



pennsylvania
DEPARTMENT OF HUMAN SERVICES
DEC 28 2017

Ms. Maria Galla
Administrator
Grove Manor
103 North 13th Street
Franklin, Pennsylvania 16323

RE: The Caring Place PC
Certificate #: 468690

Dear Ms. Galla:

As a result of the Department of Human Services' annual licensing inspection on August 3, 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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

NOV 22 2017

Violation Report: 46869 - 08/03/2017 - Barone, Barbara
PCH Name: THE CARING PLACE P C

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
Resident #1 ceased to breathe in the home on [redacted] 7 and the home did not report the death to the Department until [redacted] 17.

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.

Section 2600.16 and Appendix B: Requirements & Best Practices for Reportable Incidents reviewed by administrator. # Staff. (attached)
Reportable Incident information added to Accident Report sheets. (attached)
All incident/accident reports to be reviewed by Wellness Nurse, Administrator or Resident Care Coordinator.
Violation to be reviewed at Quality Management Meetings for compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Maria Galla*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Maria Galla PCH Adm Date 10/26/17

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

The above plan of correction is approved as of 12/1/17 (Date)
The above plan of correction was approved by BB (Initials)

Plan of correction implementation status as of 12/1/17 (Date)

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

NOV 22 2017

Violation Report: 46869 - 08/03/2017 - Barone, Barbara
PCH Name: THE CARING PLACE PC

1. REGULATION 55 Pa.Code §2600
2600.171(b)(6) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
The first aid kit inside the home's transportation van did not include nonporous disposable gloves.

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.

Immediately - Nonporous disposable gloves will be included with all of the required first aid contents in the home's transportation van. BB 12/1/17
Staff re-educated on 1st Aide kits. (attached)
Checklist in van (attached)
Reviewed by PCH Adm monthly and each time van is used by driver.
Violation will be addressed at Quality Management meeting on Nov. 8, 2017 & every meeting thereafter. (Attached)

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NOV 28 2017

Violation Report: 46869 - 08/03/2017 - Barone, Barbara
PCH Name: THE CARING PLACE P C

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 is ordered the following:

- Furosemide 20 mg - take one tablet once a day and the label inaccurately indicates take one tablet two times a day
- Nystatin powder - apply every shift and the label inaccurately indicates twice a day
- Polyethylene Glycol and the label did not include the resident's name
- DoCusate Sodium 100 mg and the label did not include the resident's name
- Mag Oxide 400 mg and the label did not include the resident's name

Resident #3 is ordered the following:

- Women's one a day vitamin - take one cap daily and the label inaccurately indicates to cut in half
- Aspirin 81 mg - take 1 tab every day on Monday, Wednesday and Friday and the label inaccurately indicates take 4 to 8 tablets every 4 hours not to exceed 48 tablets in 24 hours
- Fenofibric Acid delayed release 135 mg cap - take one cap daily and half of the label was torn off from the container. The remaining label did not include the prescribed dosage and instructions for administration

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.

Attached page 4A

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) MARIA GALLA PCH Adm. Date 10-27-17

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- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

NOV 22 2017

#468690

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- Each medication was verified that it was administered as physician ordered
- A "Directions have changed" labels were immediately applied to incorrect labels
- Medication orders verified and names were applied to OTC medication containers
- Staff re-educated on Regulation 2600.184(a) and Administering Medications the Right Way (attached)
- Wellness Nurse performs cart audits monthly (attached)✓
- Wellness Nurse administers medications once weekly on each floor & verifies that order matches label matches Medication Administration Record
- All new or refill medications are verified by Wellness Nurse, Resident Care Coordinator or PCH Administrator
- All violations are addressed at the Quality Assurance meetings to identify any patterns

Maria Galle PCH Adm
 10-27-17

BB 12/1/17

NOV 22 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 46869 - 08/03/2017 - Barone, Barbara
PCH Name: THE CARING PLACE P C

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 #2 is ordered Docusate Sodium 100 mg; however, the August 2017 medication administration record inaccurately indicates Docusate Sodium 10 mg.

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.

ATTACHED page 5A

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WEST REGION FIELD OFFICE
Human Services Licensing

- Medication administration records were corrected to match the label after verifying physician orders
- Staff re-educated on Regulation 2600.187(a) (attached)
- Physicians orders verified monthly by Wellness Nurse
- Cart audits performed monthly by Wellness nurse (attached)
- All medication orders sent to pharmacy to assure correct information is on the Medication administration records
- Wellness Nurse administers medications once weekly to monitor that labels, MAR's and orders are identical
- Violations are addressed at the Quality Management meetings (next one on Nov 8, 2017)

Maria Galla PCH Adm
 10-27-17

BB 12/1/17

NOV 22 2017

Violation Report: 46869 - 08/03/2017 - Barone, Barbara PCH Name: THE CARING PLACE P C	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 Resident #3 was admitted on [redacted] 17; however, the preadmission screening was completed on [redacted] 17.
 Resident #5 was admitted on [redacted] 17; however, the preadmission screening was completed on [redacted] 17.

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.

- Staff involved with Pre-Admission screening re-educated (attached)
- New check list developed for new admissions (attached)
- New resident charts are reviewed by Administrator
- Monthly chart audits completed by a consultant from a health-care company
- Violations will be addressed at Quality Management Meetings (Nov. 8, 2017)

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