



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to SENIOR CARE OF KULPMONT LLC  
LEGAL ENTITY

To operate SERENITY GARDENS AT MOUNT CARMEL  
NAME OF FACILITY OR AGENCY

Located at 135 VERMONT DRIVE, KULPMONT, PA 17834  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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 85  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.  
**Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 22**

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services 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 October 16, 2017 until October 16, 2018,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226790**

Robert E. Robinson  
ISSUING OFFICER

Jay Baul  
DIRECTOR

**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

**OCT 16 2017**

Mr. Chuck Gray  
Member  
Senior Care of Kulpmont LLC  
6157 28<sup>th</sup> Street SE, 7  
Grand Rapids, Michigan 49546

RE: Serenity Gardens at Mount Carmel  
135 Vermont Drive  
Kulpmont, Pennsylvania 17834  
License #: 226790

Dear Mr. Gray:

As a result of the Department of Human Services' annual licensing inspection on August 2, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

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).

Mr. Chuck Gray

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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". The signature is fluid and cursive, with the first letter of each name being capitalized and prominent.

Jacqueline L. Rowe  
Director

Enclosures  
License  
License Inspection Summary



Violation Report: 22679 - 08/02/2017 - Hummel, Jesse  
 PCH Name: SERENITY GARDENS AT MOUNT CARMEL

**1. REGULATION 55 Pa.Code §2600**  
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2a. DESCRIPTION OF VIOLATION**  
 Department Representatives observed a hanging file folder attached to the wall outside of the Director of Nursing Office. The file folder contained resident progress notes and resident treatment records both of which contain confidential health information of resident and are required to be locked at all times.

**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.*

Regulation 2600.17

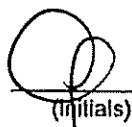
1. To maintain the privacy of resident's information.
2. Hanging wall pocket located outside DOW office contained resident records.
3. Staff placed resident records in DOW wall pocket.
4. All information was removed immediately.
5. Wall pocket were hung in the narcotic room(secured location) for DOW and Executive director for resident information to be placed.
6. Executive Director/DOW will monitor daily.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Jessica Kross LPN/DOW/PCHA*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Jessica Kross LPN/DOW/PCHA* Date *9-11-17*

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

The above plan of correction is approved as of <u>9-22-17</u> (Date)  The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>9-22-17</u> (Date) <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
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Violation Report: 22679 - 08/02/2017 - Hummel, Jesse

PCH Name: SERENITY GARDENS AT MOUNT CARMEL

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

Each of the resident bedrooms is heated by natural gas fired PTAC units. The facility has not installed Carbon Monoxide Detectors as required by the Care Facility Carbon Monoxide Alarms Standards Act.

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.

Regulation 2600.18

1. To ensure the safety of the residents.
- 2.&3. CO2 detectors were not installed.
4. CO2 detectors were purchased by regional director of maintenance
5. CO2 detectors will be installed by maintenance director within the next 30 days.
6. Maintenance director will be responsible for monthly checks of batteries/testing of the monitors.

The Adm will forward digital photos/copies of paid receipt/work orders for CO2 detectors, to NE Regional office. Administrator will oversee to ensure continued compliance.

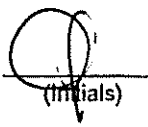
CP - 9/22/17

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Violation Report: 22679 - 08/02/2017 - Hummel, Jesse  
LCH Name: SERENITY GARDENS AT MOUNT CARMEL

1. REGULATION 55 Pa.Code §2600  
2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:  
(1) The reportable incident and condition reporting procedures.  
(2) Complaint procedures.  
(3) Staff person training.  
(4) Licensing violations and plans of correction, if applicable.  
(5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION  
The facility conducts a quarterly quality management review however each review does not include a review of reportable incident and condition reporting procedures, complaint procedures, staff training, licensing violations, or resident and or family councils.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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Regulation 2600.26(b)

- 1. To identify and address any issues and prevent further issues.
- 2.&3. Facility did not address all topics in QA meetings.
- 4. Facility developed QA meeting forms to address all areas.
- 5. QA meetings will be held quarterly and forms will be completed addressing all topics.
- 6. Executive director will audit quarterly to ensure meetings are conducted.

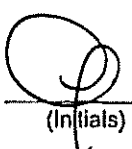
The Administrator will send a copy of the next QA meeting to the NE Regional office for review.

