



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 07 2017

Ms. Jennifer Givler,  
LPN, PCHA  
United Zion Retirement Community, Inc.  
722 Furnace Hills Pike  
Lititz, Pennsylvania 17543

RE: United Zion Retirement Community  
License #: 321810

Dear Ms. Givler:

As a result of the Department of Human Services' annual licensing inspection on August 1, 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](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**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: UNITED ZION RETIREMENT COMMUNITY		License Number: 32181
Address: 722 FURNACE HILLS PIKE, LITITZ, PA 17543		County: Lancaster
Administrator: JEN GIVLER		Region: CENTRAL
Legal Entity Name: UNITED ZION RETIREMENT COMMUNITY INC		
Legal Entity Address: 722 FURNACE HILLS PIKE, LITITZ, PA 17543		
<b>Certificate(s) of Occupancy</b> C-2 LP 09/22/1995 Labor and Industry		
<b>Staffing Hours</b> Resident Support: NM                      Total Daily Staff: 27                      Waking Staff: 20		
Type of Inspection: Full		BHA Docket Number:                      Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/01/2017: OPake, Hope; Hoover, Douglas		
Off-Site Inspection Dates and Inspectors, if Applicable  <p align="center"><b>RECEIVED</b>  AUG 29 10  CENTRAL REGION FIELD OFFICE Human Services Community</p>		
Other Details Partial or Full Triggers:                      Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 49 Number of Residents Served: 27 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 27 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 32181 - 08/01/2017 - OPake, Hope  
 PCH Name: UNITED ZION RETIREMENT COMMUNITY

**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**

The home uses a form entitled, "Diabetic Flow Sheet," to track blood sugar readings, silding scale ineulin units and administration for Resident #1. On July 2, 6, 10 and 24, 2017, the amount of Insullin units administered was not recorded on the form.

**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: A, B, C.*

*Audits are showing compliance. See attached page 2A of 2.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Jennifer Givler LKW, PCHA*

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

*Jennifer Givler LKW, PCHA*

Date *8-22-17*

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

The above plan of correction is approved as of *8-24-17*  
 (Date)

Plan of correction implementation status as of *8-24-17*  
 (Date)

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

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

August 2, 2017

JG

Effective August 3, 2017, diabetic flow sheets will no longer be used. All accu checks will be documented in PCC.

Sliding scale insulin will be written on the MAR as follows:

- Time-site-units given (see attached example)

If sliding scale insulin is given, the units given and the accu check results are to be documented in the progress notes in PCC.

If sliding scale insulin is not given, initial and circle on the day and time and draw a line through the site and units given (see attached example).

Clinical Coordinator will be doing weekly audits of MAR and PCC for correct documentation of sliding scale insulin.

Clinical Coordinator will be doing weekly audits of PCC to ensure all accu checks, weights and vital signs are documented as ordered.

01/21/17 Jennifer Givler LPM, PCHA

Jennifer Givler LPM, PCHA