



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 15 2017

Ms. Paula Sagan-Hahn
Executive Director
Lakewood Senior Living-Drums LLC
159 South Old Turnpike Road
Drums, Pennsylvania 18222

RE: Fritzingertown Senior Living Community
License #: 201660

Dear Ms. Sagan-Hahn:

As a result of the Department of Human Services' (Department) 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 20166 - 09/19/2017 - Novak, Ryan
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
 The licensing inspection summary dated 9/27/16 posted in the homes reception area contained the resident privacy coding document. The coding document exposes confidential information of the residents.

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.

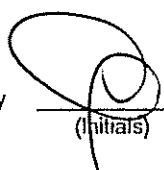
Privacy coding statement was removed from prior year's Licensing Inspection Summary immediately. Marketing Director and receptionist re-educated in the requirement for privacy of resident records at all times and acknowledged understanding. Administrator will monitor quarterly to assure compliance to this regulation.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Paula Logan Halow*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Administrator Paula Logan - Halow</i>	Date <i>11/1/2017</i>
--	-----------------------

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

The above plan of correction is approved as of <u>11-8-17</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>11-8-17</u> (Date) <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: 20166 - 09/19/2017 - Novak, Ryan
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.54(a) - Direct care staff persons shall have the following qualifications:
 (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
 (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
 (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person A hired [redacted] did not have a high school diploma, GED or active registration status on the Pennsylvania nurse aide registry.

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.

Direct care staff person did not provide high school diploma in timely fashion and employment was terminated prior to this inspection due to non-compliance to this regulation.
 Business Office Manager, Director of Resident Care Services, and Resident Care Coordinators were re-educated in the requirement of this regulation and acknowledged understanding.
 Administrator will monitor quarterly to assure compliance to this regulation.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Administrator - Paula Sagan Halpern Date 11/1/17

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

The above plan of correction is approved as of 11-8-17
 (Date)

Plan of correction implementation status as of 11-8-17
 (Date)

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

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

Violation Report: 20166 - 09/19/2017 - Novak, Ryan
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
 The homes Administrator only completed 19 of the required 24 hours of annual training for the training year September 2016-August 2017.

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.

Administrator completed 60 hours of in-service education during the year; however, submitted in-services did not meet the requirements of the Department.
 Administrator has re-educated herself in the Department's acceptable in-service requirements.
 Administrator will complete 24 hours plus additional 6 hours in the next training year and will assure continued compliance to this regulation.

Administrator will ~~that~~ mark "2017" on the 1st 6 hours of training completed in 2018.

Documents will be reviewed by representatives from the Department within the upcoming licensing period. Cf. 11-8-17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Paula Sagon Hahn*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Administrator Paula Sagon Hahn* Date *11/01/17*

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

The above plan of correction is approved as of 11-8-17
 (Date)

Plan of correction implementation status as of 11-8-17
 (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: 20166 - 09/19/2017 - Novak, Ryan
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 The water temperature in the bathroom of room 60 measured 125°.

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.

Maintenance staff was re-educated in the requirement of this regulation and facility practice and acknowledged understanding.
 All water temperatures have been monitored daily to assure compliance with water temperature requirement. To comply with regulation, a "mixing valve" has been installed to sink in specified resident bathroom to provide and maintain a water temperature that meets the requirement. (See attached photo).
 Maintenance Director will continue to complete monthly water temperature testing to assure compliance with regulation.
 Administrator will monitor quarterly to assure compliance to this regulation.

document provided

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Paula S. Novak, Administrator</i>	<i>11/01/2017</i>

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

The above plan of correction is approved as of <u>11-8-17</u> (Date)	Plan of correction implementation status as of <u>11-8-17</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: 20166 - 09/19/2017 - Novak, Ryan
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION
 Room 34 is shared by two residents. Department representative observed an unlabeled bar of soap on the bathroom sink. The bathroom did not have a separate soap dispenser.

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.

Unlabeled bar of soap in Room 34 was immediately removed and replaced with soap dispenser.
 Residents were reminded of home rule which addresses common hygiene items.
 Housekeeping staff and direct care providers were re-educated in the requirement of this regulation and facility practice and acknowledged understanding.
 Housekeeping Director will monitor daily to assure compliance with regulation.
 Executive Director will monitor quarterly to assure compliance to this regulation.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

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

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

The above plan of correction is approved as of <u>11-8-17</u> (Date)	Plan of correction implementation status as of <u>11-8-17</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 20166 - 09/19/2017 - Novak, Ryan
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION
 Leftover pears, pineapples and butter were located in the "Evergreen" kitchen refrigerator without a label.

