



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to HFA, INC.
LEGAL ENTITY

To operate OLIVIA VILLAGE
NAME OF FACILITY OR AGENCY

Located at 13771 SOUTH EAGLE VALLEY ROAD, TYRONE, PA 16686
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

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 33
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

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 January 22, 2018 until July 22, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 319171

Robert E. Robinson
ISSUING OFFICER

Tina L Long
ACTING DEPUTY SECRETARY

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

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: JAN 22 2018

Ms. Heidi A. Aguillo, RN, BSN,
President
HFA, Inc.
13771 South Eagle Valley Road
Tyrone, Pennsylvania 16686

RE: Olivia Village
Certificate #: 319171

Ms. Heidi A. Aguillo:

As a result of the Department of Human Services' Bureau of Human Services Licensing inspections on August 22, 2017, November 1, 2017, and December 20, 2017 of the above facility, the violations specified on the enclosed License Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #319170 dated September 6, 2017 to September 6, 2018 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This first provisional license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated September 6, 2017 to September 6, 2018 is NOT reinstated upon expiration of this first provisional license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your first provisional license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Ms. Heidi A. Aguillo, RN, BSN

2

If you disagree with the decision to issue a provisional license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your provisional license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacqueline Rowe, Bureau Director
Bureau of Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Handwritten signature of Jacqueline L. Rowe in cursive script.

Jacqueline L. Rowe
Director

Enclosures
License
Licensing Inspection Summary

Violation Report: 31917 - 08/22/2017 - Springs, Israel
PCH Name: Olivia Village

1. REGULATION 55 Pa. Code §2600

2600.85(b) - There may be no evidence of infestation of insects or rodents in the home.

2a. DESCRIPTION OF VIOLATION

Three wasp nests were located approximately thirty feet above the door exiting the dining room that leads to the outdoor activity area. Large clusters of wasps could be seen around two of these nests.

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.

SHORT TERM GOALS:

On August 22nd, [redacted] immediately sprayed the nests including their surrounding areas with Wasp & Hornet Killer. He did this again 3 more days until no more wasps/bees flying around the specified areas. Also inspected the entire courtyard area and found no wasps flying around or forming nests.

Date of Completion: 08/25/2017

LONG TERM GOALS:

We (all Staff and/or [redacted]) will strictly follow our usual maintenance procedure for wasp-nest prevention - weekly walk/inspect the courtyard whether or not plants, if there are, need to be watered. We spray with Wasp & Hornet killer those areas that are suspect of wasp nest formation. We usually do this early spring until mid-October for our flowering plants in the courtyard. This year, the 3 weeks prior to inspection were mostly rainy days. There was no need to water the plants, hence the failure to inspect wasps nests formation.

Date of Completion: Ongoing

Please see accompanying inserted next page.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Heidi A. Aguillo

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) HEIDI AGUILLO, ADMINISTRATOR

Date 09/20/2017

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

The above plan of correction is approved as of 9/26/17
(Date)

Plan of correction implementation status as of 11/1/18
(Date)

The above plan of correction was approved by [Signature]
(Initials)

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

Violation Report: 31917 - 08/22/2017 - Springs, Israel
PCH Name: Olivia Village

1. REGULATION 55 Pa.Code §2600

144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION

The home permits the residents to smoke on the front porch in an area within five feet from front entrance/exit to 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.

SHORT AND LONG TERM GOALS:

We (Administrator and [redacted]) talked to all resident smokers and made concessions with them that we move the smokers' outpost to the edge of the porch (18 feet away from the entrance door) ~~and that we only allow 2 smokers at a time.~~ *BAC*

Not until 8 years back that the residents' smoker area was on the other side of the porch. We noticed that cigarette smokes were blowing towards the entrance door. We changed the location to be the other side - where it is now, then 7 feet (now 18 feet) away from the entrance door.

Date of Completion: 8/24/2017 and ongoing

Please see accompanying inserted next page.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Heidi A. Aguillo</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
HEIDI AGUILLO, ADMINISTRATOR		09/20/2017	

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

The above plan of correction is approved as of 9/26/17
(Date)

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

Plan of correction implementation status as of 1/11/18
(Date)

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

Violation Report: 31917 - 08/22/2017 - Springs, Israel
PCH Name: Olivia Village

1. REGULATION 55 Pa.Code §2600

2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION

The container for the .05 fl oz Thera Tears eye drops for Resident #1 was not labeled with the resident's name.

