



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 16 2017

Mr. Edward Brubaker,
President/CEO
Hatfield Mennonite Homes, Inc.
275 Dock Drive
Lansdale, Pennsylvania 19446

RE: Oakwood Court
License #: 127960

Dear Mr. Brubaker:

As a result of the Department of Human Services' annual licensing inspection on June 5, 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: 12786 - 06/05/2017 - Weaver, Tina
 PCH Name: OAKWOOD COURT

1. REGULATION 55 Pa. Code §2600
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
 - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 - (3) Care for residents with dementia and cognitive impairments.
 - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 - (5) Personal care service needs of the resident.
 - (6) Safe management techniques.
 - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The annual training provided to direct care staff person A in training year 2016 did not include Safe management techniques.

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.


Enclosed is a copy of the in-service schedule for 2016 to 2018. Also is a list of the completed course of the employee including her completion date. The safe management technique was assigned in January. This course describes how to handle difficult behaviors and positive interventions that modify or eliminate the behaviors. There is also safe crisis management in-service that is scheduled in March which focus on preventing and managing crisis and improving safety in our community. The Director of PC monitors the courses quarterly to ensure that the staff is completing the assigned in-services

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kathy Moskowitz RN, MBA, PCN* Date *8/17/17*

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

The above plan of correction is approved as of <u>8/22/17</u> (Date)	Plan of correction implementation status as of <u>8/28/17</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: 12796 - 06/05/2017 - Weaver, Tina
 PCH Name: OAKWOOD COURT

1. REGULATION 55 Pa.Code §2600
 2600.86(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 no lid on the green trash can located in the kitchen.

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 staff meeting on August 29, 2017 will review the importance that all trash cans must have lids. This will be monitored with periodic spot check by the dining services manager throughout each month.

Repeat Violation: No	Date(s) of Previous Violation(s): No	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Kathy Moskowitz RN, MBA, PCHL		8/17/17

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Violation Report: 12796 - 06/05/2017 - Weaver, Tina
 PCH Name: OAKWOOD COURT

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 The home's designated evacuation time from the Fire safety expert is 5 minutes. On 5/26/17, the home's fire drill evacuation times were:
 Personal Care: 8 minutes.
 SDCU: 5 minutes and 44 seconds.

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 community has monthly fire drills. On 5/26/17 the fire drill was on the 11-7 shift. Due to the fact that it was in the middle of the night and the residents were sleeping, 2 residents fell resulting in a prolonged evacuation time. A staff meeting on August 29 will reinforce the importance of timeliness of fire drill including resident safety. The staff will continue to have annual in-services and the Director of PC will continue to monitor for compliance of the in-service quarterly.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kathy Mickwitz RN, MBA, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathy Mickwitz* Date *8/17/17*

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 (Date)

Plan of correction implementation status as of *8/29/17*
 (Date)

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

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

Violation Report: 12796 - 06/05/2017 - Weaver, Tina
 PCH Name: OAKWOOD COURT

1. REGULATION 56 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident # 1 last medical evaluation was completed on 02/10/17. The previous DME was completed on 11/11/15.

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.

Each resident shall have a yearly annual medical evaluation. A file with each resident's name is assigned to the month when their medical evaluation is due. The night shift nurse will alert the staff when an upcoming evaluation needs to be performed. The care coordinator will monitor the process quarterly.

The administrator is responsible for continued compliance @

Repeat Violation: No	Date(s) of Previous Violation(s):	NO
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Signature]</i>	RN MBE PCAL
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>[Signature]</i>	Date 8/17/17
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Violation Report: 12798 - 08/05/2017 - Weaver, Tina
 PCH Name: OAKWOOD COURT

1. REGULATION 65 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
 The home did not have Resident # 2's medication, Bio-Freeze (PRN).

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 medication order for resident #2 was Bio-freeze. The medication was a daily order and a PRN order. The staff meeting on Aug 29, 2017 will review with the staff when 2 separate physician orders for a resident that 2 individual bottles need to be obtained from the pharmacy. This will be monitored by quarter medication cart audits to be performed by the pharmacy.

Repeat Violation: No	Date(s) of Previous Violation(s):	NO
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Kathy Mischwitz RN MBE PCHC		8/17/17
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Violation Report: 12796 - 06/05/2017 - Weaver, Tina
 PCH Name: OAKWOOD COURT

- 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 # 3 does not include staff's initials for the 8:00 pm administration of Senna Tabs on 06/01/17.

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.

A staff meeting on August 29, 2017 will review the significance of signing out medication after dose given. The oncoming shift will review every resident's MAR to double check that each box has a initial in order to continue compliance with medication administration. The care coordinator will monitor monthly for compliance.

She administrator is responsible for continued compliance @

Repeat Violation: No	Date(s) of Previous Violation(s): <u>NO</u>	
Signature of Legal Entity Representative <i>Kathy Mischak RN MBA PCH</i>		
Printed Name and Title of Legal Entity Representative <i>Kathy Mischak</i>		Date <u>8/17/18</u>

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Violation Report: 12796 - 06/05/2017 - Weaver, Tina
 PCH Name: OAKWOOD COURT

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

2a. DESCRIPTION OF VIOLATION
 The home did not have Resident # 2's medication, Bio-Freeze prescribed to be applied to the knees daily.

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 medication order for resident #2 was Bio-freeze. The medication was a daily order and a PRN order. The staff meeting on Aug 29, 2017 will review with the staff when 2 separate physician orders for a resident that 2 individual bottles need to be obtained from the pharmacy. This will be monitored by quarter medication cart audits to be performed by the pharmacy.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kathy Miskowitz RN, MBE PC-DA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathy Miskowitz* Date *8/27/17*

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