pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [redacted]
MAILING DATE: January 29, 2018

Mr. Martin D. Allen
Director
Old Orchard Health Care Center – Easton PA LLC
333 North Summit Street
Toledo, Ohio 43604

RE: Arden Courts of Old Orchard
4098 Freemansburg Avenue
Easton, Pennsylvania 18045
License #: 226040/OPA

Dear Mr. Allen:

As a result of the Department of Human Services' licensing inspection on September 21, 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,

Michele Moskalczyk

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: ARDEN COURTS OF OLD ORCHARD	License Number: 22604
Address: 4098 FREEMANSBURG AVENUE, EASTON, PA 18045	County: Northampton
Administrator: ELIZABETH MURPHY	Region: NORTHEAST

Legal Entity Name: OLD ORCHARD HEALTH CARE CENTER EASTON PA LLC

Legal Entity Address: 333 NORTH SUMMIT STREET, TOLEDO, OH 43604

Certificate(s) of Occupancy
I-2
10/07/2015
TOWNSHIP OF BETHLEHEM

Staffing Hours

Resident Support: 38	Total Daily Staff: 108	Waking Staff: 81
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced

Reason(s) for Inspection(s)
Incident

On-Site Inspections Dates and Department Representatives On-Site
09/21/2017: Yellenic, Cindy; Novak, Ryan

Off-Site Inspection Dates and Inspectors, if Applicable

Other Details

Partial or Full Triggers:	Random Indicators:

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 64

Number of Residents Served: 36

Secured Dementia Care Unit in Home: Yes

Area: WHOLE THING

Secured Dementia Unit Capacity, If Applicable: 64

Number of Residents Served in Secured Dementia Care Unit, if applicable: 36

Number of Current Hospice Residents: 2

Number of Hospice Residents in past year: 17

Number of Residents who:

- Receive Supplemental Security Income: 0
- Are 60 Years of Age or Older: 36
- Have Mental Illness: 0
- Have an Intellectual Disability: 0
- Have a Mobility Need: 36
- Have a Physical Disability: 0

Violation Report: 22604 - 09/21/2017 - Yellenic, Cindy
PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #1 hit Resident #2 on the head on 9/9/17. The home did not submit a report to the local area agency on aging regarding the alleged abuse.

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.

(To be completed within 30 Days of receipt of LIS)

All staff, including the administrator, shall receive training in abuse reporting and prevention from an outside source approved by the Department and at the home's expense. In the future, the administrator will ensure that all suspected abuse is reported in accordance with the Older Adults Protective Services Act and 6 Pa.Code Sections 15.21-15.27.

See Attached

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

Signature of Legal Entity Representative (Required on EVERY Page) Arlene Henry

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Arlene Henry, Executive Director — **Date** 12/4/17

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

The above plan of correction is approved as of 12/6/17 (Date)

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

Plan of correction implementation status as of 1-18-18 (Date)

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

15 (a)

1) Abuse reporting and prevention training was completed for all staff, including administrator, by [redacted] (Northampton AAA)
   a) In-Service Attendance Records (Administrator – Arlene Henry – first signature)
   b) Training Documents

2) Documentation regarding reporting the incident timely -- "Resident #1 hit Resident #2 on the head on 9/9/17".
   a) Act-13 Mandatory Abuse Report – initial report (oral report completed 9/9/17; written report completed 9/10/17)
   b) Act-13 Mandatory Abuse Report – requested, re-submission (completed 9/26/17)

12/6/17

Arlene Henry, ED 12/5/17

Violation Report: 22604 - 09/21/2017 - Yallenic, Cindy
PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Resident #1 hit Resident #2 on the head on 9/9/17. The home did not submit an incident report to the Department regarding the alleged abuse.

Resident #2 did not receive the prescribed quetiapine and gabapentin on 7/13/17 and the prescribed furosemide from 7/13-7/18/17. The home did not submit an incident report to the Department regarding the medication error.

The home failed to report the following medication errors: on 6/21/17 the staff did not administer the Bethanecol Chloride 5mg. at 9:00pm to Resident #3. On 6/17/17, the staff did not administer any of Resident #3's 9:00am medications. Resident #3 was unable to have his/her Tamsulosin from 7/11/17 to 7/31/17 as the medication was not available. Resident #3 did not receive his/her Bethanechol Chloride, 5mg. on 6/3/17 at 1:00pm and all three doses on 6/14/17, due to the medication not being available. In all 4 instances the home failed to notify the Department of the medication errors.

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.