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.

Short Term Long Term Goals:

- 1. Thera Tears eye drops for Resident #1 was labelled. Please see attached.
- 2. Rechecked the medication cart to ensure all OTC medications are labelled.
- 3. The administrator provided a white easy peel typed with resident's name for easy access and availability of resident's name for labelling the OTC medications without pharmacy label.

Long Term Goals:

- 1. The administrator added these easy peel typed resident's name for labelling OTC medications without pharmacy label to medication training to ensure that all medication trained staff are aware.
- 2. Enforced to staff the procedure to always obtain OTC medication order / prescription from the doctor for the pharmacy to provide pharmacy label when OTC medications are delivered.
- 3. Incorporate in the standard procedure to check all OTC medications are labelled during batch turn over.

Please see accompanying inserted next page.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Heidi A. Aguillo</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) HEIDI AGUILLO, ADMINISTRATOR		Date 09/20/2017	

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

The above plan of correction is approved as of 9/26/17
(Date)

Plan of correction Implementation status as of 1/11/18
(Date)

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

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

Violation Report: 31917 - 08/22/2017 - Springs, Israel
PCH Name: Olivia Village

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 blood glucose measurements recorded in Resident #2's glucometer were incorrectly recorded on the home's "Monthly Monitor Form" on the following dates:

- 8/5/17 (breakfast measurement) MAR- 231, Glucometer- 138
- 8/8/17 (breakfast measurement) MAR - 221, Glucometer - 204
- 8/15/17 (lunch measurement) MAR - 132, Glucometer - 138

The home's "Monthly Monitor Form" for Resident #2 documented the following blood glucose measurements, but were not measurements recorded in the resident's glucometer:

- 8/12/17 (breakfast measurement) - 112, (lunch measurement) - 312, (supper measurement) - 125, (bedtime measurement) - 176
- 8/13/17 (supper measurement) - 204, (bedtime measurement) - 308

The blood glucose measurements recorded in Resident #3's glucometer were incorrectly recorded on the home's "Monthly Monitor Form" on the following dates:

- 8/16/17 (breakfast measurement) MAR - 154, Glucometer - 153
- 8/16/17 (supper measurement) MAR - 149, Glucometer - 140

The home's "Monthly Monitor Form" for Resident #3 documented the following blood glucose measurements, but were not measurements recorded in the resident's glucometer:

- 8/18/17 (bedtime measurement) - 130
- 8/17/17 (bedtime measurement) - 250
- 8/18/17 (bedtime measurement) - 120

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.

Short Term and Long Term Goals:

1. The date and time of resident #2 & resident #3 glucometers were reset to ensure the right date and time blood glucose levels taken are accurate..
2. Added a separate documentation paper, please see accompanying inserted next page (monitor form). This paper reflects the staff who took the blood sugar and gave the insulin required as ordered to the resident.
3. The administrator assigns staff to check every week that glucose levels are correctly recorded as per glucometer readings and insulin requirements are given as ordered by the physician.
4. The administrator reemphasized to all staff that each resident must use his own glucometer to keep track the accuracy of all blood glucose measurements.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Heidi A. Aguillo</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) HEIDI AGUILLO, ADMINISTRATOR		Date 09/20/2017

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

The above plan of correction is approved as of 9/26/17
(Date)

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

Plan of correction implementation status as of 11/1/18
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 31917 - 08/22/2017 - Springs, Israel
PCH Name: Olivia Village

1. REGULATION 55 Pa.Code §2600

2600.253(c) - The home shall keep a log of resident records destroyed on or after October 24, 2005. This log must include the resident's name, record number, birth date, admission date and discharge date.

2a. DESCRIPTION OF VIOLATION

The home has not maintained a log of the resident records that have been destroyed.

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.

SHORT AND LONG TERM GOALS:

Our practice has always been a manual process of determining which of the previously discharged residents' records are due for destruction/shredding (3 years after move-out date) - every time there is a new discharge.

The in-house information system did not have this date. [redacted] added a date field in the appropriate database, made program revision to accommodate update for previously discharged residents who have been gone after 3 years. The Administrator will make sure to browse candidates for records destruction every time a new discharge is done - the Resident Statistics page is automatically displayed.

