



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 07 2017

Ms. Cheryl Loftus,  
Administrator  
Hatfield Mennonite Homes, Inc.  
2343 Bethlehem Pike  
Hatfield, Pennsylvania 19440

RE: Dock Meadows  
License #: 126780

Dear Ms. Loftus:

As a result of the Department of Human Services' annual licensing inspection on April 24, 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: 12078 - 04/24/2017 - Colon, Lisette<br>PCH Name: DOCK MEADOWS  |   |
| 1. REGULATION 65 Pa.Code §2600<br>2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.   |   |
| 2a. DESCRIPTION OF VIOLATION<br>On 4/24/17, at 3:16pm, the water temperature at the sink inside room # 413 measured 123.9 degrees Fahrenheit.<br>On 4/24/17, at 3:40pm, the water temperature at the sink inside room # 201 measured 121.1 degrees Fahrenheit.   |   |
| 3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)<br><i>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>  |   |
| <p>April 24th mixing valve, which feeds the North Wing hot water, checked and adjusted gauge.<br/>After adjustment of mixing valve room 413 water temperature was tested - 118 deg.<br/>4/25/17 - room 412 water temperature checked 114 deg.<br/>4/26/17 - room 413 water temp. checked 118 deg.<br/>Prior to inspection water temperatures checked in this area -<br/>4/12/17 - Room 409 106 deg.<br/>4/14/17 - Room 410 113 deg.<br/>4/20/17 - Room 411 115 deg.<br/>April 25th mixing valve, which feeds into Meadow House hot water, checked and adjusted slightly. After adjustment, room 201 temp. was 120 deg.<br/>201 checked again 4/26 temp. 114 deg.</p> <p>Steps to Prevent:</p> <ol style="list-style-type: none"> <li>1) Environmental Service Supervisor will review temp. logs with maintenance and sign off on water temp. log weekly. (Start June 2017)</li> <li>2) Director is recreating water temp. log to cover each area of building every month.</li> <li>3) Maintenance person will check accuracy of thermometer monthly.</li> <li>4) E.S. Supervisor &amp; Director will conduct random water temp. checks monthly.</li> <li>5) E.S. department will report quarterly at QAPI, starting June.</li> <li>6) Director will use QAPI information to access water temp. for our Q.M. Plan.</li> </ol> |   |
| Repeat Violation: No   | Date(s) of Previous Violation(s):   |
| Signature of Legal Entity Representative<br>(Required on EVERY Page) Cheryl Loftus   |   |
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) Cheryl Loftus, Personal Care Director  |   |
| Date 5/26/17   |   |
| <b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>  |   |
| The above plan of correction is approved as of <u>5/23/17</u><br>(Date)  | Plan of correction implementation status as of <u>5/31/17</u><br>(Date)       |
| The above plan of correction was approved by <u>[Signature]</u><br>(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: 12878 - 04/24/2017 - Colon, Liselle<br>PCH Name: DOCK MEADOWS   |   |
| <b>1. REGULATION 56 Pa. Code §2600</b><br>2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.  |   |
| <b>2a. DESCRIPTION OF VIOLATION</b><br>On 4/24/17, at 12:00pm, resident # 1's Vitamin B-1 1,000mg and Aspirin 81 mg tablets was administered. Staff person A did not initial the medication administration record until 2:10pm.   |   |
| <b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.)<br><i>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>  |   |
| <p>                             STAFF PERSON A - Care Coordinator, immediately reviewed missed signatures and 5 Rights with this Med. Tech.<br/>                             Medication Administrator Trainer completed medication pass audit with Staff Person A, MAY 13, 2017.<br/>                             Care Coordinator reviewed with all staff to check MAR and Control Substance book for missed signatures for each med. pass.                         </p> <p>                             Steps to Prevent:                         </p> <ol style="list-style-type: none"> <li>1) Follow 5-Rights</li> <li>2) Slow down when administering medications</li> <li>3) Focus on tasks and don't allow residents or staff to interrupt</li> </ol> |   |
| Repeat Violation: No  | Date(s) of Previous Violation(s):   |
| Signature of Legal Entity Representative<br>(Required on EVERY Page) <i>Cheryl Loftus</i>   |   |
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <i>Cheryl Loftus, Personal Care Director</i>  | Date <i>5/26/17</i>   |
| DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!  |   |
| The above plan of correction is approved as of <i>5/30/17</i><br>(Date)   | Plan of correction implementation status as of <i>5/30/17</i><br>(Date)   |
| The above plan of correction was approved by <i>[Signature]</i><br>(Initials)   | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 12678 - 04/24/2017 - Colon, Lisette  
 PCH Name: DOCK MEADOWS

1. REGULATION 55 Pa.Code §2600

2600.188(d) - There shall be a system in place to identify and document medication errors and the home's pattern of error.

2a. DESCRIPTION OF VIOLATION

The home does not have a system to identify and document medication errors and patterns of errors. Since November 2016 until April 2017, medication errors have occurred on the following dates and times,

4/23/17 at 7:45am  
 4/18/17 at 8:00pm  
 4/17/17 at 7:45am

3/11/17 at 7:45am

2/22/17 at 8:00am  
 2/09/17 at 8:00am  
 2/05/17 at 7:10am  
 2/05/17 at 8:00 am

12/25/16 at 8:00pm  
 12/10/16 at 8:00pm  
 12/04/16 at 8:00pm

11/30/16 at 8:00pm  
 11/30/16 at 8:00pm ) a different resident  
 11/10/16 at 7:45am  
 11/04/16 at 7:45am  
 11/01/16 at 7:45am  
 11/01/16 at 8:00pm

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) December 2016 - February 2017 all Med. Techs assigned extra in-service on Medication Administration - Avoiding Common Errors. All completed the in-service.
- 2) One Med Tech had 5 medication errors. She had been removed in February as a Med. Tech.
- 3) March 2017 decreased number of medications administered at 7:45 am.
- 4) May 2, 2017 - PC Directors, Care Coordinators, Risk Manager, Clinical Educator met to review the 3 Campuses medication administration process.
- 5) May 23, 2017 - started to pre-hour 7:45 am medications in a quiet location.
- 6) May 23, 2017 - 7am medications started having Residents come to nurses station covered →

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Cheryl Loftus*

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

Cheryl Loftus, Personal Care Director

Date 5/26/17

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

*5/30/17*  
 (Date)

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

The above plan of correction was approved by

*CL*  
 (Initials)

Cont. d. from previous page: 4

6) cont. d. - Instead of Nurse, Med Techs going to rooms.

7) May 24, 2017 - Nursing department staff meeting -  
Care Coordinator will review:

- Medication Errors
- Medication Administration process and the 5-Rights
- Implementation of Corrective Measures for staff when medication errors occur.

8.) Reporting at QAPI & on Quality Management Plan