pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: August 23, 2017

Mr. Kevin M. McCollum,
Member
GAHC3 York PA ALF TRS SUB, LLC
18191 Von Karman Avenue Suite 300
Irvine, California 92612

RE: Senior Commons at Powder Mill
1775 Powder Mill Road
York, Pennsylvania 17403
License #: 332100

Dear Mr. McCollum:

As a result of the Department of Human Services' licensing inspection on July 27, 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.

Sincerely,

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: SENIOR COMMONS AT POWDER MILL	**License Number:** 33210
Address: 1775 POWDER MILL ROAD, YORK, PA 17403	**County:** York
Administrator: Russell Stack	**Region:** CENTRAL
Legal Entity Name: GAHC3 YORK PA ALF TRS SUB LLC	
Legal Entity Address: 18191 VON KARMAN AVE SUITE 300, IRVINE, CA 92612	

Certificate(s) of Occupancy

C-2 LP
07/23/2001
Labor and Industry

Staffing Hours

Resident Support: 0 | **Total Daily Staff:** 169 | **Waking Staff:** 127

Type of Inspection: Partial | **BHA Docket Number:** | **Notice:** Unannounced

Reason(s) for Inspection(s)

Incident

On-Site Inspections Dates and Department Representatives On-Site

07/27/2017: Showers, Michael; McCloskey, Jason

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: 166	**Number of Residents who:**
Number of Residents Served: 112	**Receive Supplemental Security Income:** 0
Secured Dementia Care Unit in Home: Yes	**Are 60 Years of Age or Older:** 110
Area: Memory Care	**Have Mental Illness:** 0
Secured Dementia Unit Capacity, if Applicable: 28	**Have an Intellectual Disability:** 0
Number of Residents Served in Secured Dementia Care Unit, if applicable: 21	**Have a Mobility Need:** 57
Number of Current Hospice Residents: 9	**Have a Physical Disability:** 0
Number of Hospice Residents in past year: 13	

RUSSELL STACK, PCHA
Russell Stack
8/17/17

Violation Report: 33210 - 07/27/2017 - Showers, Michael
PCH Name: SENIOR COMMONS AT POWDER MILL

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
On 7/11/2017, Resident 1 was taken to the hospital and received stitches to his/her head after a fall in the home. This incident was never reported to the Department.

Resident 1 was not administered the prescribed Escitolopram 20mg on 7/12/2017, 7/14/2017 and 7/15/2017 and Furosemide 40mg on 7/3/2017 due to these medications not being present and available in the home. These medication errors were never reported to the Department.

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.

- Summary: On 7/11/17 Resident 1 had a fall and was sent to the hospital where [redacted] received 3 stitches. The injury was not perceived to be of "serious bodily injury or trauma" so it was not reported.
- Correction: All falls requiring a hospital visit AND immediate treatment at the hospital (even if considered minor such as 3 stitches) are now reported at Senior Commons.
- Who: The Med Tech on duty.
- When: Effective 8/1/2017.
- How: The Resident Care Director, Resident Care Coordinator, and each Lead Med Tech was trained on all the items that should be reported. The ACG was used as a training tool and a copy was kept for future reference.

* Administration of the home shall review the incident reports sent to the Department during each Quality Management meeting.

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

Signature of Legal Entity Representative (Required on EVERY Page): Russell Stack

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): RUSSELL STACK, PCHA — Date: 8/17/17

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The above plan of correction is approved as of 8/23/17 (Date)

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

Plan of correction implementation status as of 8/23/17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 33210 - 07/27/2017 - Showers, Michael
PCH Name: SENIOR COMMONS AT POWDER MILL

1. REGULATION 55 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
Several ceiling tiles in the activity room have multiple dark brown water stains. The ceiling vent in the center of the activity room has black spots and stains covering the surface.

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.

- Summary: The date of the investigation was July 29, 2017 and the weather had been very hot and humid. The is a HVAC unit in the ceiling above the Activity Room. The unit was "sweating" from the humidity and dripped onto the ceiling tiles and the vent below the unit causing moisture and the darkened spots.
- Correction: We hired Action Refrigeration to uninstall the ceiling unit and reinstall it using an insulated box that will keep the unit from "sweating" and dripping onto the ceiling tiles and vents.
- Who: Action Refrigeration completed the task on August 16, 2017. The Maintenance Director will continue to monitor this unit and similar units during the monthly QA audits.
- When: Monthly.
- How: As noted to the Surveyors at the time of the visit, the Maintenance Director was aware and already had the HVAC company out to repair it. We were awaiting the arrival of the ordered parts. The parts arrived and were installed on August 16, 2017.

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

Signature of Legal Entity Representative (Required on EVERY Page) Russell Stack

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) RUSSELL STACK, PCHA **Date** 8/17/17

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Violation Report: 33210 - 07/27/2017 - Showers, Michael
PCH Name: SENIOR COMMONS AT POWDER MILL

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:
(1) Identify the correct resident.
(2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
(3) Remove the medication from the original container.
(4) Crush or split the medication as ordered by the prescriber.
(5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
(6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
(7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

On 7/27/2017, Licensing Representatives observed a loose peach-colored pill on the night stand in Resident 1's bedroom. The resident stated that he/she found the pill on the floor a "couple of days ago." Licensing Representatives reviewed the resident's medications and the pill was identified as Levothyroxine. Resident 1 is prescribed this 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.