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.

Refrigerated foods addressed were labeled immediately.
 Food service staff was re-educated by Food Service Supervisor in the requirement of this regulation as well as facility practice and acknowledged understanding.
 Food Service Supervisor will monitor daily to assure compliance with regulation.
 Administrator will monitor quarterly to assure compliance to this regulation.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Paula Sagon-Hahn*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Administrator Paula Sagon-Hahn</i>	Date <i>11/01/17</i>
---	----------------------

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

The above plan of correction is approved as of <u>11-8-17</u> (Date) The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>11-8-17</u> (Date) <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: 20166 - 09/19/2017 - Novak, Ryan
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
 A bag of chips and cereal were located in the cabinet in the "Evergreen" kitchen that were not sealed.

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.

Food addressed was immediately discarded.
 Food service staff was re-educated by Food Service Supervisor in the requirement of this regulation as well as facility practice and acknowledged understanding.
 Food Service Supervisor will monitor daily to assure compliance with regulation.
 Administrator will monitor quarterly to assure compliance to this regulation.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Paula Sagon Hahn RW*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Administrator Paula Sagon - Hahn* Date *11/01/2017*

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

The above plan of correction is approved as of <u>11-8-17</u> (Date)	Plan of correction implementation status as of <u>11-8-17</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</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: 20166 - 09/19/2017 - Novak, Ryan
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 The external dryer duct that exits the building has multiple handfuls of lint in the duct.

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.

Vent Duct was removed immediately from external dryer duct.
 Maintenance staff was re-educated in the requirement of this regulation and facility policy and acknowledge understanding.
 Lint removal from external dryer ducts will be assessed monthly and removed quarterly or as needed as part of preventative maintenance program to comply with regulation and facility policy. This will be completed by maintenance staff.
 Maintenance Director will monitor monthly to assure compliance with regulation.
 Administrator will monitor quarterly to assure compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Paula Sagan-Hahn

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

Paula Sagan - Home Administrator

Date 11/01/2017

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

The above plan of correction is approved as of 11-8-17
 (Date)

Plan of correction implementation status as of 11-8-17
 (Date)

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

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

Violation Report: 20166 - 09/19/2017 - Novak, Ryan
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drill conducted on 10/18/16 at 10:35am indicates there were 40 residents in the home at the time the alarm sounded and that 43 resident's evacuated. This was a documentation error. There were 40 PCH residents in the home at the time and 3 Independent residents.

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.

Documentation error was addressed to maintenance staff who conducts the monthly fire drills. Maintenance staff was re-educated in the requirements of this regulation and acknowledge understanding. Maintenance Director will monitor monthly to assure compliance with regulation. Administrator will monitor quarterly to assure compliance to this regulation.

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

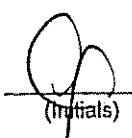
Signature of Legal Entity Representative
 (Required on EVERY Page)

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

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

The above plan of correction is approved as of 11-8-17
 (Date)

Plan of correction implementation status as of 11-8-17
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 20166 - 09/19/2017 - Novak, Ryan
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 Homes are prohibited from changing the content of a medical evaluation without the consent of the person who performed the evaluation. Resident #9's initial medical evaluation dated 12/30/16 was a copy that was faxed to the home after being signed by the doctor. There were pen and ink changes made to the document after it was faxed. The items in ink pen are as follows: Td/Tdap date "12/16", influenza date "refused", other immunizations "unknown", and medication "x" can self-administer with assistance in offering meds at prescribed times.

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.

Medical evaluation provided by physician documented that resident was able to self-administer medication AND required assistance with self-administration. Physician was notified and verbally clarified that resident required assistance with self-administration of medications. Medical evaluation was updated to avoid confusion pending the written clarification by physician. Physician provided written documentation of this change. (see attached). Administrator has re-educated herself in the regulations and will assure continued compliance to this requirement.

The Administrator will insure there is a review process in place regarding completed medical evaluations. Prior to placing in the resident file/record, the home will insure the DME is correct and complete. 11-8-17

Repeat Violation: Yes	Date(s) of Previous Violation(s): 09/27/2017
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
Date	

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

The above plan of correction is approved as of <u>11-8-17</u> (Date)	Plan of correction implementation status as of <u>11-8-17</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 20166 - 09/19/2017 - Novak, Ryan
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION
 The home's smoking policy identifies four separate smoking areas at the four corners of the home that are to be clearly identified by signage and contain metal self-closing ashtrays. The only actual smoking area identified by staff was located at the northwest corner and was not labeled as a smoking area with signage, nor was there any type of ashtray or fireproof receptacle present.