The administrator shall be responsible to ensure that incident reports are submitted to the BHSL NE regional office for each of the reportable incidents described in the violation above within 7 calendar days of receipt of this LIS.

The Administrator shall be responsible to review with all staff of the home the different types incidents required to be reported under Ch.2600.16(a) as well as the reporting requirements outlined under Ch.2600.16(c)(d) and (e) within 30 days of receipt of this LIS with all staff. Documentation of the review with staff shall be maintained by the home and available for review by the department. All future incidents shall be reported as required.

See Attached

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/10/2017	05/10/2017	05/25/2017

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Arlene Henry, Executive Director

Date 12/4/17

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

The above plan of correction is approved as of 12/6/17 (Date)

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

Plan of correction implementation status as of 1-18-18 (Date)

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

16 (c)

1) Documentation regarding reporting the incident -- "Resident #1 hit Resident #2 on the head on 9/9/17."
   a) Reportable Incident – initial report (completed 9/10/17)
   b) Reportable Incident – requested, re-submission (completed 9/26/17)

2) Reportable Incident Form – Resident #2 (submitted 11/30/17); Move-Out Summary 11/9/17

3) Reportable Incident Form – Resident #3 (submitted 11/30/17); Move-Out Summary 11/7/17

4) Incident reporting training completed for all staff by [redacted] (Mobile Executive Director)
   a) In-Service Attendance Record
   b) Training Documents

5) Audit tool will be used to ensure incidents are reported to the Department in accordance to regulation 16 (c).
   November 30, 2017, and on-going

12/6/17

ED 12/5/17

Violation Report: 22604 - 09/21/2017 - Yellenic, Cindy
PCH Name: ARDEN COURTS OF OLD ORCHARD

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
Resident #4 had a physician's order for Amoldipine 2.5mg that was discontinued on 8/23/17. The medication was still available in the medication cart on 9/21/17.

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.

(To be completed within 7 calendar days of receipt of LIS and monthly thereafter)

The administrator and/or a staff person designated by the administrator shall audit all of the resident medications maintained in the home and ensure that only current prescriptions, OTC, sample and CAM for individuals living in the home may be kept in the home. The audits shall be documented on a log sheet and maintained for review by the Department upon request.

See Attached

Repeat Violation: Yes	Date(s) of Previous Violation(s): 05/10/2017		

Signature of Legal Entity Representative
(Required on EVERY Page) Arlene Henry

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Arlene Henry, ED

Date 12/4/17

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

The above plan of correction is approved as of 12/6/17 (Date)

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

Plan of correction implementation status as of 1-18-18 (Date)

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

183 (d)

1) The discontinued medication for resident #4 was removed from the medication cart.

2) An audit was completed of all resident medications on 12/5/17 by the Director of Wellness Management to ensure only current prescriptions of individuals living in the home are kept in the home
   a) Completed audit tool (note 183 "d" at the top of the tool) and reviewed by administrator

3) The preceding audit tool will be completed on a weekly basis by the administrator or staff person designated by the administrator and reviewed for necessary follow up by the administrator.
   December 5, 2017, and on-going

4) 100% of licensed nurses who administer medications were re-trained by the Director of Wellness Management regarding regulation 183 (d). The Resident Services Coordinator will be responsible to train all new employees who administer medications regarding regulation 183 (d).
   a) In-Service Attendance Record
   b) Training documents

12/6/17

ED 12/5/17

Violation Report: 22604 - 09/21/2017 - Yellenic, Cindy
PCH Name: ARDEN COURTS OF OLD ORCHARD

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 narcotic count sheet is missing initials on 9/16 for first shift and 2nd shift, and on 9/17 for the first shift.

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.

(To be completed within 30 days of receipt of this LIS)

The administrator and/or a staff person designated by the administrator shall re-train all staff who administer medications at the home on the accountibility of controlled substances and the required medication procedures as outlined under this regulation.

The training will include, at a minimum:
1. Use of a medication delivery log that documents the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors, including who is responsible for completing the investigation and how the findings will be reported to the Department.
3. Policy and procedures for locking medications, and which staff persons will have access to the medications.
4. Use of the home's narcotic count sheet and documentation of narcotic counts at shift change.

Documentation of the training shall be maintained for review by the Department upon request.

