pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **INSPIRIT PALMERTON OPERATOR LLC**
LEGAL ENTITY

To operate **THE PALMERTON, AN INSPIRIT SENIOR LIVING COMMUNITY**
NAME OF FACILITY OR AGENCY

Located at **71 PRINCETON AVENUE, PALMERTON, PA 18071**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **70**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 15

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **January 5, 2018** until **January 5, 2019**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226800**

Robert E. Robinson
ISSUING OFFICER

Tina L Long
ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628tl – 12/17

pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 08 2018

Ms. Arlene Henry
Executive Director
Inspirit Palmerton Operator LLC
71 Princeton Avenue
Palmerton, Pennsylvania 18071

RE: The Palmerton, an Inspirit Senior Living Community
License #226800

Dear Ms. Henry:

As a result of the Department of Human Services' (Department) annual licensing inspection on October 19, 2017 and October 24, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

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,

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

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

PCH Name: THE PALMERTON AN INSPIRIT SENIOR LIVING COMMUNITY	**License Number:** 22680
Address: 71 PRINCETON AVENUE, PALMERTON, PA 18071	**County:** Carbon
Administrator: Amy Kehrer	**Region:** NORTHEAST
Legal Entity Name: INSPIRIT PALMERTON OPERATOR LLC	
Legal Entity Address: 71 PRINCETON AVENUE, PALMERTON, PA 18071	

Certificate(s) of Occupancy

I-2	I-2
05/23/2017	06/16/2010
Borough of Palmerton	Borough of Palmerton

Staffing Hours

Resident Support: 0	**Total Daily Staff:** 79	**Waking Staff:** 59

Type of Inspection: Full	**BHA Docket Number:**	**Notice:** Unannounced

Reason(s) for Inspection(s)

Renewal

On-Site Inspections Dates and Department Representatives On-Site

10/19/2017: Foulkes, Kimberli; Harvey, Jason
10/24/2017: Foulkes, Kimberli; Harvey, Jason

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: 70	**Number of Residents who:**
Number of Residents Served: 62	**Receive Supplemental Security Income:** 0
Secured Dementia Care Unit in Home: Yes	**Are 60 Years of Age or Older:** 62
Area: 1st floor	**Have Mental Illness:** 2
Secured Dementia Unit Capacity, if Applicable: 15	**Have an Intellectual Disability:** 0
Number of Residents Served in Secured Dementia Care Unit, if applicable: 11	**Have a Mobility Need:** 17
Number of Current Hospice Residents: 6	**Have a Physical Disability:** 1
Number of Hospice Residents in past year: 8	

Violation Report: 22680 - 10/19/2017 - Foulkes, Kimberli
PCH Name: THE PALMERTON AN INSPIRIT 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 from 7/8/2016 was posted on the home's bulletin board located on the first floor across from the elevator; the resident privacy coding was attached to the Licensing Inspection Summary.

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 privacy coding was immediately taken down off the bulletin board.

All staff that is involved with plans of corrections was educated on not publicly putting personal information with the violation report. That it is also a HIPPA violation.

The current administrator will ensure that the privacy coding does not get posted.

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

Signature of Legal Entity Representative {Required on EVERY Page} Terri Kotch

Printed Name and Title of Legal Entity Representative {Required on EVERY Page} Terri Kotch - Administrator

Date 12/20/17

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

The above plan of correction is approved as of 12/27/17 (Date)

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

Plan of correction implementation status as of 12/27/17 (Date)

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

Violation Report: 22680 - 10/19/2017 - Foulkes, Kimberli
PCH Name: THE PALMERTON AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION
There is no record of financial transactions including deposits and withdrawals listed in the financial management records for resident's #1, #2, #3 and #4. The home leaves envelopes with spending cash taped to the inside of the resident's closet.

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.

All staff educated on the financial regulation for a resident who needs financial management.
All resident monies were balanced and will be balanced quarterly according to regulation and they will sign the record and get a copy of the record quarterly.
The business office manager and the Administrator will ensure this process is done on a quarterly basis.

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

Signature of Legal Entity Representative {Required on EVERY Page} Terri Kotch

Printed Name and Title of Legal Entity Representative {Required on EVERY Page} Terri Kotch - Administrator — **Date** 12/20/17

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

Plan of correction implementation status as of 12/27/17 (Date)

- D Fully Implemented
- [X] Partially Implemented - Adequate Progress
- D Partially Implemented - Inadequate Progress
- D Not Implemented

Violation Report: 22680 - 10/19/2017 - Foulkes, Kimberli
PCH Name: THE PALMERTON AN INSPIRIT SENIOR LIVING COMMUNITY

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 in the record for resident #5 dated [redacted]17 was not signed by the resident.