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.

Smoking policy was updated to reflect that the facility has one designated smoking area in the northwest corner of facility. Please see attached revised policy.
 Non-flammable receptacle was provided and "Designated Smoking Area" sign was provided. See attached photo.
 Maintenance staff was re-educated in the requirement of this regulation and acknowledged understanding.
 Maintenance Director will monitor monthly to assure compliance with regulation.
 Administrator will monitor quarterly to assure compliance to this regulation.

documents provided.

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

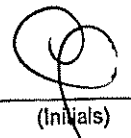
Signature of Legal Entity Representative
 (Required on EVERY Page) *Paula Sagan-Hahn*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Paula Sagan-Hahn - Administrator* Date *11/01/17*

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

The above plan of correction is approved as of 11-8-17
 (Date)

Plan of correction implementation status as of 11-8-17
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 20166 - 09/19/2017 - Novak, Ryan
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
 Department representative observed approximately 12 cigarette butts scattered throughout the mulch along the side of the facility in the area identified by staff as the northwest corner smoking area. There were also 4 to 5 cigarette butts lying in the grassy area approximately 3 feet from the stone bench located in the smoking area.

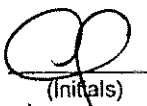
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Cigarette butts were removed from mulch alongside building immediately following identification.
 Non-flammable receptacle was provided and "Designated Smoking Area" sign was provided. See attached photo.
 Maintenance staff was re-educated in the requirement of this regulation and acknowledged understanding.
 Maintenance Director will monitor monthly to assure compliance with regulation.
 Administrator will monitor quarterly to assure compliance to this regulation.

document provided

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
<i>Paula Saaga - Admin. Assistant</i>			<i>11/01/2017</i>

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

The above plan of correction is approved as of <u>11-8-17</u> (Date)	Plan of correction implementation status as of <u>11-8-17</u> (Date)
The above plan of correction was approved by  (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: 20166 - 09/19/2017 - Novak, Ryan
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:
 (1) Identify the correct resident.
 (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
 (3) Remove the medication from the original container.
 (4) Crush or split the medication as ordered by the prescriber.
 (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
 (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
 (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION
 Resident #1 was prescribed ceftin 500mg take one tablet twice a day for five days at 8am and 5pm. Staff had initialed that they had administered it from 9/9/17 at 8am through 9/14/17 at 5pm for a total of 6 days. According to the home's staff the medication was not available in the home on 9/9/17. Had the staff been following the proper steps of medication administration, staff would not have initialed administration of a medication that was not available in the home's medication cart.

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.

Medication Technicians and licensed staff were re-educated in the proper steps of medication administration as well as facility policy. Medication policies state that administration of medication is documented at the time of administration. *- when administered (187 a 3.6.)*
 Resident Care Coordinator will monitor daily to assure compliance.
 Director of Resident Care Services will monitor monthly to assure compliance.
 Administrator will monitor quarterly to assure compliance.

Repeat Violation: No.	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Paula Sagen - Administrator			11/10/17

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

The above plan of correction is approved as of <u>11-8-17</u> (Date)	Plan of correction implementation status as of <u>11-8-17</u> (Date)
The above plan of correction was approved by <u>OP</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: 20166 - 09/19/2017 - Novak, Ryan
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
 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
 The home's first aid kit in the van contained triple antibiotic ointment with an expiration date of 5/2017.

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.

New Antibiotic ointment tube was placed in first aid kit prior to the expiration of the previous tube. Expired tube was not removed upon expiration. However, unexpired tube was also in first aid kit. Van attendant and van driver were re-educated in the requirement of this regulation.
Director of Resident Care Services will monitor monthly to assure compliance.
Administrator will monitor quarterly to assure compliance.


Repeat Violation: Yes	Date(s) of Previous Violation(s): 09/27/2017
-----------------------	--

Signature of Legal Entity Representative (Required on EVERY Page)
Paula Saenger - Administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)
 Paula Saenger - Administrator Date 11/01/17

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

The above plan of correction is approved as of 11-8-17
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 11-8-17
 (Date)

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

Violation Report: 20166 - 09/19/2017 - Novak, Ryan
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

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 #10's levemir flex pen does not have the residents 1st name on the pen or the initials of the staff person opening the pen.

