



**pennsylvania**

DEPARTMENT OF HUMAN SERVICES

OCT 18 2017

Mr. Steven Tack,  
President/General Partner  
Chicora Medical Center Limited Partnership  
612 North Main Street  
Butler, Pennsylvania 16001

RE: Quality Life Services – Chicora  
160 Medical Center Road  
Chicora, Pennsylvania 15905  
License #: 405530

Dear Mr. Tack:

As a result of the Department of Human Services' annual licensing inspection on April 20, 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 that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 40553 - 04/20/2107 - Georgoulis, Karen  
 PCH Name: CHICORA MEDICAL CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2a. DESCRIPTION OF VIOLATION**

Resident records were unlocked, unattended and accessible at the administrator's desk and the shelving units, by the back sitting room, to include:

- \* A resident activity of daily living log
- \* Resident lab results
- \* Resident transfer sheets
- \* Medication administration records
- \* Prescription orders

**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.*

Administrator has been moved into a office that will be locked when Administrator is not there.  
 Binders that staff may need for transfer sheets, Activity of daily living and other resident information is locked in a cabinet which staff has access to when needed, staff will get lab book out of cabinet for lab person when needed then returned to cabinet.  
 Administrator reviewed with staff that all binders and papers are to be locked at all times no resident information is to be unattended or accessible to any residents or visitors coming into the building.  
 Administrator and staff will do daily checks that all records are filed in locked cabinet

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) Brenda Campbell

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Brenda Campbell PC Administrator Date 8-21-17

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

The above plan of correction is approved as of <u>9-6-17</u> (Date)	Plan of correction implementation status as of <u>9-6-17</u> (Date)
The above plan of correction was approved by <u>S</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: 40553 - 04/20/2107 - Georgoulis, Karen  
PCH Name: CHICORA MEDICAL CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A started working in the home on 9/13/16. Direct care staff person A did not complete training on any of the required general fire safety and emergency preparedness training prior to or on the first day of work in the home.

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 person transferred to our facility from our sister facility on 4/21/17 Administrator reviewed with staff person the fire safety and emergency preparedness of our facility.

Administrator will review with all new hires fire safety and emergency preparedness training prior to the first day of work and have them sign off that they had been trained

our facility has a 2 day welcoming days before the first day of work for all new hires which they meet with all department heads and given a tour of facility and fire safety of the building by the maintenance Director and reviewed with PC Administrator

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Brenda Campbell

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

Brenda Campbell PC Administrator

Date

8-21-17

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

The above plan of correction is approved as of

9-6-17  
(Date)

Plan of correction implementation status as of

9-6-17  
(Date)

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

The above plan of correction was approved by

HC  
(Initials)

RECEIVED

AUG 24 2017

Violation Report: 40553 - 04/20/2107 - Georgoulis, Karen  
PCH Name: CHICORA MEDICAL CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

There was an uncovered, full, trash can in the bathroom of resident room #502.

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.

The uncovered trash can has been removed and replaced with one with a lid

Administrator review with staff that there is to be no open garbage cans in bathrooms and is to be checked on each shift when gathering garbage and to remove any open garbage cans if found and replace with one with a lid

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

Signature of Legal Entity Representative  
(Required on EVERY Page) Brenda Campbell

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Brenda Campbell PC Administrator      Date 8-21-17

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

The above plan of correction is approved as of <u>9-6-17</u> (Date)	Plan of correction implementation status as of <u>9-6-17</u> (Date)
The above plan of correction was approved by <u>X</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: 40553 - 04/20/2107 - Georgoulis, Karen  
 PCH Name: CHICORA MEDICAL CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION  
 The lid to the dumpster by the kitchen was open. The dumpster was at least ¼ full of trash.

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.

Signs has been posted at dumpsters that lids must be closed.

Nursing Home Administrator sent out a e-mail for all staff to close lids if they see open and when throwing trash out. PC Administrator reviewed with staff when throwing out trash to always close lids and if one dumpster is full go to different dumpster and make sure all lids are closed

Immediately: The administrator or designee shall check all outside trash receptacles weekly to ensure all trash outside the home is kept in a covered receptacle.

9/6/17

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) Brenda Campbell

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Brenda Campbell PC Administrator</u>	Date <u>8-21-17</u>
---	---------------------

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

The above plan of correction is approved as of 9-6-17  
 (Date)

The above plan of correction was approved by Y  
 (Initials)

Plan of correction implementation status as of 9-6-17  
 (Date)

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

Violation Report: 40553 - 04/20/2107 - Georgoulis, Karen  
PCH Name: CHICORA MEDICAL CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

None of the required telephone numbers were posted on or by the telephone in the dining area.

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.*

A list of numbers has been posted.  
Administrator has checked all phone and rooms to make sure there is phone lists posted.

Administrator will give all new admissions a phone list when admitted and check for postings monthly and replace any that are missing

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

Signature of Legal Entity Representative  
(Required on EVERY Page) Brenda Campbell

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Brenda Campbell PC Administrator      Date 8-21-17

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

The above plan of correction is approved as of 9-6-17  
(Date)

Plan of correction implementation status as of 9-6-17  
(Date)

The above plan of correction was approved by X  
(Initials)

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

Violation Report: 40553 - 04/20/2107 - Georgoulis, Karen  
 PCH Name: CHICORA MEDICAL 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

Resident #2 had an in person medical evaluation completed on 3/1/17. However, the resident's medical evaluation documentation does not include the resident's height, pulse or temperature. These sections were blank.

Resident #3 had an in person medical evaluation completed on 1/18/17. However, the resident's medical evaluation documentation does not include the resident's height or weight. These sections were blank.

