



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to INSPIRIT MACUNGIE OPERATOR LLC
LEGAL ENTITY

To operate THE WILLOW, AN INSPIRIT SENIOR LIVING COMMUNITY
NAME OF FACILITY OR AGENCY

Located at 6488 ALBERTIS ROAD, MACUNGIE, PA 18062
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 67
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 14, 2017 until December 14, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226811**

Robert E. Robinson
ISSUING OFFICER

Jay Bank
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 12 2017

Ms. Amy Kehrer
Regional Director
Inspirit Macungie Operator LLC
6488 Alburtis Road
Macungie, Pennsylvania 18062

RE: The Willow, an Inspirit Senior Living Community
License #226811

Dear Ms. Kehrer:

As a result of the Department of Human Services' (Department) licensing inspection on May 18, 2017 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the 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.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: The Willow, an Inspirit Senior Living Community		License Number: 22681
Address: 6488 ALBURTIS ROAD, MACUNGIE, PA 18062		County: Lehigh
Administrator: Brandi Williard		Region: NORTHEAST
Legal Entity Name: Inspirit Macungie Operator, LLC		
Legal Entity Address: 6488 ALBURTIS ROAD, MACUNGIE, PA 18062		
Certificate(s) of Occupancy		
C-2 LP 03/08/2003 L&I	Other 09/03/2013 Lower Macungie	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 65	Waking Staff: 49
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
New		
On-Site Inspections Dates and Department Representatives On-Site		
05/18/2017: Novak, Ryan; Rushin, Julienne; Deluca, Amy		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 67	Number of Residents who:	
Number of Residents Served: 61	Receive Supplemental Security Income: 2	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 56	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 2	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 4	
Number of Current Hospice Residents: 2	Have a Physical Disability: 2	
Number of Hospice Residents in past year: 6		

226810

Violation Report: 21872- 05/18/2017 - Novak, Ryan
PCH Name: THE VILLAGE AT WILLOW LANE *The Willow, an Inspirit SLC* 22681

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
Resident #1 did not receive the prescribed magnesium oxide on 5/18/17 at 8pm. The home did not submit an incident report to the Department regarding the medication error.

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.

See attached 2A

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brandi Wittard* Date *5/26/17*

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

The above plan of correction is approved as of *5-29-17*
(Date) *30*

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

Plan of correction implementation status as of *5-28-17*
(Date) *30*

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

22681

2A 2600.16(c)

On 5/16/2017 Resident #1 did not receive Magnesium Oxide because on 5/16/2017 the PCP faxed the PCH a revised medication list in which the mag oxide was not listed. Since the list of meds received from the PCP on 5/16/2017 did not list the Magnesium oxide, Pharmacy transcribed the list accurately omitting the Magnesium oxide. So, the medication was not given because it was not listed on the Physicians med list. Our team did not perceive this as a medication error because the Physicians list received on 5/16 did not list the medication as an ordered medication.

Our Nursing team immediately reached out to the PCP for clarification because our team had no previous order showing the Mag. Oxide was to be discontinued. Our Nursing team followed the orders received on 5/16 and did not administer the Mag oxide.

After continued attempts to reach the PCP our nursing team finally received a discontinue order for the Mag Oxide on 5/19/2017 as it appeared to be the PCP's intent with the 5/16/2017 med list.

Our Nursing team will always reach out to PCP's for clarification of orders when there is a discrepancy such as this. Our team takes it very seriously to follow PCP orders when they arrive, in addition if there are changes not already noted as in the 5/16 situation our nursing team will follow through with the most current PCP medication list until clarification can be obtained.

Staff has been educated that reportable incidents must be reported within twenty-four hours. Our team faxed a reportable incident explaining the situation on 5/18/2017 after being notified that we were in violation per the inspector.

The Nursing Supervisor and/or Administrator will continue to monitor medication lists, and will always notify Physician(s) of order discrepancies. The Nurse Supervisor/Administrator will continue to forward all medication lists from PCP's to the Pharmacy for transcription, in addition our Nursing team confirms the EMAR is accurate according to the most current PCP medication list. Any discrepancies will be clarified prior to any medication administration. If this is a medication error for following the most current med list from the PCP we will forward a reportable incident timely. The oversight of this and compliance responsibility again, will fall on the Nurse Supervisor and Administrator.

