



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 11 2017

Mr. Corey I. Jones,  
CEO  
The Village at Morrison's Cove  
429 South Market Street  
Martinsburg, Pennsylvania 16662

RE: The Village at Morrison's Cove  
425 South Market Street  
Martinsburg, Pennsylvania 16662  
Certificate #: 303890

Dear Mr. Jones:

As a result of the Department of Human Services' Adult Residential Licensing's annual licensing inspections on September 20, 2017 and September 21, 2017 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](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: 30389 - 09/20/2017 - McCloskey, Jason

PCH Name: THE VILLAGE AT MORRISONS COVE

**1. REGULATION 55 Pa.Code §2600**

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**2a. DESCRIPTION OF VIOLATION**

The contract for Resident #1, admitted [redacted] 17, was not signed by the payer.

**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.*

- |   |            |
|---|------------|
| 1. Contract has been updated with payer's signature.  | 10/20/2017 |
| 2. Reeducation of admission team on regulations.  | 10/31/2017 |
| 3. Audit will be completed on all new admissions monthly for the next two months then quarterly for two quarters. | 05/31/2018 |
| 4. Administrator will review completeness prior to signing contract.  | ongoing    |

\* The administrator, and/or designee, will complete an audit all resident records to assure that each resident has a current contract in place. The audit shall be completed within 20 days from receipt of this plan.

BAS  
10/11/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Heather Rosamira*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page) *Heather Rosamira, Administrator*

Date

*10/10/17*

**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 10/31/17  
(Date)

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

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

Violation Report: 30389 - 09/20/2017 - McCloskey, Jason  
 PCH Name: THE VILLAGE AT MORRISONS COVE

**1. REGULATION 55 Pa.Code §2600**

2600.64(f) - A record of training including the individual trained, date, source, content, length of each course and copies of certificates received shall be kept.

**2a. DESCRIPTION OF VIOLATION**

The home's record of administrator training for Staff Person A, the administrator, does not include the length of each training course and did not provide an accurate account of the trainings completed within the 2016 training year.

**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.*

1. Administrator immediately scheduled for educational seminar for training year 2017.
2. Administrator will attend 24 credits in a training year. ongoing
3. Designee will monitor credits earned and will give status updates on a quarterly basis to the CEO. ongoing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Heather Rosamilia*

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

Heather Rosamilia, Administrator

Date

10/10/17

**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

10/21/17  
 (Date)

The above plan of correction was approved by

*HR*  
 (Initials)

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

**Violation Report:** 30389 - 09/20/2017 - McCloskey, Jason  
**PCH Name:** THE VILLAGE AT MORRISONS COVE

**1. REGULATION 55 Pa.Code §2600**

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

**2a. DESCRIPTION OF VIOLATION**

The annual training provided to Direct Care Staff Person B in training year 2016 does not include training in "Medication self-administration training", and "Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan."

**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.*

- 1. A training form will be created to track start dates for different divisions at The Village at Morrisons Cove (ie. Hire date to The Village might be different than the date that they actually start at Personal Care; if they were hired for the nursing home and they transitioned) 10/31/2017
- 2. A new annual training form will also be created to keep track of required education hours and topics. 10/31/2017
- 3. Training form will be monitored and a status will be reported on a quarterly basis to the Administrator. ongoing

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Heather Rosamilia, Administrator</i>	Date <i>10/10/17</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

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

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

Plan of correction implementation status as of 10/31/17  
 (Date)

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

Violation Report: 30389 - 09/20/2017 - McCloskey, Jason  
 PCH Name: THE VILLAGE AT MORRISONS COVE

**1. REGULATION 55 Pa.Code §2600**

2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- (1) The name, position and duties of each direct care staff person.
- (2) The required training courses for each staff person.
- (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

**2a. DESCRIPTION OF VIOLATION**

The home's staff training plan does not include the date(s) the home's "All Day In-service" training will be provided and identify the staff required to attend.

**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.*

- 1. Comprehensive training plan will be created that will include the name, position, and duties of each direct care staff person; required training courses; dates, times and locations of the scheduled training for the upcoming year. 10/31/2017
- 2. This training plan will be maintain by a designee and will be monitored on a quarterly basis to the Administrator ongoing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Heather A Rosamida*

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

*Heather Rosamida, Administrator*

Date

*10/10/17*

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

The above plan of correction is approved as of

*10/10/17*  
 (Date)

Plan of correction implementation status as of

*10/31/17*  
 (Date)

The above plan of correction was approved by

*BAS*  
 (Initials)

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

Violation Report: 30389 - 09/20/2017 - McCloskey, Jason  
 PCH Name: THE VILLAGE AT MORRISONS COVE

**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 records for the drills held on 10-24-16 and 8-9-17 do not document the amount of time it took for evacuation, the exit routes used, the number of residents in the home at the times of the drills, the number of residents evacuated, the number of staff participating, any problems encountered during the drills and whether the fire alarm or smoke detector was operative.