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Signature of Legal Entity Representative  
(Required on EVERY Page) *Jessica Kross LPN/pow/PCMA*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Jessica Kross LPN/pow/PCMA* Date *9/11/17*

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Violation Report: 22679 - 08/02/2017 - Hummel, Jesse  
 PCH Name: SERENITY GARDENS AT MOUNT CARMEL

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed an audio monitoring device located in the main hallway outside of room 205 and 217. Audio monitoring is prohibited anywhere in the facility.

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.

Regulation 2600.42

1. To provide privacy to residents.
- 2&3. Baby monitor was in hallway to hear a resident's call bell.
4. Monitor was removed and disposed of immediately.
5. Educate all staff and families that monitoring is prohibited
6. Executive director and Maintenance director will monitor daily for any monitoring devices in the facility.

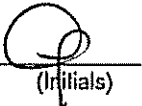
*Jessica Kross LPN/DOW/PCMA 9-11-17*

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 (Required on EVERY Page) *Jessica Kross LPN/DOW/PCMA*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *JESSICA KROSS LPN/DOW/PCMA* Date *9/11/17*

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Violation Report: 22679 - 08/02/2017 - Hummel, Jesse  
 PCH Name: SERENITY GARDENS AT MOUNT CARMEL

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed a heavy accumulation of dirt/dust on the heating/air conditioning vents located in the main hallway.

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.*

Regulation 2600.85(a)

1. To maintain clean environment for residents.

2&3 Dust was noted on AC vents in main hallway.

4. Maintenance director cleaned the vent immediately

5. Maintenance director will clean vents monthly


6. Executive director will monitor maintenance director to ensure monthly cleaning and checks are completed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Jessica Kloss LPN/DNW/PCMA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jessica Kloss LPN/DNW/PCMA</i>	Date <i>9/11/17</i>
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Violation Report: 22679 - 08/02/2017 - Hummel, Jesse

PCH Name: SERENITY GARDENS AT MOUNT CARMEL

1. REGULATION 55 Pa.Code §2600

2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed the facility's laundry area. Located behind the clothing dryer was a heavy accumulation of lint. The lint was also observed on the dryer vent.

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.

Regulation 2600.1059(g) 2

1. To prevent risk of fire hazard
2. Lint was built up behind dryers
3. Lint was immediately cleaned
4. Lint traps/ductwork was added to monthly maintenance duties
5. Housekeeping director will check/clean daily, maintenance director will check monthly to ensure vents/ductwork is clean.

The administrator will oversee to ensure ongoing compliance. 9/22/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Jessica Kross LPN/POW/PCMA

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

Jessica Kross LPN/POW/PCMA

Date 9/11/17

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Violation Report: 22679 - 08/02/2017 - Hummel, Jesse  
PCH Name: SERENITY GARDENS AT MOUNT CARMEL

1. REGULATION 55 Pa.Code §2600  
2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

Based on the current number of residents residing at the facility, the facility is required to have at a minimum, 210 gallons of water on hand in the event of an emergency. The facility currently has only 96 gallons of water on hand.

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.*

Regulation 2600.107(c)

1. To ensure enough water supply if an emergency arises.
2. Facility only 96 gallons on hand.
3. A rise in census and dietary director did not account for increased census.
4. Water was ordered immediately from Reinhart food service and is now on site.
5. Dietary director was given formula for number of gallons per resident required.
6. Dietary director will audit monthly to ensure proper amount of water vs census on hand.

Administrator will oversee to ensure ongoing compliance. Of. 9/22/17

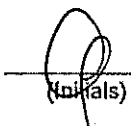
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(Required on EVERY Page) *Jessica Kloss LPN/DOW/PCMA*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Jessica Kloss LPN/DOW/PCMA* Date *9/11/17*

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(Date)

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(Initials)

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Violation Report: 22679 - 08/02/2017 - Hummel, Jesse  
 PCH Name: SERENITY GARDENS AT MOUNT CARMEL

1. REGULATION 55 Pa.Code §2600  
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed the laundry area. Located behind the clothing dryers was two dryer sheets and a cotton wash cloth. Both of these items are highly combustible.

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.*

Regulation 2600.125(a)


1. To ensure safety of residents and prevent fires.
- 2&3 Flammable materials were stored near hot water heaters.
4. All flammables were removed from the storage area.
5. Maintenance director will store flammable materials in outside shed.
6. Executive director will monitor to ensure maintenance is storing flammables outside.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Jessica Kross LPN/pow/PCMA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jessica Kross LPN/pow/PCMA</i>	Date <i>9/11/17</i>
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Violation Report: 22679 - 08/02/2017 - Hummel, Jesse

PCH Name: SERENITY GARDENS AT MOUNT CARMEL

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 #3 is prescribed Advair Diskus. The medication was not dated when it was opened. Resident #4 is also prescribed Advair Diskus. This medication was opened on 8/27/17. The medication manufacturers instructions indicate to discard any unused medication 30 days after removing the medication from its packaging.