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 4/21/17 blank section on both residents medical evaluation were filled in and dated.

All current medical evaluations has been reviewed

Administrator will review all new medical Evaluations at the time they are done to make sure all blanks are filled in with all resident information

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) Brenda Campbell

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Brenda Campbell PC Administrator</u>	Date <u>8-21-17</u>
---	---------------------

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

The above plan of correction is approved as of 9-6-17  
 (Date)

The above plan of correction was approved by /s/  
 (Initials)

Plan of correction implementation status as of 9-6-17  
 (Date)

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

AUG 24 2017

Violation Report: 40553 - 04/20/2107 - Georgoulis, Karen  
PCH Name: CHICORA MEDICAL CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

The medication cart containing the resident medications was unlocked, unattended and accessible in the resident room hallway.

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 education has been done that the carts are never to be left unlocked and unattended that anyone can have access to the medication. Staff should always check the cart to make sure it is locked before walking away from the cart to give medication even if you are outside the residents room.

Immediately: The administrator or designee shall check the home daily to ensure prescription medications, OTC medications, CAM and syringes are kept in an area or container that is locked. 9-6-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Brenda Campbell

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

Brenda Campbell PC Administrator

Date 8-21-17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 9-6-17  
(Date)

Plan of correction implementation status as of 9-6-17  
(Date)

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

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

Violation Report: 40553 - 04/20/2107 - Georgoulis, Karen  
PCH Name: CHICORA MEDICAL CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

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 #2 is prescribed Tylenol tablet 325mg – two tablets every six hours as needed. However, the medication bottle indicates 500mg capsules and did not include the date the prescription was issued, prescribed dosage and instructions for administration or the name of the initial 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.  
Tylenol 325mg tablets were discontinued on 4-26-17 new orders for 500mg was written on 4-26-17, family provides OTC medication and stated resident always took 500mg while at home.  
Administrator and staff will check all orders with OTC medication brought in by family that they match and are the dose that is ordered by the doctor if they are not the right dose the medication will be returned to the family and have them bring in the correct dose or will order from pharmacy  
Immediately: A designee qualified to administer medications will complete an initial and monthly audit of the medication carts and any other medication storage areas to ensure all prescription medications are labeled with a pharmacy label, to include: the resident's name, medication name, date prescription issued, prescribed dosage and instructions for administration and name and title of the prescriber and match the prescription. 9-6-17

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

Signature of Legal Entity Representative  
(Required on EVERY Page) Brenda Campbell

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Brenda Campbell PC Administrator      Date 8-21-17

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

The above plan of correction is approved as of 9-6-17 (Date)  
The above plan of correction was approved by [Signature] (Initials)  
Plan of correction implementation status as of 9-6-17 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 40553 - 04/20/2107 - Georgoulis, Karen  
PCH Name: CHICORA MEDICAL CENTER

AUG 24 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

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 #1 is prescribed Humalog 100U/ML sliding scale three times a day in addition to routine 8 units.  
141 - 180 = 1 unit  
181 - 220 = 2 units  
221 - 260 = 3 units  
261 - 300 = 4 units  
301 - 340 = 5 units  
341 and above 340 call doctor

The resident's MAR does not indicate the medication administration times for the administration of this medication from 4/1/17 through 4/20/17.

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.

The insulin order had been in the mar to be given before breakfast, before lunch, before dinner these were liberalized times and would fire at 5am, 10am, 3pm. insulin was not given this early was given before meals  
On 8-18-17 the times in the MAR has been changed to 7:30am  
11:30 am, 4:30 pm.  
Any new insulin order that is received will be put in MAR as set times not as before meals as they had been. All current residents times has been changed as well

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Brenda Campbell*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Brenda Campbell PC Administrator*      Date *8-21-17*

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

The above plan of correction is approved as of <u>9-6-17</u> (Date)	Plan of correction implementation status as of <u>9-6-17</u> (Date)
The above plan of correction was approved by <u>[Signature]</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

RECEIVED

Violation Report: 40553 - 04/20/2107 - Georgoulis, Karen  
PCH Name: CHICORA MEDICAL CENTER

AUG 24 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Humalog Quikpen 100U/ML inject 20 units three times a day before meals plus sliding scale if needed.  
151 - 200 = 2 units  
201 - 254 = 4 units  
251 - 300 = 6 units  
301 - 350 = 8 units  
351 - 400 = 10 units  
401 - 450 = 12 units  
451 - 500 = 14 units  
If blood sugar below 70 call office, 750 - 150 no additional insulin.

On 4/19/17 at 6:49 a.m., resident #4's blood glucose reading per the resident's glucometer was 445. However, the resident's MAR read 225. The resident received 4 units of Humalog in addition to the prescribed 20 units Humalog. The resident should have been administered 12 units of Humalog in addition to the 20 units of Humalog.

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.

I feel this was a typing error when putting into the MAR.

Administrator and staff will write down reading on a sheet of paper when they get the reading so not to forget the reading and will double check reading when typing into the Mar and also double check the number they have entered to make sure it is the same as what is on their paper and the glucometer reading

Immediately: All staff persons qualified to administer medications shall be educated on the proper procedures for medication administration including documentation of blood glucose readings. Documentation of education shall be kept. 9-6-17

Immediately: The administrator shall check all blood glucose readings once a week for two month and once a month for two month to ensure accurate documentation of blood glucose documentation. 9-6-17

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

Signature of Legal Entity Representative  
(Required on EVERY Page) Brenda Campbell

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Brenda Campbell PC Administrator      Date 8-21-17

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

The above plan of correction is approved as of 9-6-17  
(Date)

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

Plan of correction implementation status as of 9-6-17  
(Date)

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