Brandi Willard 5/26/2017

Brandi Willard

ack 5/26/17

JD

226810

Violation Report: ~~21873~~ - 05/18/2017 - Novak, Ryan
PCH Name: THE VILLAGE AT WILLOW LANE The Willow an Insp. # 5LC 22681

1. REGULATION 55 Pa.Code §2600
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations

2a. DESCRIPTION OF VIOLATION
The home has carbon monoxide detectors installed on the walls in the following areas of the home: approximately 4' across from the gas fueled industrial dryer in the first floor laundry room; directly above the gas clothes dryers on the first and second floor laundry rooms; approximately 3' from the 6 gas fueled hot water heaters in the first floor maintenance room and approximately 12' from the gas fueled stove in the second floor kitchen. None of the 6 detectors are installed within 15' of the fuel burning source.
More than
only 5 - 29 - 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.

The Carbon Monoxide detectors are installed according to regulation 2600.18 and the description listed on the citation validates that. Though, at the recommendation of BHS our home has moved carbon monoxide detectors a little further away from the appliances they monitor.

Any device in an enclosed location such as the detector located directly above the gas clothes dryer on the first and second floors have been moved outside of the laundry facilities' and are now approx 12-15 feet away from the source in a common hallway not in the same room as the appliance. With the request by BHS to relocated the installed detectors, our team ensured the detectors stayed within the 15 feet of the appliance

The Administrator and Maintenance Supervisor will ensure carbon monoxide detectors are within 15 feet of gas source but not directly above it.

The Act states "not less than 15 feet from the fossil fuel burning device".

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

Signature of Legal Entity Representative (Required on EVERY Page) Brandi Willard

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Brandi Willard Date 5/26/17

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

The above plan of correction is approved as of 5/29/17 (Date) 30	Plan of correction implementation status as of 5/28/17 (Date) 30
The above plan of correction was approved by [Signature]	<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

226810

Violation Report: 21872 - 05/18/2017 - Novak, Ryan
 PCH Name: THE VILLAGE AT WILLOW LANE *The Willow an Inspirit SLC* 22681

1. REGULATION 56 Pa.Code §2600
 2600.54(a) - Direct care staff persons shall have the following qualifications:
 (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
 (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
 (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person A hired [redacted] 14 has a diploma from the Dominican Republic.

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 Administrator has reached out to the (WES) World Education Services to have the diploma translated to confirm education from the Dominican Republic is at a level or higher to the American High School Diploma education. At this time staff person A is out of the facility on FMLA, should she return to work prior to the confirmation/translation of her diploma she will be assigned other duties within the Housekeeping or Dietary department if she wishes to continue employment.

Once the translation of education diploma has been received, we will forward all documents to BHS along with a waiver request.


Moving forward the Business Office Manager has been educated that any diploma's in another language must be validated prior to working in the Nursing Dept. The Administrator will serve as the person responsible for overseeing new hires from this date forward and ensuring the waiver is in place should education credentials need to be interpreted.

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/25/2016

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Brandi Willard* Date *5/26/17*

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

The above plan of correction is approved as of <u>5/29/17</u> (Date) 30	Plan of correction implementation status as of <u>5/29/17</u> (Date) 30
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

226810

Violation Report: 21672 - 05/18/2017 - Novak, Ryan

PCH Name: THE VILLAGE AT WILLOW LANE *The Willow an Inspirit SLC 22681*

1. REGULATION 55 Pa.Code §2600

2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.



2a. DESCRIPTION OF VIOLATION

Department representative noted bed rails in resident rooms 106 and 213. The bed rails were not covered and posed a risk for injury to the residents.

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.

At this time a pillow case has been placed over bed handle (NOT RAILS). The families have been notified that a cover for the bed handle is required.

According to the following web reference (<https://reference.com/science/average-size-human-head-62364d028e431bf3>) the average human head is 6-7 inches wide and 8-9 inches long. As you can see by the attached pictures of room 106 and 213 a bar is placed in the center of the handle to prevent injury. In addition, 213 sleeps in  chair according to  RASP pg 2. Staff has been educated to report any bed attachments that do not have covers.

