



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 14 2017

Mr. James P. Harrison III,
Vice President
Harrison Senior Living of Coatesville, LLC
300 Strode Avenue
Coatesville, Pennsylvania 19320

RE: Harrison Senior Living of Coatesville
License #: 105660

Dear Mr. Harrison:

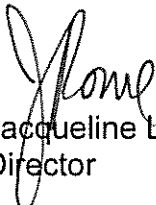
As a result of the Department of Human Services' annual licensing inspection on May 15, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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,


Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 10566 - 05/16/2017 - Gray, Dean
 PCH Name: HARRISON SENIOR LIVING OF COATESVILLE

1. REGULATION 55 Pa.Code §2600
 2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION

- Staff person A was hired on [redacted] 16, the criminal background check was completed on 08/17/16.
- Staff person B was hired on [redacted] 16, the criminal background check was completed on 12/06/16.

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.

Ongoing, all criminal background checks for new hirers will be completed on or before date of hire in accordance with regulation 2600.52.

The responsibility for completing criminal background checks will now be the responsibility of the front office manager.

The Executive Director will be responsible for the monitoring and overseeing to ensure compliance. Monitoring will be done on a monthly basis.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jean C. Bryan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jean C. Bryan Ex. Director</i>	Date <i>6/27/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/6/17
 (Date)

Plan of correction implementation status as of 7/6/17
 (Date)

The above plan of correction was approved by *JW*
 (Initials)

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

Violation Report: 10566 - 05/15/2017 - Gray, Dean
 PCH Name: HARRISON SENIOR LIVING OF COATESVILLE

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

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed insulin (Novolog) on a sliding scale. On 05/13/17 the 8:00 PM, glucose reading on the medication administration record (MAR) recorded was 350 mg/dl and 12 units were administered per the sliding scale. However, the glucometer reading for 05/13/17 at 7:13 PM reads 396 mg/dl which equates to 16 units of insulin should have been administered.

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.

Employee on duty for May 13, 2017 was interviewed and was unable to give explanation for error. Employee was disciplined for medication error according to facilities employee hand book,

Reportable incident report was filed with the Department of Human Services on May 20, 2017.

All nurses and medication techs were re-in serviced on the facilities glucometer policy and procedure on May 25, 2017.

Ongoing, the overnight shift supervisor will monitor the readings on the glucometers in building weekly. The Director of Resident services will monitor monthly.

Documentation of the glucometer readings will be maintained per Department review (u)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jan C. Bryan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jean C. BRYAN, EX. DIRECTOR</i>	Date <i>6/27/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>7/20/17</i> (Date)	Plan of correction implementation status as of <i>7/20/17</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 10568 - 05/15/2017 - Gray, Dean
 PCH Name: HARRISON SENIOR LIVING OF COATESVILLE

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 The preadmission screening form for resident #1, admitted [redacted] /16, which includes the determination that the home can meet the resident's service needs, is dated 05/19/15.

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.

An error of the year was made on the screening in question.

All preadmission screenings forms will continue to be done within 30 days prior to admission date in accordance with regulation 2600.224(a).

A review of the policy on preadmission screenings was reviewed at the Quality Assurance Meeting.

The Executive Director will ensure compliance by doing an audit on all new admissions weekly.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jean C. Bryan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jean C. Bryan EX. DIRECTOR</i>	Date <i>6/27/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/6/17
 (Date)

Plan of correction implementation status as of 7/6/17
 (Date)

The above plan of correction was approved by *JCB*
 (Initials)

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