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.

Regulation 2600,183(d)

2&3. Advair inhalers were not dated when opened and inhaler was disposed of within manufacturer time frame.

4. Inhaler was disposed of immediately.

5. Medication cart audits will be done Monday, Wed, Friday by med techs, inhalers, eye drops and insulins will be dated when opened and discarded as per manufacturer.

6. DOW and RCC will audit monthly.

*Administrator will oversee to ensure*

*ongoing compliance Op. 9/22/17*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Jessica Kross LPN/DOW/PCHA*

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

*Jessica Kross LPN/DOW/PCHA*

Date *9/11/17*

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(Date)

Plan of correction implementation status as of *9/22/17*  
(Date)

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*[Signature]*  
(Initials)

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Violation Report: 22679 - 08/02/2017 - Hummel, Jesse  
 PCH Name: SERENITY GARDENS AT MOUNT CARMEL

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

Department Representatives observed two un packaged, unidentified, round white tablets at the bottom of the medication cart drawer. The facility is responsible for the safe, sanitary, and organized storage of resident 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.

Regulation 2600.183(e)

1. To ensure medications are stored properly according to manufacturer.
- 2.&3 2 unidentified pills were found in bottom of med cart drawer.
4. Pills were disposed of immediately.
5. Med carts will be audited Mon., Wed, Fri this will assess for expired meds, proper labels, cleanliness of cart, d/c meds will be removed, and med availability.
6. Med carts will be audited Mon., Wed, Fri this will assess for expired meds, proper labels, cleanliness of cart, d/c meds will be removed, and med availability.

Administrator will oversee to ensure ongoing compliance. *Q* 9/22/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)		<i>Jessica Kross LPN/PAW/PCMA</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
Jessica Kross LPN/PAW/PCMA		9/11/17	

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Violation Report: 22679 - 08/02/2017 - Hummel, Jesse

PCH Name: SERENITY GARDENS AT MOUNT CARMEL

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 #2 is prescribed the following medications: Bisocodyl suppository and Milk of Magnesia as needed. These medications are not on hand at the facility.

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.*

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Regulation 2600.185(a)

1. To ensure medications are available per prescriber instructions.
- 2.&3 PRN medications were available.
4. Medications were ordered from pharmacy
5. Med carts will be audited Mon., Wed, Fri this will assess for expired meds, proper labels, cleanliness of cart, d/c meds will be removed, and med availability.
6. Med carts will be audited Mon., Wed, Fri this will assess for expired meds, proper labels, cleanliness of cart, d/c meds will be removed, and med availability.

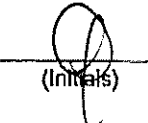
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(Required on EVERY Page) *Jessica Cross LCN/POW/PCMA*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Jessica Cross LCN/POW/PCMA* Date *9/11/17*

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Violation Report: 22679 - 08/02/2017 - Hummel, Jesse  
 PCH Name: SERENITY GARDENS AT MOUNT CARMEL

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  
 Resident #5 is prescribed Novolog Insulin based upon a sliding scale of the resident's blood sugar levels. On 8/1/17 at 5:00pm, the facility failed to document on the resident's Medication Administration Record (MAR), the number of units of insulin administered to the resident.  
 Resident #6 is prescribed Novolog Insulin based upon a sliding scale of the residents blood sugar levels. On 8/1/17 and 8/2/17 at 12:00pm, 5:30pm, and 8:00pm, the facility failed to document on the resident's Medication Administration Record (MAR), the number of units of insulin administered to the resident.

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

Regulation 2600.187(a)

1. To ensure medications are administered properly. \*
- 2&3 Sliding scale insulin units were not documented on MAR.
4. Units were documented on the MARS per sliding scale by med tech
5. MT/LPN will document blood sugar and units of insulin administered as per protocol.
6. MT/LPN will review MAR post shift to assess documentation is complete. DOW/RCC will review MARS monthly.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Jessica Kross LPN/DOW/PCA*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Jessica Kross LPN/DOW/PCA* Date *9/11/17*

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

The above plan of correction is approved as of <u>9/22/17</u> (Date) <i>* Administrator will oversee to ensure ongoing compliance</i>	Plan of correction implementation status as of <u>9/22/17</u> (Date) <ul style="list-style-type: none"> <li><input type="checkbox"/> Fully Implemented</li> <li><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</li> <li><input type="checkbox"/> Partially Implemented - Inadequate Progress</li> <li><input type="checkbox"/> Not Implemented</li> </ul>
The above plan of correction was approved by <i>[Signature]</i> (Initials)	

Violation Report: 22679 - 08/02/2017 - Hummel, Jesse  
 PCH Name: SERENITY GARDENS AT MOUNT CARMEL

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

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Docusate Sodium 100mg - 1 capsule 2 times daily. Resident #1 did not receive this prescribed medication on 8/1/17 at 8am, 4pm or 8/2/17 at 8am.

