



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: July 28, 2017

Debra Liney
Executive Director
227 Evergreen Road Operations LLC
227 Evergreen Road
Pottstown, Pennsylvania 19464

RE: Sanatoga Court
License # 136140

Dear Ms. Liney:

As a result of the Department of Human Services' licensing inspection on April 10, 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,

A handwritten signature in black ink that reads "Roslyn Brewer".

Roslyn Brewer
Regional Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 13614 - 04/10/2017 - Kazlmer, Lauren
 PCH Name: SANATOGA COURT

1. REGULATION 55 Pa.Code §2600
 2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:
 (1) Identify the correct resident.
 (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
 (3) Remove the medication from the original container.
 (4) Crush or split the medication as ordered by the prescriber.
 (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
 (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
 (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION
 On 3/29/2017, resident #1 picked up a cup of resident #2's medication and ingested the following medications in error: Dicyclomine HCl 20mg, Gabapentin 300mg, Inapamine 1.2mg, Lorazepam 0.5mg, Metoprolol Tartrate 50mg, Morphine Sulphate ER 15mg.


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) Staff member involved was removed from medication pass duties until disciplined and retrained.
- 2) Reviewed regulation 2600.18 (c) with all medication technicians during monthly staff meeting.
- 3) Administrator or designee will perform initial and period unannounced, documented observations of employee involved to ensure compliance with regulation 2600.18(c) and medication pass policies.*

*(Employee involved resigned her position with Sanatoga Court as of [redacted] 17)

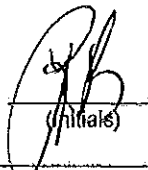
Attachments:
 -Staff member discipline form.
 - Staff member initial observation form.
 -Staff meeting documentation

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) Earl Stingel, Memory Support Director	Date 05/22/17
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/24/17</u> (Date)	Plan of correction implementation status as of <u>5/24/17</u> (Date)
The above plan of correction was approved by  (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