The contract in the record for resident #6 dated [redacted]/17 was not signed by the resident.

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 5 and 6's contracts were explained to the resident again and they were signed. The new admission director was educated on the need to obtain the resident signature during the admission process.

The administrator will review the contract to make sure it is appropriately signed at the time the chart is created.

- The home will complete an audit of all contracts for the current residents to assure there are proper required signatures. The audit shall be completed within 60 days from this receipt of this plan.
- The administrator shall monitor and be responsible for ongoing compliance. 12/27/17

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

Signature of Legal Entity Representative (Required on EVERY Page) Terri Kotch

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Terri Kotch - Administrator **Date** 12/20/17

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

Plan of correction implementation status as of 12/27/17 (Date)

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

Violation Report: 22680 - 10/19/2017 - Foulkes, Kimberli
PCH Name: THE PALMERTON AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
The home's first aid kit, located in the utility area outside of the SCDU, does not contain a thermometer.

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.

A thermometer was purchased and put in the first aid kit outside the SCDU. Attached to each kit is a laminated list of all necessary items that need to be in the first aid kit. Staff was educated on the items that must be in the first aid kits and explained that when something is removed it must be replaced immediately or the director of nursing must be made aware so it gets replaced.

A monthly audit will be done by the director of nursing to ensure that everything is in the first aid kit that is required.

The administrator shall monitor and be responsible for ongoing compliance.

12/27/17

Repeat Violation: Yes | **Date(s) of Previous Violation(s):** 05/31/2017

Signature of Legal Entity Representative (Required on EVERY Page) Terri Kotch

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Terri Kotch-Administrator | **Date** 12/20/17

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

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

Plan of correction implementation status as of 12/27/17 (Date)

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

Violation Report: 22680 - 10/19/2017 - Foulkes, Kimberli
PCH Name: THE PALMERTON AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.96(c) - The first aid kit must be in a location that is easily accessible to staff persons.

2a. DESCRIPTION OF VIOLATION

The home's first aid kit is located in the utility area outside of the SCDU is not accessible to staff because it had 3 zip ties securing it closed. Only two of them could be broken and staff had to retrieve scissors to cut the third.

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 zip ties were purchased to secure the first aid kits that can be broken by hand and do not need scissors to open. If we would run out of the zip ties that can be broken by hand nothing will be put on the first aid kits until we get the correct ones.

The director of nursing will monitor that when doing audits of the first aid kits.

- The administrator shall monitor and be responsible for ongoing compliance.

12/27/17

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

Signature of Legal Entity Representative (Required on EVERY Page) Terri Kotch

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Terri Kotch - Administrater

Date 12/20/17

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

The above plan of correction is approved as of 12/27/17 (Date)

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

Plan of correction implementation status as of 12/27/17 (Date)

D Fully Implemented

X Partially Implemented - Adequate Progress

D Partially Implemented - Inadequate Progress

D Not Implemented

Violation Report: 22680-10/19/2017 - Foulkes, Kimberli
PCH Name: THE PALMERTON AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.105(9)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
The lint trap in the dryer located in the 2nd floor laundry room was full of lint. It had approximately¾" of lint on the filter posing a fire hazard.

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.

All staff was reeducated on the importance of emptying the lint trap after each use at our fire safety training that was just held in December. We had examples of what happens when the lint does not get emptied in a timely manner.
Instructed all staff to check the lint trap before and after each load.
Maintenance and Housekeeping will check dryer lint traps throughout the day to ensure the lint trap is free of lint.

- The administrator shall monitor and be responsible for ongoing compliance.

12/27/17

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

Signature of Legal Entity Representative {Required on EVERY Page) Terri Kotch

Printed Name and Title of Legal Entity Representative {Required on EVERY Page) Terri Kotch - Administrator | **Date** 12/30/17

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

The above plan of correction is approved as of 12/27/17 (Date)

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

Plan of correction implementation status as of 12/27/17 (Date)

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

Violation Report: 22680 - 10/19/2017 - Foulkes, Kimberli
PCH Name: THE PALMERTON AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.132(1) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION
The home's fire drill record indicates the home is not alternating exit routes during monthly fire drills. The home fire drill log indicates the home used the front door and west stair exits during monthly fire drills on the following dates:

6/20/17, 7/13/17, 8/29/17, and 9/30/17.