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.

Medication Technicians and licensed staff were re-educated in the labeling requirements of this regulation.
 Resident Care Coordinators will monitor daily to assure compliance.
 Director of Resident Care Services will monitor monthly to assure compliance.
 Administrator will monitor quarterly to assure compliance.

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

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

The above plan of correction is approved as of <u>11-8-17</u> (Date)	Plan of correction implementation status as of <u>11-8-17</u> (Date)
The above plan of correction was approved by  (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: 20166 - 09/19/2017 - Novak, Ryan
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

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
 On 9/19/17, a package of vitron-C (65-125mg) belonging to resident #2 was located in the home's medication cart and 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.

Medication Technicians and licensed staff were re-educated in the labeling requirements of this regulation and the need to label medications, CAM. And OTC provided by residents or family members with label identifying the resident's name..
 Resident Care Coordinators will monitor daily to assure compliance.
 Director of Resident Care Services will monitor monthly to assure compliance.
 Administrator will monitor quarterly to assure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s)	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Paula Sagan-Hahn		11/01/17

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

The above plan of correction is approved as of <u>11-8-17</u> (Date)	Plan of correction implementation status as of <u>11-8-17</u> (Date)
The above plan of correction was approved by  (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: 20166 - 09/19/2017 - Novak, Ryan
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

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

Resident #3 requires glucose blood sugar monitoring daily at 8am and 4pm and receives insulin on a sliding scale as per physician's orders. The following blood glucose levels were incorrectly documented on the Accu- check control sheet:

On 9/4/17 the 8:58am blood glucose reading was 212 but was recorded as 211.

On 9/6/17 the 7:38am blood glucose reading was 189 but was recorded as 180.

On 09/10/17 the 3:55pm blood glucose reading was 165 but was recorded as 163.

On 09/11/17 the 5:49pm blood glucose reading was 161 but was recorded as 166.

Resident #4 receives blood glucose readings on Mondays and Thursdays at 7am and 4pm. The resident's glucometer had 10 readings in it and would not go back any further than 9/4/17. According to the home they clear the resident's glucometers at the beginning of each month.

Resident #5 receives blood glucose readings daily at 7:30am, 11:30am, 4:30pm, and 9pm. The resident's glucometer would not go back any further than 9/15/17. According to the home the resident received a new glucometer 9/11/17. The resident's old glucometer did not have any blood glucose readings in it.

Resident #6's glucometer noted 9/19/17 at 9:07am, the actual time was 10:09am.

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.

Medication Technicians and licensed staff were re-educated in the requirements of this regulation and:

- a. The need for accuracy in documenting glucometer results.
- b. The revision of facility practice to maintain all stored glucometer results indefinitely.
- c. The need to discard and replace any glucometer monitor unable to store accurate glucometer testing results in order to meet the requirements of this regulation. (Cause of this violation was as follows: In an attempt to be cost effective for the resident following admission to the facility, the residents' glucometer testing strips were utilized prior to initiating use of newly purchased monitor and testing strips. Due to the inability of resident's prior glucometer to store and provide memory of prior testing, that glucometer was discarded).
- d. The need for diligence in ensuring accurate time set of glucometer testing monitor.

All re-educated staff acknowledged understanding of the above.

Resident Care Coordinators will monitor daily to assure compliance.

Director of Resident Services will monitor monthly to assure compliance.

Administrator will monitor quarterly to assure compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/27/2017
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative
 (Required on EVERY Page) *Paula Sagan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Paula Sagan - Admin. Director* Date *11/1/17*

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

The above plan of correction is approved as of 11-8-17
 (Date)

Plan of correction implementation status as of 11-8-17
 (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: 20166 - 09/19/2017 - Novak, Ryan
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.1B7(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 #7 has an order for blood glucose readings 4x daily per a sliding scale. The MAR does not include the units administered as per the sliding scale.

The medication administration records for residents #4 & #5 do not include the dose (# of units) of insulin that is administered per sliding scale coverage.

Resident 5's blood glucose reading in the resident's glucometer for 9/18/17 at 9pm was 202 and the resident was to receive 4 units of insulin according to the sliding scale order. The blood glucose reading and units of insulin received was documented on the homes Accu check control sheet. Staff did not document on or initial the medication administration record.

Resident #1 is prescribed Valsartan 160 mg, take one tablet by mouth daily at 8am. On 9/4/17 and 9/5/17 at 8am this medication was administered however staff did not initial the medication administration record (MAR).