The Nursing Supervisors and Administrator will ensure bed handles posing harm will be covered with a cover. The Administrator will complete periodic audits of the community apartments to ensure all bed handles have a cover. *The home shall document these audits.*

The dangers / risks referenced also pertain to Limbs. Cf. 5/27/17 30


Repeat Violation: Yes Date(s) of Previous Violation(s): 05/25/2018

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brandi Willard* Date *5/26/17*

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

The above plan of correction is approved as of 5/27/17 (Date) *30*

The above plan of correction was approved by 

Plan of correction implementation status as of 5/27/17 (Date) *30*
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

226810

Violation Report: ~~21672~~ - 05/18/2017 - Novak, Ryan
PCH Name: ~~THE VILLAGE AT WILLOW LANE~~ The Willow an Inspirit SLC 22681

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
The bathroom light/exhaust fans in resident rooms 106, 114 and 314 are clogged with dust and dead insects.

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 lights and ceiling vents have been cleaned.

Housekeeping and maintenance have been educated and notified that moving forward fan exhaust lights must be cleaned monthly and/or as needed. See the attached signature page showing in-service.

The Administrator will conduct periodic walk through of units to ensure dust and debris are free and clear from lights and exhaust vents. The Administrator will be responsible for overseeing the tasks of all departments and that compliance is satisfactory.

See Attachment

2600.95 - A

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

Signature of Legal Entity Representative (Required on EVERY Page) Brandi Willard

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Brandi Willard Date 5/26/17

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

The above plan of correction is approved as of 5/26/17 (Date) Jo

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 5/29/17 (Date) Jo

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

226810

Violation Report: 21872 - 05/18/2017 - Novak, Ryan

PCH Name: THE VILLAGE AT WILLOW LANE The Willow, an Inspirit SLC 22681

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

The freezer section of the Frigidaire freezer/refrigerator did not contain a thermometer.

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 home corrected the violation at time of inspection and placed one thermometer in the freezer on the second floor.

The Directors who host freezers and refrigerators within their department must be responsible for ensuring thermometers do not go missing.

The Administrator has provided written communication regarding regulation 2600.103 (f) to all Directors. The Administrator will need to be responsible in ensuring thermometers are in all freezers and refrigerators.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Brandi W. Willard

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Brandi Willard Date 5/26/17

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

The above plan of correction is approved as of 5/26/17 (Date) 30

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

Plan of correction implementation status as of 5/26/17 (Date) 30

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

226810

Violation Report: ~~24672~~ 05/18/2017 - Novak, Ryan
PCH Name: THE VILLAGE AT WILLOW LANE *The Willow at Inspirit LLC 22681*

1. REGULATION 55 Pa.Code §2600
2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
The evacuation time for the fire drill conducted on 2/28/17 at 9:24am is not indicated on the fire drill log.

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 log has been corrected to show the time. This was an oversight; the time of the drill was recorded on the signature log but not transcribed to the BHS form.

The team will continue to log all documentation according to the fire drills performed on the BHS form. We will have two Team members verify the form is complete and accurate with each drill monthly.

The Administrator will oversee the process and ensure compliance moving forward. *- by reviewing the home's fire drill log on a monthly basis. Cf. 5/18/17 30*

Repeat Violation: Yes Date(s) of Previous Violation(s): *01/13/2017*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brandi Willard* Date *5/26/17*

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

The above plan of correction is approved as of *5/18/17* (Date)

Plan of correction implementation status as of *5/19/17* (Date)

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

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

226810

Violation Report: 24672 - 05/18/2017 - Novak, Ryan
PCH Name: THE VILLAGE AT WILLOW LANE The Willow, an inspect LLC 22681

1. REGULATION 55 Pa.Code §2600
2800.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
The home's fire drill logs indicated that resident #2 refused to evacuate during the drill conducted on 2/28/17 at 9:24am.

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.

With education and encouragement, resident did not want to evacuate and [redacted] was verbally notified [redacted] was in violation of house rules. Our team will not violate the resident rights, nor force [redacted] to leave the building. [redacted] POA was informed of the violation and resident #2 also received written notifications that [redacted] was in violation of house and fire safety rules, and [redacted] contract may be terminated if [redacted] continues refuse to evacuate during drills.

Our team continues to work with Fire Safety experts who conduct resident fire drill instruction to the residents. In addition we will ask the Fire Department for support in educating the resident of the importance of fire safety procedures.

The Administrator will continue to educate resident in writing regarding the need to comply with house rules/fire instruction. If any resident continues to be non-compliant with drills a thirty day termination notice may be given at the discretion of the home.