Resident #2 is prescribed Lidocaine patch 5% - apply every morning for back pain, Zinc Sulfate 220mg - take one tablet daily, and Miralax powder - dissolve one capful in 6oz of liquid daily. Resident #2 did not receive these prescribed medications on 8/1/17 at 6am and 8am or 8/2/17 at 6am and 8am.

The facility is not following the orders of the prescribing physician regarding administration of these medications to the identified 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.

Regulation 2600.187(d)

1. The home did not follow prescribing MD administration of medications.

2&3 Resident #1 medication was awaiting on refill authorization from MD so pharmacy did not provide meds. Resident #2 Family of resident did not provide facility with the prescribed meds.

4. Pharmacy and family was notified that meds were needed.

5. Facility will contact MD or families for refills 1 week before meds are gone.

6. MT will audit carts daily and contact MD, pharmacy or family of the need for meds.

Administrator will oversee to ensure ongoing compliance. Cf. 9/22/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Jessica Kross LPN/POW/PCMA

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

Jessica Kross LPN/POW/PCMA

Date

9/11/17

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


The above plan of correction is approved as of

9/22/17  
 (Date)

Plan of correction implementation status as of

9/22/17  
 (Date)

The above plan of correction was approved by

  
 (Initials)

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

Violation Report: 22679 - 08/02/2017 - Hummel, Jesse  
 PCH Name: SERENITY GARDENS AT MOUNT CARMEL

1. REGULATION 55 Pa.Code §2600

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 is prescribed Docusate Sodium 100mg - 1 capsule 2 times daily. Resident #1 did not receive this prescribed medication on 8/1/17 at 8am and 4pm.

Resident #2 is prescribed Lidocaine patch 5% - apply every morning for back pain, Zinc Sulfate 220mg - take one tablet daily, and Miralax powder - dissolve one capful in 6oz of liquid daily. Resident #2 did not receive these prescribed medications on 8/1/17 at 6am and 8am.

The facility failed to notify the each resident's physician, regarding these medication errors.

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.

Regulation 2600.188(b)

1. The home did not follow prescribing MD administration of medications.

2&3 Resident #1 medication was awaiting on refill authorization from MD so pharmacy did not provide meds. Resident #2 Family of resident did not provide facility with the prescribed meds.

4. Pharmacy and family was notified that meds were needed

5 Facility will contact MD or families for refills 1 week before meds are gone

6 MT will audit carts daily and contact MD, pharmacy or family of the need for meds. MT will notify MD of med error due to unavailable med.

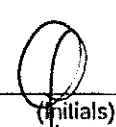
The administrator will oversee to ensure ongoing compliance. Cf. 9/22/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Jessica Cross LPN/DOW/PCA*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Jessica Cross LPN/DOW/PCA* Date *9/11/17*

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

The above plan of correction is approved as of <u>9/22/17</u> (Date)	Plan of correction implementation status as of <u>9/22/17</u> (Date)
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

Violation Report: 22579 - 08/02/2017 - Hummel, Jesse  
 PCH Name: SERENITY GARDENS AT MOUNT CARMEL

**1. REGULATION 55 Pa.Code §2600**

2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

**2a. DESCRIPTION OF VIOLATION**

Department Representatives observed the courtyard of the secured dementia unit. The courtyard gate is locked with a magnetic locking mechanism with a key pad device. The code/directions to operate the keypad and magnetic lock are not posted at or near the gate.

**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.*

Regulation 2600.233(c)

1. To ensure evacuation in event of an emergency
2. Code was not posted at back gate in SDU courtyard
3. Code was removed due to weather damage and never replaced
4. Code was immediately replaced upon inspection.

5&6 Maintenance director will audit monthly to ensure code is in place.

Administrator will oversee to ensure ongoing compliance. Cp. 9/22/17


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Jessica Cross LPN/DOW/PCHA*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Jessica Cross LPN/DOW/PCHA* Date *9/11/17*

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

The above plan of correction is approved as of 9/22/17  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 9/22/17  
 (Date)

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