Since we do not have destruction dates for all those we have previously destroyed, we updated those we have destroyed to 8/22/2017 (Inspection Date) as a reference date. All succeeding dates should reflect actual destruction dates.

Please see accompanying inserted next pages: 1) Interface for update, 2) Web-generated Resident Statistics as of now - the next resident record to be destroyed is [redacted] (move-out-date is 9/25/2014).

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Heidi A. Aguillo</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) HEIDI AGUILLO, ADMINISTRATOR		Date 09/20/2017

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

The above plan of correction is approved as of 9/26/17
(Date)

Plan of correction implementation status as of 11/11/18
(Date)

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

The above plan of correction was approved by [Signature]
(Initials)

Violation Report: 31917 - 11/01/2017 - Gillespie, Denise
PCH Name: Olivia Village

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

2a. DESCRIPTION OF VIOLATION

Staff Member A stated that Resident #1's glucometer ran out of test strips on 10/30/17 and on 10/31/17 Staff started using Resident #2's glucometer to check Resident #1's blood sugar. This statement was supported by the documented readings in Resident # 1's medication administration record (MAR) of 288 on the morning of 10/31/17, 147 at lunch time on 10/31/17, and 186 on the morning of 11/1/17 being measurements stored in Resident #2's glucometer at corresponding dates and times. The shared use of glucometers is prohibited.

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.

Short Term goals:

1. Contacted the Pharmacy for possible replacements for Resident #1 & Resident #2 glucometers. Cleansed and sanitized both existing glucometers and labeled waiting for replacements.
2. Called Pharmacy for immediate delivery of Resident #1 test strips. Investigated why test strips does not reach till next refill and verified orders for frequency of blood sugar tests to ensure enough coverage.
3. Discussed with Dr. [REDACTED] (Primary Physician) about possible contamination or exposure to blood for Resident #1 & Resident #2 sharing glucometers. Asked if we need to do any blood works or any test to Resident #1 & Resident #2. Dr. [REDACTED] stated this is more of an insurance concern than a patient risk concern. Stated that glucometer has no direct contact with the resident. It is the sterile needles and strips that are directly in contact with the residents and are disposables. Dr. [REDACTED] ordered a refill for [REDACTED] test strip with an order to take blood sugar 4x daily to ensure enough coverage. No blood works / test or any doctor's order for Resident #1 & Resident #2.

Long term goals:

1. Educate staff the importance of not sharing glucometers. Emphasized that sharing glucometers predispose to exposing residents to unsanitary conditions.
2. Strict policy and procedures enforced for when test strips runs out. No sharing of glucometers at all.
3. Each glucometers are labeled with resident's name to prevent sharing of glucometers.
4. Administrator assigns staff to conduct reviews of glucometer readings every week to verify compliance of policy.
5. Glucometer of Resident #1 was replaced with a new one. Supply of test strips was adjusted to the frequency of blood sugar test (4x a day) written by the doctor with refill of test strips.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	Heidi A. Aguillo RN, BSN
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	HEIDI A. AGUILLO / PRES. HFA INC.	Date	11/16/2017
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11/17/17
(Date)

The above plan of correction was approved by [Signature]
(Initials)

Plan of correction implementation status as of 11/11/18
(Date)

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

Violation Report: 31917 - 11/01/2017 - Gillespie, Denise
PCH Name: Olivia Village

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 does not have a procedure in place for when a resident runs out of glucometer test strips. This lack of procedure resulted in staff members using the same glucometer on multiple residents on 10/31/17 and 11/1/17.

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.

Short Term and Long Term Goals:

Policy & Procedures implemented for when resident runs out of glucometer test strip:

1. Enforced calling Pharmacy 7 days before test strips run out to be able to know if there is a problem with refills.
2. Inform the primary physician if pharmacy is not willing to deliver test strips because of insurance reason. Do not share glucometers.
3. Inform the resident the unavailability of glucose test strips. Explain the reason, ask if resident is willing to pay privately.
4. A new glucometer is available as a backup in case test strips cannot be refilled.

* If the new glucometer is utilized, it shall become for the sole use of the first resident to use it and shall not be used to test any other resident.