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/13/2017 11/02/2016

Signature of Legal Entity Representative (Required on EVERY Page) Brandi Willard

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Brandi Willard Date 5/26/17

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

The above plan of correction is approved as of 5-30-17 (Date)

Plan of correction Implementation status as of 5-30-17 (Date)

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

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

226810

Violation Report: ~~24672~~ - 05/18/2017 - Novak, Ryan
PCH Name: THE VILLAGE AT WILLOW LANE *The Willow at Inspirit SLC 22681*

1. REGULATION 55 Pa.Code §2600
2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION
Resident #3's DME dated 2/23/17 indicates he/she cannot self-administer medications. Department representative noted a tube of Triple Antibiotic Ointment in the resident's locked room next to his/her recliner.

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 order has been requested from the PCP to permit resident #3 to keep [REDACTED] Neosporin ointment and to self administer. The ointment was given to [REDACTED] by Podiatry.

The Nursing team is very diligent in their attempts to capture every resident, Physician, and or family member that brings the patient an OTC medication. We always attempt to get orders from the PCP to avoid said violation.

Nursing Supervisor will conduct apartment surveillance every 3 months trying to ensure any medications left at bedside has an order from the PCP stating Resident is permitted to self administer. The administrator will oversee and attempt to ensure compliance.

See Attachment

2600.181(c) - A

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brandi Williard* Date *5/26/17*

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

The above plan of correction is approved as of *5-30-17* (Date)

Plan of correction implementation status as of *5-30-17* (Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

226810

Violation Report: 21672 - 05/18/2017 - Novak, Ryan
PCH Name: THE VILLAGE AT WILLOW LANE The Willow an Implicit SL C 22681

1. REGULATION 55 Pa.Code §2600
2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:
(1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
(2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
(3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
(4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
The home currently serves residents that have PRN medications. On 5/6/17 from 11p-7am the home did not have anyone trained to administer medications.

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 home has scheduled licensed team members for any open shifts.

The home at times has emergency situations in which licensed personnel may not be available. The Administrator will assume the role to pass medications to ensure care is compliant and PRN medications are available and given accurately. The current Administrator is a train the trainer, has completed diabetic education, and has an associate degree in Nursing. Our hiring process is always continuous in finding qualified licensed clinicians to oversee oral medication administration.

Moving forward our team is committed in ensuring licensed staff coverage. The Administrator will ensure the compliance of this regulation with the understanding resident medication will NOT be compromised if a licensed clinician is unavailable, for the simple fact the Administrator in emergency cases will be present to provide care.

Adm will cover shifts w/ a med tech or licensed staff if needed. Adm will document those hours on the home's schedule.

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

Signature of Legal Entity Representative (Required on EVERY Page) Brandi Williard

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Brand Williard Date 5/26/17

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

The above plan of correction is approved as of 5-30-17 (Date) confirmed via e-mail.

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

Plan of correction implementation status as of 5-30-17 (Date)

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

226810

Violation Report: 21672 - 05/18/2017 - Novak, Ryan
PCH Name: THE VILLAGE AT WILLOW LANE *The Willow an Inspirit SLC 22681*

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #4's Albuterol Sulfate Inhalation Solution found in the 1st floor medication cart had an expiration date of April 2017 and his/her Nystatin expired November 2016.
The refrigerator in the medication room contained a vial of Insulin that was prescribed for resident #5 who no longer lives in the home.

Resident #6's mucinex and loperamide were located in the cabinet, the resident no longer lives in the home.

Resident #7's senna plus was located in the cabinet, the resident no longer lives in the home.

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.

Medications were destroyed or disposed of at time of inspection

For resident #4 new Albuterol and nystatin powder were ordered for this resident

Residents #5, #6, #7 all vacated the PCH in April 2017 or early May 2017 and the family did not pick up the supply. The home will be timely in disposing of OTC medications left behind by resident who have vacated the premise.

All Nursing team members will be educated on Jun 1 2017 that all medications must be disposed of within seven days of any resident vacating the premise. In addition all Nursing team members must complete med cart audits weekly, ensuring medications are not expired. Signature sheets of training will be submitted to the Regional office. The Nurse Supervisor and Administrator will oversee random audits of the carts and overflow cabinets in trying to ensure compliance with medication disposal and expiration.