See Attached

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) Arlene Henry, Executive Director

Date 12/4/17

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

The above plan of correction is approved as of 12/6/17 (Date)

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

Plan of correction implementation status as of 1-18-18 (Date)

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

185 (a)

1) 100% of licensed nurses who administer medications were re-trained by the Director of Wellness Management regarding regulation 185 (a), including the following:
   a) Use of a medication delivery log (attached) that documents the receipt of controlled substances and prescription medications. (#1 attachment)
   b) A process to investigate and account for missing medications and medication errors, including who is responsible for completing the investigation and how the findings will be reported to the Department. (#2 attachments)
   c) Policy and procedures for locking medications, and which staff persons will have access to the medications. (#3 attachment)
   d) Use of the home's narcotic count sheet and documentation of narcotic counts at shift change. (#4 attachments)

   The Resident Services Coordinator will be responsible to train all new employees who administer medications regarding regulation 185 (a).
   a) In-Service Attendance Record
   b) Training documents

2) An audit was completed of all resident medications on 12/5/17 by the Director of Wellness Management to ensure compliance with regulation 185 (a).
   a) Completed audit tool and reviewed by administrator

3) The preceding audit tool will be completed on a weekly basis by the administrator or staff person designated by the administrator and reviewed for necessary follow up by the administrator.
   December 5, 2017, and on-going

12/6/17

ED 12/5/17

Violation Report: 22604 - 09/21/2017 - Yellanic, Cindy
PCH Name: ARDEN COURTS OF OLD ORCHARD

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

On the following dates and time the MAR for Resident #3 was not initialed after the medication was administered: 7-3-17, 7-5-17, and 7-26-17 at 9:00pm for Losartan; on 8-06-17 at 1:00pm for the Bethanechol Chloride 5mg.

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.

(To be completd within 30 days of receipt of this LIS)

The administrator or a staff person designated by the administrator will re-train all staff who administer medications at the home on this regulation, including the requirement to initial the medication administration record immediately after the administration of each medication to a resident.

Documentation of the training shall be maintained for review by the Department upon request.

See A Hachael

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) Arlene Henry, Executive Director

Date 12/4/17

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

The above plan of correction is approved as of 12-6-17 (Date)

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

Plan of correction implementation status as of 1-18-18 (Date)

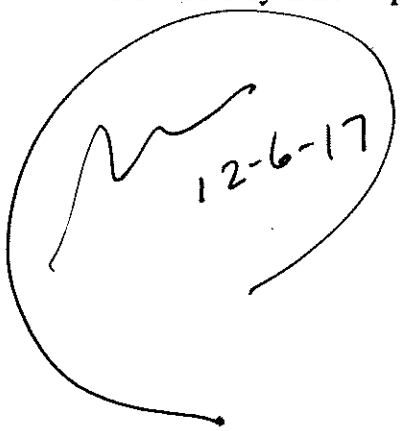
- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

187 (a)

1) 100% of licensed nurses who administer medications were re-trained by the Director of Wellness Management regarding regulation 187 (a). The Resident Services Coordinator will be responsible to train all new employees who administer medications regarding regulation 187 (a), including the requirement to initial the medication administration record immediately after the administration of each medication to a resident.
   a) In-Service Attendance Record
   b) Training documents

2) An audit was completed of all resident medications on 12/5/17 by the Director of Wellness Management to ensure compliance with regulation 187 (a), including initialing medications following medication administration.
   a) Completed audit tool and reviewed by administrator

3) The preceding audit tool will be completed on a weekly basis by the administrator or staff person designated by the administrator and reviewed for necessary follow up by the administrator.
   December 5, 2017, and on-going



IFO 12/5/17

Violation Report: 22804 - 09/21/2017 - Yellenic, Cindy
PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 refused all 8am medications on 7/23/17 and all 4pm medications on 7/14/17. The home did not notify the prescriber regarding the refusals.

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.

(Immediately and Ongoing)

The administrator shall be responsible to ensure that the medication refusals outlined in the violation above are reported to the prescriber as required, if not already done so.

Going forward, the administrator shall be responsible to ensure that any refusal by a resident to take a prescribed medication is reported to the prescriber as required by this regulation.

See Attached

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/10/2017		

Signature of Legal Entity Representative
(Required on EVERY Page) Arlene Henry

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Arlene Henry, Executive Director

Date 12/4/17

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

The above plan of correction is approved as of 12-6-17 (Date)

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

Plan of correction implementation status as of 1-18-18 (Date)

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

187 (c)

1) Resident #2 moved out of the facility on [redacted]17 before the prescriber could be notified.
   a) Move-Out Summary – Resident #2

2) 100% of licensed nurses who administer medications were re-trained by the Director of Wellness Management regarding regulation 187 (c), including any medication refusal by a resident is reported to the prescriber. The Resident Services Coordinator will be responsible to train all new employees who administer medications regarding regulation 187 (c).
   a) In-Service Attendance Record
   b) Training documents

