



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 13 2017

Ms. Vanessa Perez,
Director of Operations
Spirit of Gheel
P.O. Box 610
Kimberton, Pennsylvania 19442

RE: Buttonwood Farm
14 Buttonwood Lane
Kimberton, Pennsylvania
License #: 107900

Dear Ms. Perez:

As a result of the Department of Human Services' Personal Care Homes annual licensing inspection on September 19, 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,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 10790 - 09/19/2017 - Kazimer, Lauren
 PCH Name: BUTTONWOOD FARM

1. REGULATION 65 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 following PRN medications were discontinued by the prescriber but not removed from resident #1's medication administration record: Polyethylene Glycol powder, Ondesetron 4mg, Flulcasonone 50mcg spray, Gas Ex chewable tablets.

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.

MEDICATIONS WERE IMMEDIATELY REMOVED FROM RESIDENT'S MAR. EFFECTIVE IMMEDIATELY, ALL MARS WILL BE REVIEWED WEEKLY BY HOUSE SUPERVISOR TO ENSURE ACCURACY OF RECORDS, WITH ANY DISCREPANCIES CORRECTED.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Christopher Grala, PsyD*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *CHRISTOPHER GRALA, PsyD.* Date *10/9/17*

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

The above plan of correction is approved as of *10/11/17*
 (Date)

Plan of correction Implementation status as of *10/11/17*
 (Date)

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

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