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.

The west stairwell is the fire safe area in the community so if that can be used residents automatically go to that exit. In the future we will alternate exit routes so all the exit routes are used throughout the year.

The maintenance person was educated on this process since he is the person who runs the drills.

The administrator will make sure that the home is in compliance with this regulation.

Repeat Violation: Yes	Date(s) of Previous Violation(s): 05/31/2017	

Signature of Legal Entity Representative (Required on EVERY Page) Terri Koch

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Terri Koch - Administrator

Date 12/20/17

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

The above plan of correction is approved as of 12/27/17 (Date)

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

Plan of correction implementation status as of 12/27/17 (Date)

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

Violation Report: 22680 - 10/19/2017 - Foulkes, Kimberli
PCH Name: THE PALMERTON AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1)- A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #7 does not have annual medical evaluation completed for 2017, the last medical evaluation was completed on 9/23/16 more than 12 months and 15-day flex or grace period.

Resident #8 does not have annual medical evaluation completed for 2017, the last medical evaluation was completed on 9/14/16 more than 12 months and 15-day flex or grace period.

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.

An excel spread sheet has been created showing the annual renewal dates needed for each individual residents RASP and Medical Evaluation. The medical evaluation will be started a month prior to ensure that there is time for the form to be completed properly. (See Attached)

When the resident's medical evaluation is completed the Director of Nursing will initial and date the form to show it has been completed.

The administrator will check monthly do ensure that all medical evaluations are being done on time.

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

Signature of Legal Entity Representative (Required on EVERY Page) Terri Kotch

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Terri Kotch - Administrator

Date 12/20/17

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The above plan of correction is approved as of 12/27/17 (Date)

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

Plan of correction implementation status as of 12/27/17 (Date)

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

Violation Report: 22680 - 10/19/2017 - Foulkes, Kimberli
PCH Name: THE PALMERTON AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
The home's Secured Dementia Cure Unit does not have the current weeks and following week's menus posted in public and conspicuous area of the 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 agah *If steps cannot be completed immediately, include dates by which the steps will be completed.*

The home will post in public and a conspicuous area in the SDCU the current week and the following week's menu. It is posted on the personal care side and it will be posted in the SDCU also at the same time.
The dietary manager was educated on the regulation and will make sure that both units have what is required.
The administrator will ensure that the menus are posted in both units.

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

Signature of Legal Entity Representative (Required on EVERY Page) TERRI Kotch

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Terri Kotch - Administrator | **Date** 12/20/17

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

The above plan of correction is approved as of 12/27/17 (Date)

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

Plan of correction implementation status as of 12/27/17 (Date)

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

Violation Report: 22680 - 10/19/2017 - Foulkes, Kimberli
PCH Name: THE PALMERTON AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

(1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.

(2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.

(3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.

(4) A staff person who has completed the medication administration training as specified in§ 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

The home's medication administration training record for staff person A does not include documentation of successful completion of training for training year 8/10/16 through 8/10/17. The home's trainer had only conducted one medication administration record review and one medication administration observation. On 10/1/17 and 10/14/17 on the 11pm-7am shift staff person A administered **medications.**

The home's medication administration training record for staff person B does not include documentation of successful completion of training for training year 11/7/15 through 11/7/16. The home's trainer only conducted one medication administration record review and one medication administration observation. On 10/1/17 and 10/14/17 from 11pm-7am staff person B administered medications.

The home's medication administration training record for staff person C does not include documentation of successful completion of training for training year 9/21/16 through 9/21/17. The home's trainer only conducted one medication administration observation. The training record on 10/19/17 also had listed a medication administration record review date of 12/2017 and a medication administration observation date of 12/20/17 both in the future. On 10/1/17 and 10/14/17 from 3pm to 11pm staff person C administered medications.

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.

- Staff persons A,B,&C had their annual practicum's completed by a certified train for 2017. (See attached)
- Moving forward each med tech will have their 2 MAR reviews and 2 observations per year as required.
- Director of Nursing will get certified as a Med Trainer or we will get someone in to do reviews as per regulation.
- Administrator will ensure that all med techs are current with certification.