**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.*

1. Drills held on 10/24/2016 and 08/09/2016 was added to the fire drill records.
2. Maintenance was immediately re-educated on the regulation.
3. Drill records will be monitored during the safety committee monthly for two months and then quarterly for two quarters. 05/31/2018

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Heather Rosamida Administrator</u>	Date <u>10/10/17</u>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

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

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

Plan of correction Implementation status as of 10/3/17  
 (Date)

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

Violation Report: 30389 - 09/20/2017 - McCloskey, Jason  
 PCH Name: THE VILLAGE AT MORRISONS COVE

**1. REGULATION 55 Pa.Code §2600**

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**2a. DESCRIPTION OF VIOLATION**

On 9/20/17 at approximately 3:30 pm, Resident #2's bottle of Stool Softener, Top Care Chocolated Laxative, Sennoside USP 15 mg tablets, and Bendryl 25 mg tablets were unlocked and accessible in Resident #2's 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.*

1. Medications were immediately removed.
2. Family was reeducated on not storing medications in residents room
3. Letter to all family members and residents as a reminder not to store medications in residents room will be sent. If resident chooses to store medications in room and is deemed capable a secured drawer will be made available. 10/31/2017
4. During staff daily routines in the resident rooms they will observe for medications the resident may have collected or bought and secure them within the locked medroom/medcart to be dispensed at ordered interval, unless ordered to be available at resident bedside, then specified medications will be placed in lockable unit in the residents room. ongoing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Heather A Rosamilia*

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

*Heather Rosamilia, Administrator*

Date  
*10/10/17*

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

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

Plan of correction implementation status as of 10/31/17  
 (Date)

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

Violation Report: 30389 - 09/20/2017 - McCloskey, Jason

PCH Name: THE VILLAGE AT MORRISONS COVE

**1. REGULATION 55 Pa.Code §2600**

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**2a. DESCRIPTION OF VIOLATION**

On 9/20/17, the blister card containing Resident #3's APAP / Codeine, 300 mg / 30 mg tablets had tape securing two of the tablets into their blisters. One of the tablets was adhered to the tape.

The blister card containing Resident #4's Lorazepam 0.5 mg tablets had tape securing a tablet into its blister and was marked, "accidental punch on floor." The tablet was adhered to the tape.

**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.

1. Medications that had tape securing them into its blister were destroyed.
2. If in the event there becomes an opening to the foil side of the blister packs that a pill could potentially fall out from, be removed from, or be mistaken as having been removed, staff will remove the pill in question and dispose of it according to policy. ongoing
3. Audit medcart for tape on blister packs monthly for two months and quarterly for quarters.  
05/31/2018

\* All staff that provide medication administration were re-educated on the proper storage and disposal of medications on 10/6/17.

*BAS*  
10/11/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Heather Rosamilia*

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

Heather Rosamilia Administrator

Date  
10/10/17

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The above plan of correction is approved as of

10/11/17  
(Date)

Plan of correction implementation status as of

10/31/17  
(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: 30389 - 09/20/2017 - McCloskey, Jason  
 PCH Name: THE VILLAGE AT MORRISONS COVE

**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 glucometers for Residents #1, #5, #6 and #7 were not programmed with the correct date and time.  
 During a review of the readings stored in resident glucometers compared with the measurements recorded in the home's medication administration records (MARs), the following transcription errors were identified:  
 - Resident #2's glucometer, on 9/17/17 at 1900, had a measurement of 318 and the MAR documented 308. On 9/18 at 1920, Resident #2's glucometer had a measurement of 379 and the MAR documented 372.  
 - Resident #5's glucometer, on 9/16/17 at 0730, recorded a measurement of 148 and the MAR documented 145. On 9/17 at 0730, Resident #5's glucometer recorded a measurement of 137 and the MAR documented 141.  
 - Resident #6's glucometer on 9/14/17 at 1935 recorded a measurement of 454, and the MAR documented 459. On 9/17 at 2020, Resident #6's glucometer recorded a measurement of 247 and the MAR documented 224.

**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.

1. Reeducation of staff on documentation on MARS. Staff will either write down on a paper, at the time of glucose monitoring, the exact glucose reading and exact time of testing displayed on the glucometer and transcribe that to the official glucose recording page; or, they will turn the glucometer to memory mode and record the exact time and associated glucose reading at that time.  
 10/06/2017
2. Nursing manager will audit glucose recordings forms initially for 2 weeks, then bi-weekly for 2 cycles, then monthly for 2 months to ensure glucose recordings are matching documentation of glucose readings.  
 01/31/2018

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Heather Rosamilia Administrator* Date *10/10/17*

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

The above plan of correction is approved as of <u>10/11/17</u> (Date)  The above plan of correction was approved by <u><i>HR</i></u> (Initials)	Plan of correction implementation status as of <u>10/31/17</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
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