



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 05 2017

Ms. Renna Engel,  
Administrator  
Presbyterian Homes Inc.  
One Trinity Drive East, Suite 201  
Dillsburg, Pennsylvania 17919

RE: Presbyterian Home at Williamsport  
810 Louisa Street  
Williamsport, Pennsylvania 17701  
License #: 200540

Dear Ms. Engel:

As a result of the Department of Human Services' annual licensing inspection on April 5, 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: 20054 - 04/05/2017 - Yellenic, Cindy  
 PCH Name: PRESBYTERIAN HOME AT WILLIAMSPORT

**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 #1 and Resident #2, both have orders for Bacitracin Ointment 500mg. The home has a supply of individual dose packets, the home uses for these residents. The bag, the Bacitracin ointment packets are in, does not have the resident's name or the pertinent information for medication administration.

**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 administrator has corrected the skin care procedures to ensure prevention of future occurrences. Our goal is to provide quality service for the residents served. Regulation 2600-184A is important to ensure the prevention of errors from occurring and to provide quality care and services to residents served.

The bacitracin was packaged in a box for individualized use with the instructions printed off at the time of use for the individual resident. All routine standing orders for the use of stock Bacitracin has been discontinued. Residents will no longer have a routine standing order for PRN treatments, use of stocked medication/ointment have been discontinued.

The communities skin care treatment was not specific for the individual resident with resident name, name of medication, date of prescription was issued, the dose and instructions for administration and the name and title of the prescriber on the bacitracin box; to ensure the administration of medications per the 5 rights of medication assistance. PSU/PHW wound /skin care policy and outline of wound care protocol has been implemented per PSU/PHW wound care and treatment policy. Immediately during the survey the individualized bacitracin was order from pharmacy.

Steps to achieve and maintain compliance: Stock Bacitracin has been discontinued. All Skin treatment orders are followed by the PCP order with individual resident medication orders to ensure prevention of errors from occurring. Nursing will follow the 5- rights of medication administration as listed on the order and label; resident name, name of medication, date of prescription issued; prescribed dose and instructions and name and title of the prescriber. Wound care/skin care policy & procedure have been reviewed and are in place to ensure individualized medication in the original container and be labeled with the pharmacy label that includes: the resident name, name of the medication, the date prescription was issued, prescribed dosage and instructions for administration and the name and title of the prescriber listed. Education has been provided for all nursing staff. The LPN charge nurse will monitor & check all orders to ensure compliance

PC administrator is responsible for the review and clarification of physician order for all residents to ensure prevention of future occurrences. PC administrator is responsible for staff education. PC administrator is responsible for resident treatment order compliance to ensure the 5 rights of medication administration are followed for all resident medications to ensure compliance.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Renna Engel*

Printed Name and Title of Legal Entity Representative      Date  
 (Required on EVERY Page) *Renna Engel, Administrator*      *5-3-17*

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The above plan of correction is approved as of 5/8/17 (Date)

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

Plan of correction implementation status as of 5/8/17 (Date)

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