3) An audit was completed of all resident medications on 12/5/17 by the Director of Wellness Management to ensure any resident refusals are reported to the prescriber.
   a) Completed audit tool and reviewed by administrator

4) The preceding audit tool will be completed on a weekly basis by the administrator or staff person designated by the administrator and reviewed for necessary follow up by the administrator.
   December 5, 2017, and on-going

ED 12/5/17

Violation Report: 22804 - 09/21/2017 - Yellenic, Cindy
PCH Name: ARDEN COURTS OF OLD ORCHARD

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

2a. DESCRIPTION OF VIOLATION
Resident #2 did not receive the prescribed quetiapine and gabapentin on 7/13/17 and the prescribed furosemide from 7/13-7/18/17. On 6-17-17 all of the 9:00am medications for Resident #3 were not given. Resident #3 had a physician's order for Lorazepam to be given at bedtime as needed. On 6-8-17 the medication was administered at 5:00pm and on 6-24-17 at 4:30pm and on 8-28-17 at 11:30pm the medication was administered for wrist pain. Lorazepam is a medication for a diagnosis of anxiety. Resident #3 was unable to have his/her Tamsulosin from 7/11/17 to 7/31/17 as the medication was not available. Resident #3 did not receive his/her Bethanechol Chloride 5mg on 8/3/17 at 1:00pm and all three doses on 8/14/17, due to the medication not being available. The resident has a physician's order for Lorazepam 2 x daily and a PRN every 8 hours as needed; on the following dates and times the resident was not administered the medication; 7-28 at 9:00pm; 8-1 to 8-8 at 9:00pm; on 8-12, 8-17, and 8-28 the resident was administered 2 doses at 9:00am.

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.

(To be completed within 30 days of receipt of this LIS)

The administrator or a staff designated by the administrator shall audit treatment orders and medication administration records (MARs) for all residents of the home and ensure that the home is following the directions of the prescriber. The audit shall be documented on a log sheet and maintained by the home for review by the Department upon request.

The administrator shall also be responsible to monitor and ensure ongoing compliance.

See Attached

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/10/2017	05/25/2017	

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Arlene Henry, Executive Director

Date 12/4/17

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

The above plan of correction is approved as of 12/6/17 (Date)

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

Plan of correction implementation status as of 1-18-18 (Date)

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

187 (d)

1) Resident #2 moved out of the facility on [redacted]17.
   a) Move-Out Summary – Resident #2

2) Resident #3 moved out of the facility on [redacted]17.
   b) Move-Out Summary – Resident #3

3) 100% of licensed nurses who administer medications were re-trained by the Director of Wellness Management regarding regulation 187 (d), including ensure the home is following the directions of the prescriber. The Resident Services Coordinator will be responsible to train all new employees who administer medications regarding regulation 187 (d).
   a) In-Service Attendance Record
   b) Training documents

4) An audit was completed of all resident medications on 12/5/17 by the Director of Wellness Management to ensure the home is following orders of the prescriber.
   a) Completed audit tool and reviewed by administrator

5) The preceding audit tool will be completed on a weekly basis by the administrator or staff person designated by the administrator and reviewed for necessary follow up by the administrator.
   December 5, 2017, and on-going

12.6.17

Helen Ng, ED 12/5/17

Violation Report: 22604 - 09/21/2017 - Yellenic, Cindy
PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600
2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #2 did not receive the prescribed quetiapine and gabapentin on 7/13/17 and the prescribed furosemide from 7/13-7/18/17. The prescriber was not notified regarding the medication errors.
The following medication errors were not reported to the resident's physicians: on 6-17-17 all of the 9:00am medications for Resident #3 were not given. Resident #3 had a physician's order for Lorazepam to be given at bedtime as needed. Resident #3 was unable to have his/her Tamsulosin from 7/11/17 to 7/31/17 as the medication was not available. Resident #3 did not receive his/her Bethanechol Chloride, 5mg, on 8/3/17 at 1:00pm and all three doses on 8/14/17, due to the medication not being available. The resident has a physician's order for Lorazepam 2 x daily and a PRN every 8 hours as needed: on the following dates and times the resident was not administered the medication: 7-26 at 9:00pm; 8-1 to 8-8 at 9:00pm; on 8-12, 8-17, and 8-25 the resident was administered 2 doses at 9:00am.

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.

(Immediately and Ongoing)

The administrator shall be responsible to ensure that the medication errors outlined in the violation above are reported to the resident, the resident's designated person and the prescriber as required, if not already done so.

