



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 07 2017

Ms. Beth McMaster,
VP of Operations
United Church of Christ Homes, Inc.
30 North 31st Street
Camp Hill, Pennsylvania 17011

RE: Ephrata Manor
99 Bethany Road
Ephrata, Pennsylvania 17522
License #: 321880

Dear Ms. McMaster:

As a result of the Department of Human Services' annual licensing inspection on May 4, 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.

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: 32188 - 05/04/2017 - Bomberger, Cybil

PCH Name: EPHRATA MANOR

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

On 6/22/16 resident #1 fell, was sent to the hospital and diagnosed with a fracture of the 9th rib. On 6/26/16 resident #1 again fell, was sent to the hospital and was admitted due to a fracture of the left wrist. The home did not submit incident reports to the Department for these reportable incidents.

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 5/16/17 PCHA submitted report to DHS for resident #1 for falls occurring on 6/22/16 and 6/26/16 both resulting in fractures. Information for report gathered from incident reports.

All reported incidents will be audited by PCHA daily to maintain compliance by regulation.

Staff trained on 5/17/17 by PCHA regarding the need to know and understand RC6-2600.16(c) and to report to PCHA immediately any and all incidents that are reportable.

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|------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--|------------------------|
| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
| Signature of Legal Entity Representative (Required on EVERY Page) <i>Suz Ann Mastee</i> | | | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Suz Ann Mastee, VP Operations</i> | | | Date <i>5/18/17</i> |

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

The above plan of correction is approved as of 6/22/17
(Date)

Plan of correction implementation status as of 6/22/17
(Date)

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

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

Violation Report: 32188 - 05/04/2017 - Bomberger, Cybil
 PCH Name: EPHRATA MANOR

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for resident #1 was not signed by the resident.

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 5/16/17 PCHA reviewed contract with resident #1 and secured [redacted] signature.

All contracts will have resident signature upon admission.

PCHA will audit all new admission contracts for signatures.

Staff trained by PCHA on 5/17/17 on Reg 2600.25(b).

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|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------|
| Repeat Violation: No | Date(s) of Previous Violation(s): | |
| Signature of Legal Entity Representative (Required on EVERY Page) <i>Beth Ann Mast</i> | | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Beth A. McMaster, V. Operations</i> | | Date <i>5/18/17</i> |

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|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The above plan of correction is approved as of <u>6/22/17</u> (Date) | Plan of correction implementation status as of <u>6/22/17</u> (Date) |
| The above plan of correction was approved by <u>BAS</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: 32188 - 05/04/2017 - Bomberger, Cybil
 PCH Name: EPHRATA MANOR

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 medication administration record for resident #2 does not list the diagnosis or purpose for the prescribed medications Duloxetine cap., Isosorb Mono Tab., Metformin, Nataglinide, Simvastatin and Aspirin EC. The medication administration record for resident #3 does not list the diagnosis or purpose for the prescribed medications Cal/Mag/Zinc, Tramadol HCL and AZO Cranberry Tab. w/vit C.

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 5/5/17 LPN [redacted] added dx + purpose for medications for residents #2 and #3. All resident records were audited for dx and purpose in EMAR system on 5/5/17 and 5/17/17. Staff trained on 5/17/17 regarding RC6 2600.187(a). PCHA will audit monthly after cycle fill. Staff will Audit daily.

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|--------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------|
| Repeat Violation: No | Date(s) of Previous Violation(s) | Audit daily. |
| Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i> | | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Beth A McMastris, VP Operations</i> | | Date <i>5/18/17</i> |

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

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|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The above plan of correction is approved as of <u>6/22/17</u> (Date) | Plan of correction implementation status as of <u>6/22/17</u> (Date) |
| The above plan of correction was approved by <u>BAAS</u> (Initials) | <input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |