dates.

1. Memantine HCL to be taken by mouth 2 times a day 08:00AM 01-20-17, 01-28-17, 01-31-17, 02-02-17 & 02-03-17.
2. Memantine HCL at 08:00PM 01-21-17 01-22-17, 01-23-17, 01-24-17, 01-26-17, 01-28-17, 01-31-17, 02-01-17 & 02-02-17
3. Fluoxetine HCL at 08:00AM, 20 MG Tab. take 1 tab 1 time a day not taken 01-18-17, 01-17-17, 01-19-17, 20 and 01-20-17
4. Aspirin 81 mg. tab. to be taken by mouth at 8:00AM one time a day not administered on 01-19-17 & 01-20-17.

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.

Nursing staff will be inserviced on reportable incidents per regulation 2600.16 by may 31st 2017. In service on facility medication policy and procedure by June 18th 2017 and medication cart audits will be done by nurse manager on weekly basis to assure all medications are available to residents at all times.

The administrator shall monitor and assure ongoing compliance.

M
6/2/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Sharon Martin LPA/PCA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sharon Martin LPA/PCA</i>	Date <i>6-2-17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6/2/17 (Date)

Plan of correction implementation status as of 6/2/17 (Date)

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

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

Violation Report: 22636 - 02/16/2017 - O'Haire, Anne
PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.23(b) - A home shall provide each resident with assistance with instrumental activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

The home failed to follow resident # 1's RASP's dated 01-12-17. According to the residents RASP and staff interviews, the home was required to assist resident #1 with his/her daily urinary incontinence care by utilizing adult briefs daily. The resident ran out of adult briefs and failed to contact the family, leaving the resident to go without adult briefs for a period of time.

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 will notify Nurse Manager and or Administrator when residents are down to a five day supply of urinary incontinence products such as briefs or pads. Nurse Manager or Administrator will then notify family of residents needs for restock of urinary incontinence products. Which in turn will be documented on a supply notification sheet and kept in back of residents chart. This is to be implemented by June 18, 2017

The administrator shall monitor and assure ongoing compliance.

[Signature]
6/2/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Shannon Martin

LEA / PCHA

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

Shannon Martin LEA / PCHA

Date 6-2-17

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The above plan of correction is approved as of

6/2/17
(Date)

Plan of correction implementation status as of

6/2/17
(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: 22636 - 02/16/2017 - O'Haire, Anne
 PCH Name: HERITAGE MILLS PERSONAL CARE 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
 The home's MAR for resident #1 indicated that his/ her Memantine HCL 10 mg. medication was on hold however through interviewing staff it was determined the medication was not on hand. The facility also documented that the medication was administered when it was not available on the following dates and times:
 At 8:00AM, 01-21-17, 01-22-17, 01-23-17, 01-24-17, 01-25-17, 01-27-17, 01-29-17 and 01-30-17.
 At 8:00PM 01-25-17.

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.

Nursing staff will be inservice'd on pa state regulations 2600.181a through 189b by June 18, 2017 on medication policy and procedures. Inservice on documentation and legalities of falsification of documentation. Implementation of a check system when entering orders in to computer will take effect by June 18, 2017. If administrator enters orders the nurse manager will check signed order against order in the e-zmar and if nurse manager enters order the administrator will check signed order against e-zmar

Repeat Violation: No Date(s) of Previous Violation(s): *The administrator shall monitor for*

Signature of Legal Entity Representative
 (Required on EVERY Page) *Shannon Martin LPA / PCHA* *Ongoing Compliance*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Shannon Martin* Date *6-2-17* *6/2/17*

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

The above plan of correction is approved as of <u>6/2/17</u> (Date)	Plan of correction implementation status as of <u>6/2/17</u> (Date)
The above plan of correction was approved by <u><i>M</i></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: 22636 - 02/16/2017 - O'Haire, Anne
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

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

2a. DESCRIPTION OF VIOLATION
 The home's MAR for resident #1 indicated that his/ her Memantine HCL 10 mg. medication was on hold however through interviewing staff it was determined the medication was not on hand. The facility also documented that the medication was administered when it was not available on the following dates and times:
 At 8:00AM, 01-21-17,01-22-17,01-23-17,0124-17,01-25-17,01-27-17,01-29-17 and 01-30-17.
 At 8:00PM 01-25-17.
 The home did not follow the direction of the prescriber.

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.

Nursing staff will be inserviced per state regulations 2600:181a through 189b by June 18, 2017 on medication policy and procedures. Inservice documentation and the legalities of falsification of documentation by June 18th 2017 and medicart cart Audits will be done by nurse manager on a weekly basis to assure all medications are available to residents at all times. Pharmacia will be here on June 26, 2017 to inservice on Medication Administration.

The administrator shall monitor and assure ongoing compliance in
 6/2/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Shannon Martin* ^{LEA/PCHA}

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shannon Martin* ^{LEA/PCHA} Date *6-2-17*

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