BAS 11/17/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Heidi A. Aguillo RN, BSN

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) HEIDI A. AGUILLO / PRES. HFA INC	Date 11/16/2017
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11/17/17 (Date)

Plan of correction implementation status as of 1/11/18 (Date)

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

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

Violation Report: 31917 - 12/20/2017 - Bomberger, Cybil
 PCH Name: OLIVIA VILLAGE

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

2a. DESCRIPTION OF VIOLATION

On 12/20/17 a "spare" glucometer was found to have blood sugar readings for two residents. The "spare" glucometer was used to measure the following readings: 159 on 12/9/17 for Resident #1, 191 on 11/13/17 for Resident #1, 187 on 11/13/17 for Resident #1, 198 on 11/13/17 for Resident #2, and 244 pm 11/12/17 for Resident #1. The use of a glucometer to measure the blood sugars of multiple residents is prohibited.

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.

Short Term Plan:

1. Purchased a new glucometer for back up / spare glucometer. Discarded the existing "spare glucometer that contains the above readings used for Resident #1 & Resident #2.
2. Reemphasized to staff that sharing glucometer is prohibited. Sharing glucometer exposes residents to unsanitary conditions.

Long Term Plans:

1. Policy and Procedures on "spare / back up" glucometer enforced.
 - a. Spare glucometer is used only for emergency purposes like when you run out of test strips.
 - b. Once the spare glucometer is used for a resident, the glucometer must be labelled with the resident's name whom the glucometer was used. This becomes a spare / back up glucometer for that same resident only. It cannot be shared.
 - c. Report to the Administrator if the "spare / back up" glucometer is used to order / purchase for a replacement.
2. Reviewed with staff the policy when test strips run out and how to prevent running out.
3. Discussed with the staff the possibility of cross contamination when exposing residents to unsanitary conditions like sharing glucometer.
4. Reviewed with the staff Prevention and Control of Infection.
5. Labelled all glucometers to prevent possibility of interchanging the glucometers.
6. Administrator assigned evening shift to check daily the readings for the day. Tally the glucometer readings with the MAR. Assigned night shift to review the daily check log weekly.
7. A glucose monitoring sheet is implemented to document the daily and weekly checks. Please see attached monitor form. Administrator spot check these logs daily.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Heidi A. Aguillo RN, BSN

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

HEIDI A. AGUILLO / Administrator

Date 1/5/2018

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

The above plan of correction is approved as of

1/11/18
 (Date)

Plan of correction Implementation status as of

1/11/18
 (Date)

The above plan of correction was approved by

BAAS
 (Initials)

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

Violation Report: 31917 - 12/20/2017 - Bomberger, Cybil
 PCH Name: OLIVIA VILLAGE

1. REGULATION 55 Pa.Code §2800

2800.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The two telephones located in resident room #10 of the Sunset, B Wing do not have the list of emergency numbers posted on or near either of the phones.

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.

Short Term and Long Term Plan:

1. Home's Emergency numbers poster was replaced on Resident room #10.
2. Administrator reminded the staff to check main areas and resident's room daily on rounds that the emergency number posters remain posted on or by each telephone with an outside line. If gone, need replaced immediately.
3. Explained to residents the importance of the emergency #'s poster. That these numbers must remain posted on the wall by each telephone with an outside line.
4. Reminded residents to inform administration if a new telephone with an outside line is connected so staff can hang the emergency #'s poster immediately.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Heidi A. Aguillo RN, BSN*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *HEIDI A. AGUILLO / Administrator* Date *1/8/2018*

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

The above plan of correction is approved as of <u>1/11/18</u> (Date)	Plan of correction implementation status as of <u>1/11/18</u> (Date)
The above plan of correction was approved by <u><i>BA</i></u> (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: 31917 - 12/20/2017 - Bomberger, Cybil
 PCH Name: OLIVIA VILLAGE

1. REGULATION 55 Pa. Code §2600

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #3 dated 11/3/17 does not include the medical professional's name and license number for the medical professional that completed the medical evaluation.

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.