- Summary: This resident likes [redacted] pills placed in [redacted] hand prior to taking them. [redacted] then flings [redacted] hand to [redacted] mouth to take [redacted] pills. One of the pills must have stuck to [redacted] hand or fell from [redacted] hand while [redacted] was moving it towards [redacted] mouth and the dropped pill was not noticed by the Med Tech.
- Correction: Continued monthly training on all stages of Medication Administration including the importance of making sure the pills are not pocketed or dropped.
- Who: The Med Techs handling the medications and Supervisors who are completing audits.
- When: Ongoing.
- How: Monthly trainings, supervisor audits. Immediate retraining was given using the Six Rights of Medication Administration. See attached Schedule B

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

Signature of Legal Entity Representative (Required on EVERY Page)	Russell Stack
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	RUSSELL STACK, PCHA — Date 8/17/17

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Violation Report: 33210 - 07/27/2017 - Showers, Michael
PCH Name: SENIOR COMMONS AT POWDER MILL

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

Resident 1's blood sugar level was not measured as prescribed on 7/12/2017, 7/13/2017 and 7/14/2017 due to test strips for the resident not being present and available 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.

- Summary: The resident was new to the home. ███ had a tough time giving up the Medication Administration to the home. The family and resident asked if ███ could continue to be the one who monitored ███ blood sugar levels as ███ was doing at home. ███ was assessed and seemed capable to complete the task safely. On 7/11/17, the resident dropped the test strips into the sink making them no longer useful. The son was immediately called to get new strips. ███ did not bring the new strips for 4 days. The doctor was notified.
- Correction: It was determined after the incident to no longer allow the resident to test ███ own glucose levels.
- Who: The Med Techs began testing the resident effective 7/15/17.
- When: July 15th and on-going.
- See #4 of Appendix C (Shift Change Responsibilities) and Appendix D (Blood Sugar Confirmation Log).

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

Signature of Legal Entity Representative (Required on EVERY Page): Russell Stack [signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): RUSSELL STACK, PCHA **Date** 8/17/17

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Violation Report: 33210 - 07/27/2017 - Showers, Michael
PCH Name: SENIOR COMMONS AT POWDER MILL

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 glucometer reading recorded on Resident 1's Medication Administration Record (MAR) on 7/26/2017 is 320, while the actual measurement on the glucometer is 230.

Resident 1 was not administered the prescribed Escitalopram 20mg on the evenings of 7/12/2017, 7/14/2017, and 7/15/2017 as confirmed by the MAR pass notes. However, staff initialed the MAR to represent that the medication was given to the resident on these dates.

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.

- Correction: The Medication Tech will read the glucometer and write it / type it on the MAR. Then the Medication Tech will read it again to test for accuracy.
- Correction: Further Medication Technician training has taken place teaching proper input and software system changes have been put in place to make the process less likely for future error.
- Who: Training to the Med Techs and owned by the Resident Care Director.
- When: 8/1/2017 and on-going monthly.
- How: We have completed the one time needed software updates. The Medication Technician on-board training has increased for new hires to one week of shadowing and formal on-going training is completed monthly.
- Please see Appendix E for "Order Approval Process" this is now trained at hire and on-going.

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

Signature of Legal Entity Representative (Required on EVERY Page) Russell Stack

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) RUSSELL STACK, PCHA — **Date** 8/17/17

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Violation Report: 33210 - 07/27/2017 - Showers, Michael
PCH Name: SENIOR COMMONS AT POWDER MILL

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

2a. DESCRIPTION OF VIOLATION
Resident 1's Escitalopram 20 mg, was not given the evenings of 7/12/2017, 7/14/2017, and 7/15/2017 due to the medication not being present and available in the home.

Resident 1's evening dose of Furosemide 40 mg was not administered on 7/3/2017 due to the medication not being present and available in the home.

Resident 1's blood sugar was not measured as prescribed on the mornings of 7/12/2017, 7/13/2017, and 7/14/2017.

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.

- Summary: Software changes and Med Tech training were the root causes for the meds not being given as noted in the prior violation summaries. The missed blood sugar readings were from a time when the resident was still completing ■ own tests.
- Correction A: Further Medication Technician training has taken place teaching proper input and software system changes have been put in place to make the process less likely for future error.
- Correction B: The resident no longer takes ■ own glucose tests. Senior Commons completes all glucose readings.
- Who: Training to the Med Techs and owned by the Resident Care Director.
- When: 8/1/2017 and on-going monthly.
- How: We have completed the one time needed software updates. The Medication Technician on-board training has increased for new hires to one week of shadowing and formal on-going training is completed monthly.
- Please see Appendix B for ongoing training material

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/09/2016		

Signature of Legal Entity Representative (Required on EVERY Page) Russell Stack

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) RUSSELL STACK, PCHA **Date** 8/17/17

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