



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 15 2017

Ms. Tracy Roman,
Executive Director
Phoebe Richland Health Care Center
108 South Main Street
Richlandtown, Pennsylvania 18955

RE: Meadow Glen at Phoebe Richland
License #: 142250

Dear Ms. Roman:

As a result of the Department of Human Services' annual licensing inspection on July 6, 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: 14226 - 07/08/2017 - Parker, Shawn
PCH Name: MEADOW GLEN AT PHOEBE RICHLAND

1. REGULATION 55 Pa.Code §2600
2800.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
On 07-08-17 Oxycod / Apap tab 5 - 325 mg was found in the medication cart but not on the MAR for resident # 1

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Includes 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 7/16/17 medication immediately destroyed at facility by two nurses due to medication previously DK'd.

11-7 Supervisor will audit the medication cart monthly comparing the medication to the meds in the med cart to ensure that there is no medication that has been DK. If medication is noted, it will be destroyed at the facility or returned to pharmacy. Nursing staff also re-educated on the importance of when a medication is DK'd to remove it from the med cart and either destroy it or return it to pharmacy. If any further issues are found, the responsible staff will be re-educated.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Amy Aulenbach, PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Amy Aulenbach, PCHA* Date *7/19/17*

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

The above plan of correction is approved as of *7/19/17*
(Date)

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

Plan of correction implementation status as of *7/19/17*
(Date)

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

Violation Report: 14226 - 07/08/2017 - Parker, Shawn
PCH Name: MEADOW GLEN AT PHOEBE RICHLAND

1. REGULATION 55 Pa.Code §2500

2800.187(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 includes Mesnex 400 mg tabs. Give 1.5 tab every 2 hours for post chemotherapy. Medication written on MAR, however resident no longer takes medication.

The medication administration record for resident # 2 includes Mesnex 400 mg tabs. Give 1.5 tab every 6 hours for post chemotherapy. Medication written on MAR, however resident no longer takes medication.

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.

11-7 Supervisor will audit the med cart monthly + compare the EMAR/TAR with the medications to ensure that all current medications are on hand and in the medication cart + treatment tote.

All licensed staff re-educated regarding proper process for discontinuing medications on 7/6/17 and 7/7/17. An email was also sent to all licensed staff on the process on 7/6/17 and 7/7/17. If any further issues are found staff will be re-educated.

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/13/2017

Signature of Legal Entity Representative (Required on EVERY Page) *DMF Aulenbach, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DMF Aulenbach, PCHA* Date *7/19/17*

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The above plan of correction is approved as of *7/19/17* (Date)

Plan of correction implementation status as of *7/19/17* (Date)

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

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

Violation Report: 14225 - 07/06/2017 - Parker, Shawn
PCH Name: MEADOW GLEN AT PHOEBE RICHLAND

1. REGULATION 55 Pa. Code §2600
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
Resident #2 participated in the development of their support plan on 08-08-16. The resident did not sign the support plan.

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.

Nursing Supervisor and Administrator will review all RASP's to ensure that they are all signed by all parties involved in creating and updating the RASP's.

Resident #2 signed RASP immediately upon printing RASP (initial) during inspection on 7/6/17.

All licensed staff re-educated on the RASP process and having all parties that are involved sign the RASP when completed. Re-education done on 7/6/17 and 7/7/17. An email was also send to all licensed staff on the process.

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

Signature of Legal Entity Representative
(Required on EVERY Page) Amy Aulenbach, PCHA

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Amy Aulenbach, PCHA Date 7/19/17

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The above plan of correction is approved as of 7/19/17
(Date)

Plan of correction implementation status as of 7/19/17
(Date)

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

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

Violation Report: 14226 - 07/08/2017 - Parker, Shawn
PCH Name: MEADOW GLEN AT PHOEBE RICHLAND

1. REGULATION 55 Pa.Code §2600

2800.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident # 3, admitted to the SDCU on [redacted] 18. The resident has a DME dated 09-14-16 that does not state the need for SDCU care

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 date by which the steps will be completed.

Nursing Supervisor and Administrator will review the DME's upon admission, significant change and annually to ensure that all areas are correct and completed.

On 7/6/17 Resident #3 DME was corrected.

All licensed staff re-educated on the DME process and ensuring all areas are filled in correctly. Re-education done on 7/6/17 and 7/7/17. An email was also send to all licensed staff on the process.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Amy Aulenbach, PCHA

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

Amy Aulenbach, PCHA

Date 7/19/17

DEPARTMENT USE ONLY (HOMES MAY NOT WRITE BELOW THIS LINE)

The above plan of correction is approved as of

7/19/17
(Date)

Plan of correction implementation status as of

7/19/17
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented
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- Not Implemented