Short and Long Term Plan:

1. Administrator asked the doctor for resident #3 to write his name and license number to complete the medical evaluation.
2. Administrator checked / reviewed every medical evaluation form, new or renewal, to include the medical professional's name and license number. If not complete, returned to be completed.
3. Explained to medical professional to complete the form entirely to comply with the regulations.
4. The administrator is responsible to review all DME's to ensure the forms are completed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Heidi A. Aquillo RN, BSN

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

HEIDI A. AQUILLO / Administrator

Date

1/8/2018

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

The above plan of correction is approved as of

1/11/18
 (Date)

Plan of correction implementation status as of *1/11/18*
 (Date)

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

The above plan of correction was approved by

HA
 (Initials)

Violation Report: 31917 - 12/20/2017 - Bomberger, Cybil
 PCH Name: OLIVIA VILLAGE

1. REGULATION 55 Pa.Codes 5200
 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

On 12/20/17 the prescribed medications Colace, Farrex, Protonix, Zestril, Lopressor, Flomax, Potassium Chloride, Ascorbic Acid, Ocarvite Melatonin, Robinirofe HCL, and Tylenol for resident #3 who is not a current resident of the home, were located in the medication cart in the home's medication room.

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.

Short Term and Long Term Plans:

1. Resident #3 medications were removed from the medication cart and properly dispose /discarded as per policy.
2. Reviewed with the staff resident's discharge and transfer procedures. All medications are given to the family upon discharge / transfer as per policy. If family leaves the medicine at the Home, prepare for disposal.
3. Reviewed with staff procedures to discard / dispose medications including medications that residents won't take with them when discharge.
4. Administrator assigned night shift med staff to check the medication cart and MAR daily. The checks include discontinued meds, OTC meds labelled, new medications, discharge residents, expired medications, refills etc.
5. A medication cart monitor form is implemented for use to document the med cart checks. Please see attached form.
5. Administrator checks the medication cart weekly.
6. Administrator reviews all MARs, medication orders and medication cart monthly.
7. Administrator spot checks daily that med cart monitoring sheet is completed and signed.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Heidi A. Aguillo RN, PSE*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *HEIDI A AGUILLO / Administrator* Date *1/8/2018*

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

The above plan of correction is approved as of <u>1/11/18</u> (Date)	Plan of correction implementation status as of <u>1/11/18</u> (Date)
The above plan of correction was approved by <u>bas</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 31917 - 12/20/2017 - Bomberger, Cybil
 PCH Name: OLIVIA VILLAGE

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 blood glucose measurements recorded in Resident #1's glucometer were incorrectly recorded on the homes Diabetic 16 day monitor form on the following dates:

- 12/19/17 (supper measurement) MAR - 159, Glucometer - 179
- 12/16/17 (lunchtime measurement) MAR - NO RECORDING, Glucometer - 241
- 12/10/17 (bedtime measurement) MAR - 121, Glucometer - 129
- 12/10/17 (lunchtime measurement) MAR - 132, Glucometer - 131
- 12/7/17 (lunchtime measurement) MAR - 127, Glucometer - 122
- 12/7/17 (breakfast measurement) MAR - 226, Glucometer 230

The blood glucose measurements recorded in Resident #2's glucometer were incorrectly recorded on the homes Diabetic 16 day monitor form on the following dates:

- 12/16/17 (lunchtime measurement) MAR - NO READING, glucometer - 139
- 12/14/17 (supperime measurement) MAR - 298, glucometer - 297
- 12/14/17 (breakfast measurement) MAR - 103, glucometer - 106
- 12/7/17 (supperime measurement) MAR - 2, glucometer - 272

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.

Short Term and Long Term Plans:

1. The Administrator reviewed with the staff the new monitor forms with incorrectly recorded blood sugars, identified the errors and put together a new procedure on taking blood sugars to prevent future recording errors.
2. All blood sugar tests during the day are now taken in the medication room to where the blood glucose monitor forms are located to be able to record immediately when checked. This procedure will prevent errors in recording the blood glucose levels / numbers.
3. Administrator assigned second shift med staff to check all blood sugars taken for the day. This checks include the monitoring form and glucometer, tally the blood sugars, date and initialed. This is done everyday to ensure proper and accurate recording of blood sugars.
4. Weekly check of the daily log is assigned to night shift med staff to be done every Saturday.
5. Administrator implemented a Blood Glucose Monitoring Sheet to document the daily checks and the weekly review of the daily check log.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Helen A. Aguillo TOW, PSL

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) HELEN A AGUILLO / Administrator Date 1/5/2018

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

The above plan of correction is approved as of 1/11/18
(Date)

Plan of correction implementation status as of 1/11/18
(Date)

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

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