Documentation of these audits will be retained by the home. Of. 5/26/17

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/25/2016

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brandi Williard* Date *5/26/17*

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

The above plan of correction is approved as of *5/28/17*
(Date)
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Plan of correction implementation status as of *5/28/17*
(Date)
30

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

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

226810

Violation Report: 21872 - 05/18/2017 - Novak, Ryan
PCH Name: THE VILLAGE AT WILLOW LANE The Willow an Inspirit LLC 22681

1. REGULATION 55 Pa.Code §2600
2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
A loose pill, pale yellow in color with UL on one side and the number 75 on the other was found towards the back of the bottom drawer of the 1st floor 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.

One pill was dropped in the cart at an unknown time; the pill was disposed of at time of inspection.

The Med Techs and LPN's will be educated On June 1, 2017 to ensure carts remain free and clear of loose medications and meds are kept organized.

The Nurse Supervisor will periodically audit the carts to ensure medications are maintained in an organized manner. The Nurse Supervisor and the Administrator will conduct audits ensuring med carts are orderly.

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

Signature of Legal Entity Representative (Required on EVERY Page) Brandi Williard

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Brandi Williard Date 5/26/17

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

The above plan of correction is approved as of 5/26/17 (Date)

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

Plan of correction implementation status as of 5/26/17 (Date)

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

226810

Violation Report: 21072 - 05/18/2017 - Novak, Ryan
PCH Name: THE VILLAGE AT WILLOW LANE *The Willow and Inspire SLC 22681*

1. REGULATION 55 Pa.Code §2600
2800.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION

A bottle of B complex with folic acid and vitamin C and a bottle of certizine was located in the overflow cabinet, the medications do not include a residents name.

Resident #8's aspirin did not include the residents name.

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 excess bottles were disposed of at time of inspection.

The home has implemented a process of ensuring all OTC meds, brought in by family are labeled with the residents name at time of admission. The team has created mailing label sheets for every resident to place on med bottles brought into the PCH. The name labels will be available in the nursing chart.

Labels have been placed on any bottle with just room # on it.

The Nurse Supervisor will oversee the compliance of this process ensuring all bottles in the med cart and overflow cabinets have a name label. In addition, the Nurse Supervisor will oversee destroying or disposing of any OTC meds left behind by family members.

The Nurse Supervisor and Administrator will conduct monthly audits ensuring bottles have appropriate labels and the PCH is in compliance.

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

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

Printed Name and Title of Legal Entity Representative *Brandi Williard* Date *5/26/17*
(Required on EVERY Page)

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

The above plan of correction is approved as of *5/29/17*
(Date)

Plan of correction implementation status as of *5/29/17*
(Date)

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

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

226810

Violation Report: 21672 - 05/18/2017 - Novak, Ryan
PCH Name: THE VILLAGE AT WILLOW LANE The Willow, an Inspirit SLC 22681

1. REGULATION 55 Pa.Code §2600
2600.167(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
On 5/14/17 at 6:00am resident #9's glucometer indicates a blood glucose level of 169; a level of 158 is indicated on the medication administration record.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

This was one wrong data entry error in which the wrong key stroke was transcribed.

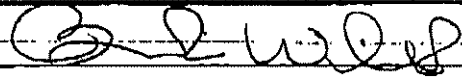
Education/in service will occur on Jun. 1 2017 educating Med Techs and LPN's to be more careful when entering data into the EMAR. Staff has been asked to make a Nursing note, should a data entry error occur. In addition, the Med Techs and LPN's are to notify the Supervisor of the error so that proper documentation and oversight can be taken. Direct Care staff does not have access to edit the EMAR.

The Nursing Supervisor will oversee the compliance of data entry, by periodically completing glucometer and EMAR audits. This process will confirm data entered is correct and the PCH remains compliant.

The Nurse Supervisor and/or Administrator will complete monthly audits reviewing data entry and ensuring compliance.

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

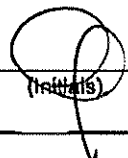


Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Brandi Williard

Date 5/26/17

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The above plan of correction is approved as of 5/29/17 (Date) 30	Plan of correction implementation status as of 5/29/17 (Date) 30
The above plan of correction was approved by 	<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

226B10

Violation Report: 24672 - 05/18/2017 - Novak, Ryan
PCH Name: THE VILLAGE AT WILLOW LANE The Willow, an Insipit LLC 22681

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

2a. DESCRIPTION OF VIOLATION
Resident #1 did not receive the prescribed magnesium oxide on 5/16/17 at 8pm.

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.