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

Signature of Legal Entity Representative (Required on EVERY Page) Terri Kotch

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Terri Kotch - Administrator | **Date** 12/20/17

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

The above plan of correction is approved as of 12/27/17 (Date)

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

Plan of correction implementation status as of 12/27/17 (Date)

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

Violation Report: 22680 - 10/19/2017 - Foulkes, Kimberli
PCH Name: THE PALMERTON AN INSPIRIT SENIOR LIVING COMMUNITY

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

Resident #9 is prescribed amlodipine 5 mg tablet, one tablet orally every morning. Hold for systolic blood pressure less than or equal to 120. On 10/8/17 at 8:30am it was 90/62 and the medication was held, but staff initialed it was administered.

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.

All Med Tech staff was reeducated on the importance of reading the entire med order and following through with signing and documenting if medication is being held for a reason.

The Director of Nursing will audit the MARS monthly to ensure regulatory compliance.

- The administrator shall monitor and be responsible for ongoing compliance.

12/27/17

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

Signature of Legal Entity Representative (Required on EVERY Page) Terri Kotch

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Terri Kotch - Administrator

Date 12/6/17

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

The above plan of correction is approved as of 12/27/17 (Date)

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

Plan of correction implementation status as of 12/27/17 (Date)

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

Violation Report: 22680 - 10/19/2017 - Foulkes, Kimberli
PCH Name: THE PALMERTON AN INSPIRIT 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 #9 is prescribed amlodipine 5 mg tablet, one tablet orally every morning. Hold for systolic blood pressure less than or equal to 120. On 10/24/17 at 8:30am it was 120/61 and the medication was administered when it should have been held.

Resident #9 has a physician's order for wound care, apply sure prep to bilateral heels twice daily. Staff initialed this being done at 8:30am on 10/24/17 however there were no supplies in the home's medication cart or resident room to perform this wound care.

Resident #9 is prescribed Hydrocerin Cream, apply topically to left lower extremity at bedtime. It was not available in the home on 10/24/17.

Resident #10 is prescribed Rivastigmine 4.6mg/24hr patch, apply one patch topically every morning. Do not apply to the same site for 14 days. On 10/2/17, 10/4/17, 10/5/17, 10/7/17, 10/10/17, 10/12/17, 10/13/17, 10/14/17, 10/15/17 and 10/17/17 through 10/24/17 it was applied to site 29-upper back.

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.

All Med tech staff was reeducated on the importance of reading the physicians order completely and to look for parameters should there be any. Staff was also reeducated on signing for treatments if the supplies were not available. They were instructed to make sure that all supplies are in the home at all times so that means to order when getting low. Reinforced that it was everyone's responsibility to order whatever is prescribed when it's getting low.

- Director of Nursing will audit MARS and Med Cart monthly to assure that everything is correct on Mar and that all supplies are in the home for treatments.

- The administrator shall monitor and be responsible for ongoing compliance.

12/27/17

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

Signature of Legal Entity Representative {Required on EVERY Page} Terri Kotch

Printed Name and Title of Legal Entity Representative {Required on EVERY Page}	**Date**
Terri Kotch - Administrator	12/20/17

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

The above plan of correction is approved as of 12/27/17 (Date)

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

Plan of correction implementation status as of 12/27/17 (Date)

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

Violation Report: 22680 - 10/19/2017 - Foulkes, Kimberli
PCH Name: THE PALMERTON AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #5's Resident Assessment Support Plan dated 9/2/2017 does not indicate all the resident's medical diagnosis listed on the resident's medical evaluation dated 8/27/17 or indicates the resident's aggression towards staff during an incident that occurred on 8/22/17.

Resident #11's Resident Assessment Support Plan dated 9/4/17 does not address the resident's description of service needs for a doctor's order for occupational therapy and physical therapy. The residents RASP does not indicate the plan to meet these service needs, frequency and responsible party.

Resident #B's Resident Assessment Support Plan dated 9/24/17 does not address the resident's hospice service and hospital bed. The residents RASP does not indicate the plan to meet these service needs, frequency and responsible party.

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.

Staff reeducated on what is required on the RASP'S such as all diagnoses, behavior patterns, therapy's, and hospice and how we are going to meet the resident's needs.

Director of nursing to oversee the resident support plans and ensure timely updates in regards to a change of resident status and needs.

The Administrator will oversee also for compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s): 05/31/2017		
Signature of Legal Entity Representative (Required on EVERY Page)	Terri Koth		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Terri Koth - Administrator	**Date**	12/20/17

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

The above plan of correction is approved as of 2/27/17 (Date)

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

Plan of correction implementation status as of 12/22/17 (Date)

D Fully Implemented

X Partially Implemented - Adequate Progress

D Partially Implemented - Inadequate Progress

D Not Implemented