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.

Medication Technicians and licensed staff were re-educated in the documentation requirement of this regulation and the proper steps of medication administration and documentation policy and procedures.

All re-educated staff acknowledged understanding of the above.

Resident Care Coordinators will monitor daily to assure compliance.

Director of Resident Services will monitor monthly to assure compliance.

Administrator will monitor quarterly to assure compliance.

Please see attached continuation of POC.

documents provided.


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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sandra Logan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sandra Logan - Administrator</i>	Date <i>11/6/2017</i>
---	-----------------------

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

The above plan of correction is approved as of <u>11-8-17</u> (Date)	Plan of correction implementation status as of <u>11-8-17</u> (Date)
---	---

- | | |
|--|---|
| The above plan of correction was approved by 
(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 |
|--|---|

019A 8 21

Medication error incident report completed on Resident #7 and submitted to Department on 09/20/2017 as per requirement.

Facility has utilized separate control sheets to document insulin orders and administration. Standard MAR does not allow spacing for legible documentation of information required by this regulation and information requested from resident's physicians. Additionally, this record was utilized to present to physician or PCP to assist physician in determining pattern of glucometer reading as well as administered dosage of insulin which aids in prescription of most effective insulin dosing. Most of our PCP's expected and appreciate this information.

Please see attached proposed insulin administration record which we believe would meet the requirements of Regulation 2600.187(a) and provide legible documentation of insulin administration.

This policy will be incorporated into 2600.185(a) regarding the home's medication administration Policies & Procedures. Q. 11-8-17

Violation Report: 20166 - 09/19/2017 - Novak, Ryan
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

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

2a. DESCRIPTION OF VIOLATION

Resident #8 is prescribed Flovent HFA 44MCG inhale two puffs orally twice daily, 8am and 8pm. On 9/10/17 and 9/11/17 the resident did not receive this medication as it was not available in the home.
 Resident #7 has an order for blood glucose readings 4x daily per a sliding scale. On 9/13/17 at 8am 4 units should have been administered and at 12pm 6 units should have been administered; the home did not have any documentation that the insulin was administered per the sliding scale.

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.

Resident POA/Responsible Party had been notified at time of event for need to have medications at facility in timely fashion to prevent missed dose of medication.

Facility pharmacy was notified of the incident involving missed medication and agrees to supply medication when able if not delivered to facility by POA/Responsible Party.

Medication Technicians and licensed staff were re-educated in the documentation requirement of this regulation. All re-educated staff acknowledged understanding of the above.

Resident Care Coordinators will monitor daily to assure compliance.

Director of Resident Care Services will monitor monthly to assure compliance.

Administrator will monitor quarterly to assure compliance.

Medication Technician responsible for administering insulin to Resident #7 was questioned and stated insulin was given but did not document the administration. Medication error incident report completed on Resident #7 and submitted to Department on 09/20/2017 as per requirement.

Medication Technicians and licensed staff were re-educated in the documentation requirement of this regulation. All re-educated staff acknowledged understanding of the above.

Resident Care Coordinators will monitor daily to assure compliance.

Director of Resident Care Services will monitor monthly to assure compliance.


Administrator will monitor quarterly to assure compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Ruba Sagar Dabheri - Administrator</i>	11/01/2017

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

The above plan of correction is approved as of <u>11-8-17</u> (Date)	Plan of correction implementation status as of <u>11-8-17</u> (Date)
The above plan of correction was approved by  (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: 20166 - 09/19/2017 - Novak, Ryan
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION
 The following codes in the "Evergreen" unit were not posted next to the keypads: entering north evergreen from room #15, entering nurses office from the internal courtyard, entering into internal courtyard from the nurses office and exiting the dining room to external courtyard

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.

Codes for keypads were replaced using permanent technique to prevent removal of codes in future. Maintenance and Memory Care staff were re-educated in the requirements of this regulation and the need for ongoing vigilance of code posting.
Maintenance Director and Resident Care Coordinator will monitor monthly to assure compliance with regulation.
Administrator will monitor quarterly to assure compliance to this regulation.

Repeat Violation: Yes	Date(s) of Previous Violation(s): 09/27/2017
-----------------------	--

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Paula Soper - Adminstrator Date 11/8/2017

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

The above plan of correction is approved as of 11-8-17
 (Date)

Plan of correction implementation status as of 11-8-17
 (Date)

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

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