Going forward, the administrator shall be responsible to ensure that any medication error is reported as required by this regulation.

See Attached

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) Arlene Henry, Executive Director

Date 12/4/17

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

The above plan of correction is approved as of 12/6/17 (Date)

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

Plan of correction implementation status as of 1-18-18 (Date)

- ☐ Fully implemented
- ☒ Partially implemented - Adequate Progress
- ☐ Partially implemented - Inadequate Progress
- ☐ Not implemented

188 (b)

1) Resident #2 moved out of the facility on [redacted]7 before the prescriber could be notified.
   a) Move-Out Summary – Resident #2

2) Resident #3 moved out of the facility on [redacted]17 before the prescriber could be notified.
   a) Move-Out Summary – Resident #3

3) 100% of licensed nurses who administer medications were re-trained by the Director of Wellness Management regarding regulation 188 (b), including reporting of medication errors. The Resident Services Coordinator will be responsible to train all new employees who administer medications regarding regulation 188 (b).
   a) In-Service Attendance Record
   b) Training documents

4) An audit was completed of all resident medications on 12/5/17 by the Director of Wellness Management to ensure the home reports medications errors appropriately.
   a) Completed audit tool and reviewed by administrator

5) The preceding audit tool will be completed on a weekly basis by the administrator or staff person designated by the administrator and reviewed for necessary follow up by the administrator.
   December 5, 2017, and on-going

12/6/17

ED 12/5/17

Violation Report: 22604 - 09/21/2017 - Yellenic, Cindy
PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2800

2800.231(a) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1's contract dated [redacted]17 did not have a signed statement from the residents designated person regarding the admission to a secure dementia care unit.

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.

(To be completed within 15 days of receipt of this LIS)

The administrator shall be responsible to obtain documetation from the designated person for resident #1 indicating that they do not object to the resident's admission to the secure dementia unit. The documetation shll be maintained in the resident's record.

Going forward, the administrator shall be responsible to ensure that all residents admitted to the secure dementia unit have documentation in their records as required by this regulation.

See Attached

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Arlene Henry, Executive Director

Date 12/4/17

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

The above plan of correction is approved as of 12-6-17 (Date)

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

Plan of correction implementation status as of 1-18-18 (Date)

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

231 (e)

1) Resident #1 moved out of the facility on [redacted]17 before the signature of the designated person could be obtained.
   a) Move-Out Summary – Resident #1

2) Upon admission of new residents, the attached audit tool will be facilitated by the administrator to ensure that all residents admitted to the facility have documentation in their records as required by regulation 231 (e).

12.6.17

ED 12/5/17

Violation Report: 22804 - 09/21/2017 - Yellenic, Cindy
PCH Name: ARDEN COURTS OF OLD ORCHARD

1. REGULATION 55 Pa.Code §2600
2600.234(b) - The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

2a. DESCRIPTION OF VIOLATION
The Resident Assessment Support Plan (RASP) for Resident #3 was not updated to reflect how the resident obtained a broken wrist and the RASP does not address his/her dietary needs.
The RASP for Resident #4 does not address his/her dietary need for an NCS diet.

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.

(To be completed within 15 days of the receipt of this LIS)

The administrator shall be responsible to ensure that the RASPs for residents #3 and #4 are updated to reflect the changes and/or dietary needs outlined in the violation above.

The administrator shall be responsible for ongoing compliance with this regulation.

See Attached

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

Signature of Legal Entity Representative (Required on EVERY Page) Arlene Henry

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Arlene Henry, Executive Director — Date 12/4/17

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

The above plan of correction is approved as of 12.6.17 (Date)

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

Plan of correction implementation status as of 1-18-18 (Date)

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

234 (b)

1) The updated RASP addendums for Resident #3 is attached. The addendums address how the resident obtained a broken wrist and dietary needs (with accompanying physician's order).

2) Resident #3 moved out of the facility on [redacted]17.
   a) Move-Out Summary – Resident #3

3) The updated RASP addendum for Resident #4 is attached. The addendum addresses the resident's dietary needs (with accompanying physician's order).

4) An audit of all resident's RASPs was completed by November 30, 2017, by the administrator or designee to ensure the support plan addresses the resident's physical, medical, social, cognitive, and safety needs. The Senior Administrator reviewed and signed the audit tool.
   a) Completed audit tool

5) The administrator will update the resident's RASP daily based on resident reviews completed daily in morning meeting.
   November 30, 2017 and on-going

12-6-17

EO 12/5/17