



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 27 2017

Ms. Susan DiGiuomo,
Nursing Home Administrator/ED
Maybrook-P Denver OPCO, LLC
400 Lancaster Avenue
Stevens, Pennsylvania 17578

RE: The Gardens at Stevens
License #: 332660

Dear Ms. DiGiuomo:

As a result of the Department of Human Services' annual licensing inspection on July 18, 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 33266 - 07/18/2017 - Comstock, Kelly
 PCH Name: THE GARDENS AT STEVENS

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 6/15/17, Resident #1 was prescribed Coumadin 3.5 mg at bedtime. The medication's label indicated, "take 1 to 3 tablets (1 to 3 mg) daily as directed." On 7/7/17, a new physician's order for Coumadin 1 mg (give 4 tablets by mouth one time daily) was received by the home. The correct dosage was not reflected on the medication's label.

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.

To prevent recurrence,
 Resident #1's medication label was immediately affixed with a direction change sticker on 7/18/17. Resident #1 received the correct medication dose following the order change on 7/7/17 on all days.
 Med Techs have been inserviced and re-educated on the facility procedure to correctly reflect dosage change so that the medication dose label correctly reflects the physician order. *Training took place on 7/19/17, 7/20/17 + 7/21/17. - SE*
 Medication administration and the 5 rights of passing medications have also been reviewed.
 Additionally,
 To ensure the corrective action is maintained, PC Administrator will conduct transaction/order change audits weekly for 4 weeks then monthly thereafter. Results of the audits and any recurring continued outcome will be reviewed at the home's monthly staff meeting and bi- annual QA meeting.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Susan DiGiacomo, NHA

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

Susan DiGiacomo

Date

8/3/17

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The above plan of correction is approved as of 8-4-17
 (Date)

Plan of correction implementation status as of 8-4-17
 (Date)

The above plan of correction was approved by SE
 (Initials)

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