



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: SEP 29 2017

Ms. Pamela J. Leland
Executive Director
The Hickman Friends Senior Community
Of West Chester
400 North Walnut Street
West Chester, Pennsylvania 19380

RE: The Hickman
License #: 140930

Dear Ms. Leland:

As a result of the Department of Human Services' off-site licensing inspection on August 21, 2017, August 24, 2017 and August 29, 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,

A handwritten signature in black ink, appearing to read 'Patricia Adams', written over a horizontal line.

Patricia Adams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 14093 - 08/21/2017 - Thomas, Tahesia
 PCH Name: THE HICKMAN

1. REGULATION 85 Pa.Code §2800
 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
 Staff member A did not follow the home's medication administration policy, specifically bullet # 3, that states " Match the medication to the MAR, Match the medication to the MAR again, Scan medication pack, and Prepare medication for administration - remove from pack/crush/split if needed."

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.

Upon investigation, the team member was able to describe and believes she did complete all required checks, and there was no indication of otherwise. Team member received additional coaching regarding policy.
 On Sept 6 the resident care team met to review medication procedures and discuss ways to help ensure steps are not missed. The team identified most helpful tools to assist with a med pass as per procedure.
 The Director of Resident care will review med passes monthly to ensure compliance with med pass procedures.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Pamela J Leland* Date *9/15/17*

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

The above plan of correction is approved as of <i>9/22/17</i> (Date)	Plan of correction implementation status as of <i>9/26/17</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 14093 - 08/21/2017 - Thomas, Tahesia
 PCH Name: THE HICKMAN

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

2a. DESCRIPTION OF VIOLATION
 On 08/19/17, Resident # 1's 08:00 pm dose of Hydralazine 50 mg was not available 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.

The physician ordered the 8:00pm medication held ~~so~~ there was no order to administer. If the physician wanted the medication administered, a stat order would be available from the pharmacy.

The team member who administered the morning med received additional coaching to verify next dose is available.

On September 6 2017 the resident care team met to discuss how to address medication management and following physician orders.


The Director of Resident Care will review med passes monthly to ensure compliance with physician orders.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Pamela J. Leland	Date 9/15/17
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