



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 12 2017

Ms. Marina Hacking,
Executive Director
Philadelphia Presbytery Homes, Inc.
2000 Joshua Road
Lafayette Hill, Pennsylvania 19444

RE: Rosemont Presbyterian Village
404 Cheswick Place
Rosemont, Pennsylvania 19010
License #: 176630

Dear Ms. Hacking:

As a result of the Department of Human Services' annual licensing inspection on May 8, 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: 17663 - 05/08/2017 - Gray, Dean
 PCH Name: ROSEMONT PRESBYTERIAN VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 On 05/08/17, the water temperature in the bathroom of apartment 115 measured 122.9 degrees Fahrenheit.

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.

Preparation and/ or execution of the Plan of Correction do not constitute admission by the providers of the truth of the facts alleged, or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared solely as a matter of compliance with state law.

The water temperature in apartment 115 is being monitored and has not exceeded 122 degrees. The Maintenance Manager dialed down the hot water temperature settings and adjusted the alarm parameters on the automated system. Manual checks will also be conducted by the maintenance manager or designee monthly and will be reported and followed through the monthly quality Management Program.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) EXECUTIVE DIRECTOR Date 6/2/17

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

The above plan of correction is approved as of 7/11/17 (Date)

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

Plan of correction implementation status as of 7/11/17 (Date)

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

Violation Report: 17663 - 05/08/2017 - Gray, Dean
 PCH Name: ROSEMONT PRESBYTERIAN VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 On 05/08/17, the following residents PRN medications were not available;
 - Resident #1, Muclnex 600 mg Extended Release Tablet
 - Resident #2, Bisacodyl 10 mg Rectal Suppository

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.

Preparation and/ or execution of the Plan of Correction do not constitute admission by the providers of the truth of the facts alleged, or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared solely as a matter of compliance with state law.

Above Medication for resident #1 and #2 were ordered at time of survey and are available for as needed use. Med Carts have been reviewed to ensure availability of PRN medications. Going forward, carts will be audited at random by PC manager or designee looking specifically for compliance with availability of as needed medications. Will report findings through monthly quality management program .

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) EXECUTIVE DIRECTOR	Date 6/2/17
--	----------------

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

The above plan of correction is approved as of <u>7/11/17</u> (Date)	Plan of correction implementation status as of <u>7/11/17</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

Violation Report: 17663 - 05/08/2017 - Gray, Dean
 PCH Name: ROSEMONT PRESBYTERIAN VILLAGE

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 #1's Cepacol Sore Throat Cherry 15-3.6 mg Lozenge does not match the medication label of Cepacol Sore Throat 15-2.6 Lozenge (flavor not listed) in the medication cart.

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.

Preparation and/ or execution of the Plan of Correction do not constitute admission by the providers of the truth of the facts alleged, or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared solely as a matter of compliance with state law.

In reviewing original physicians order, a dose is not indicated for the cepacol (cough drop) as this is an over the counter medication that is not customarily prescribed by dose, but rather quantity. Additionally, dose is not a factor in selecting the medication, but flavor preference is; which contributes to varying amounts of active ingredients. The reason for difference in exact dose is because a dose must be selected in the electronic record in order to place the medication on the MAR. Please see attached original order, supporting physicians statement from the ordering physician. We respectfully request withdrawal of this violation.

Nursing staff have been in-serviced on entering a note into the electronic system to indicate dosage may vary based on flavor.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/12/2016	
-----------------------	-----------------------------------	------------	--

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

Printed Name and Title of Legal Entity Representative **DIRECTOR** Date **6/2/17**
 (Required on EVERY Page)

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

The above plan of correction is approved as of <u>7/11/17</u> (Date)	Plan of correction implementation status as of <u>7/11/17</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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: 17663 - 05/08/2017 - Gray, Dean
 PCH Name: ROSEMONT PRESBYTERIAN VILLAGE

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

2a. DESCRIPTION OF VIOLATION
 - On 05/08/17, Resident #3's Acetaminophen 325 mg Capsules were not available for administration.
 - On 05/08/17, Resident #4's Tamsulosin 0.4 mg Ext Release 24 hr Capsules were not available for administration.
 - On 05/07/17, Resident #4's Allopurinol 100 mg tablet was not available for 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.

Preparation and/ or execution of the Plan of Correction do not constitute admission by the providers of the truth of the facts alleged, or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared solely as a matter of compliance with state law.

Medication for resident 3, and 4 were ordered or located at the time of the survey and are available for routine administration. An audit was conducted to ensure compliance with medication availability for the residents. Going forward, the personal care manager or designee will audit the medications at random on a monthly basis. Results will be reported and monitored through the community Quality Management Program.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) EXECUTIVE DIRECTOR.	Date 6/2/17
---	-------------

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

The above plan of correction is approved as of <u>7/11/17</u> (Date)	Plan of correction implementation status as of <u>7/11/17</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