



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: March 26, 2018

Ms. Shannon Martin
Administrator
Heritage Mills Personal Care Center LLC
401 Moltke Avenue
Scranton, Pennsylvania 18505

RE: Heritage Mills Personal Care Center
846 East Wiconisco Avenue
Tower City, Pennsylvania 17980
License #: 226360

Dear Ms. Martin:

As a result of the Department of Human Services' licensing inspection on August 23, 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 22636 - 08/23/2017 - Dumas, Gerald
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

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

The medication administration record (M.A.R.) for resident # 1 was not initialed on 7/24/17 for the following prescribed medications: Doc-O-lace 100 mg. soft gel take orally twice daily at 0800 and 2000, Presevison ared Soft gel. take 1 softgel by mouth twice daily was not initialed on 7/24/17 at 2000. Levimir flextouch 100 units/ml. Inject 30 units sub-q every night 2000 was also not initialed.

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.

*Med tech B was cancelled on Med Administration,
 Med pass completed with Nurse Manager.
 Attaching Following documentation YES AS
 Written Warning and Med Pass Observation
 The Administrator will oversee to ensure
 ongoing compliance of*

Repeat Violation: Yes

Date(s) of Previous Violation(s): 02/16/2017

Signature of Legal Entity Representative
 (Required on EVERY Page)

Shannon Martin Administrator

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

Shannon Martin PCHA/LPN

Date 2-14-18

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

The above plan of correction is approved as of 3/26/18
 (Date)

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

Plan of correction implementation status as of 3/26/18
 (Date)

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

Violation Report: 22636 - 08/23/2017 - Dumas, Gerald
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

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

2a. DESCRIPTION OF VIOLATION

On 8/20/17, Staff person B incorrectly administered 1.0 dose of Ativan to resident # 2. The Ativan belonged to resident # 3. Resident # 2 is prescribed to receive Ativan 0.5mg and did not receive the correct prescribed dose. The M.A.R. indicated that resident # 1 is to have a " Check finger stick sugar daily" at 8:00 a.m. On 8/3/17 at approximately 10:10 a.m., staff person A attempted to conduct a finger stick check on resident # 1 past the prescribed time.

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.

Med Tech B was given written warning counselled on Med Administration and Medication Rights Family; doctor + DPW notified of med error Med Pass completed with Nurse Manager Med Tech A completed Med Pass with Nurse Manager.
 Morning FSBS time was changed to 6am from 8am to prevent this from happening again.
 Nurse Manager dose weekly glucose Audits Administrator will oversee to ensure ongoing compliance. Q

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/16/2017

Signature of Legal Entity Representative (Required on EVERY Page) *Shannon Martin Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shannon Martin PCHA/LM* Date *2-14-18*

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

The above plan of correction is approved as of <u>3/18/18</u> (Date) <u>3/26/18</u>	Plan of correction implementation status as of <u>3/26/18</u> (Date)
The above plan of correction was approved by <u><i>Q</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: 22636 - 08/23/2017 - Dumas, Gerald
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 Resident # 1 (Date of Admission [redacted] 17), did not have a completed assessment until [redacted] 17, more than 15 days after admission 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.

This Admission took place prior to Administrators start date. Moving forward admission checklist was implemented along with Rasp and Dme Tracker.

Attaching the following documentation Checklist + Rasp + Dme Tracker - YES ∞

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Shannon Martin Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Shannon Martin PCHA/LPN* Date *2-14-18*

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

The above plan of correction is approved as of 3/26/18
 (Date)

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

Plan of correction implementation status as of 3/26/18
 (Date)

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