See Attachment 2600.187(d) - A

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

Signature of Legal Entity Representative (Required on EVERY Page) Brandi Williard

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Brandi Williard Date 5/26/17

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

The above plan of correction is approved as of 5/25/17 (Date) 30
please see p 16 of 17.

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

Plan of correction implementation status as of 5/25/17 (Date) 30

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

22681

2600-187(d) - A

P 16 Aug 17

On 5/16/2017 Resident #1 did not receive her Magnesium Oxide because on 5/16/2017 the PCP faxed the PCH a medication list from their office. The current list received on 5/16/2017 did not list the Magnesium oxide. Since the list of meds received from the PCP's office on 5/16/2017 did not list the Magnesium oxide, Pharmacy transcribed the list accurately omitting the Magnesium Oxide. Our Nursing team did not administer the med. Instead the Nurses immediately reached out to the PCP for clarification, because our team had no order prior to 5/16 indicating the Magnesium Oxide was to be discontinued.

Our Nursing team followed the orders received on 5/16 and did not administer the Magnesium oxide Though continued to make several attempts to reach the PCP 5/16, 5/17 and 5/18 to get clarification on the order.

Finally on 5/19/2017 the PCP sent clarification advising our team to discontinue to the Magnesium Oxide. It appears the PCP's intent was to discontinue the med but failed to forward us an order prior to 5/16/2017 medication list.

Our Nursing team will always reach out to PCP for clarification of orders when there is a discrepancy. Our team takes medication orders very seriously and consciously follows PCP orders when they arrive at our facility.

The Nursing Supervisor and/or Administrator will continue to monitor medication lists, and will always notify Physician(s) of order discrepancies that have not been resolved with previously written orders. The Nurse Supervisor/Administrator will continue to forward all medication lists from PCP's office to the Pharmacy for transcription, in addition our Nursing team confirms the EMAR is accurate according to PCP medication lists received. Any discrepancies will be clarified prior to any medication administration.

The Administrator and Nursing Supervisor will monitor orders and discrepancies for compliance.

Brand: Willard

Brand: Willard 5/24/17

ack. 5/29/17
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216810

Violation Report: 216810 - 05/16/2017 - Novak, Ryan
PCH Name: THE VILLAGE AT WILLOW LANE The Willowen Inspirit LLC 22681

1. REGULATION 55 Pa.Code 52600
2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #1 did not receive the prescribed magnesium oxide on 5/16/17 at 8pm. The home did not contact the prescriber regarding the medication error.

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.

See Attached 188(b) - A

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) Date

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

The above plan of correction is approved as of 5/29/17 (Date)

Please see p. 17A & 17.

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 5/29/17 (Date)

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

22681

188(b) - A

P17A 8/17

On 5/16/2017 Resident #1 did not receive Magnesium Oxide because on 5/16/2017 the PCP faxed the PCH a medication list from their office. The current list received on 5/16/2017 did not list the Magnesium oxide. Since the list of meds received from the PCP's office on 5/16/2017 did not list the Magnesium oxide, Pharmacy transcribed the list accurately omitting the Magnesium Oxide. Our Nursing team did not administer the med. Instead the Nurses immediately reached out to the PCP for clarification, because our team had no order prior to 5/16 indicating the Magnesium Oxide was to be discontinued. Our team did not perceive this as a medication error.

Our Nursing team followed the orders received on 5/16 and did not administer the Magnesium oxide. Though continued to make several attempts to reach the PCP 5/16, 5/17 and 5/18 to get clarification on the order.

Finally on 5/19/2017 the PCP sent clarification advising our team to discontinue to the Magnesium Oxide. It appears the PCP's intent was to discontinue the med but failed to forward us an order prior to 5/16/2017 medication list.

Our Nursing team will always reach out to PCP for clarification of orders when there is a discrepancy. Our team takes medication orders very seriously and consciously follows PCP orders when they arrive at our facility.

The Nursing Supervisor and/or Administrator will continue to monitor medication lists, and will always notify Physician(s) of order discrepancies that have not been resolved with previously written orders. The Nurse Supervisor/Administrator will continue to forward all medication lists from PCP's office to the Pharmacy for transcription, In addition our Nursing team confirms the EMAR is accurate according to PCP medication lists received. Any discrepancies will be clarified prior to any medication administration.

The Administrator and Nursing Supervisor will monitor orders and discrepancies for compliance.

OK
P.P. 5/29/17
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