



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 04 2018

Ms. Kelly Covone-Henning
Administrator
Canterbury Place
310 Fisk Street
Pittsburgh, Pennsylvania 15201

RE: Canterbury Place
License #: 429490

Dear Ms. Covone-Henning:

As a result of the Department of Human Services' Licensing annual licensing inspection on October 20, 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 cursive script that reads "Jacqueline L. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

RECEIVED

MAR 14 2018

Violation Report: 42949 - 10/20/2017 - Bedford, Katie
PCH Name: CANTERBURY PLACE

WEST VIRGINIA STATE DEPARTMENT OF HEALTH
DIVISION OF HOME CARE LICENSING

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

During the fire drill on 3/20/17 at 6:09 AM, there were 42 residents present in the home at the time of the drill. However, only 40 residents were evacuated because 2 residents refused to evacuate.

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.

Since the date of the inspection on October 20, 2017, and the date of the fire drill in question on 3/20/2017, all residents have evacuated during fire drills to fire-safe zones. (see attachment A)

Residents will be re-educated on fire drill procedures through monthly resident newsletters and discussion on fire drills at fire safety chats. In addition, all new residents will be education on procedures for fire drills upon admission to the facility to ensure compliance is being met. Resident(s) who fail to evacuate to a fire-safe area during fire drills, personal care home administrator and/or maintenance director will be notified and will re-educate resident(s) involved. Re-education will consist of reviewing fire drill procedures, importance of participating in the fire drills and if refusal occurs to participate in fire drills, it can result in receiving a 30-discharge notice.

Fire drill observations will be discussed during Quality Assurance meetings.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) KELLY COVONE - HEAVENING Date 3-13-18

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

The above plan of correction is approved as of <u>3/26/18</u> (Date)	Plan of correction implementation status as of <u>3/26/18</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 <i>pu.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report; 42949 - 10/20/2017 - Bedford, Katie
 PCH Name: CANTERBURY PLACE

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Lantus insulin 100/ml- inject 15 units subcutaneously daily at bedtime; however, the resident's October 2017 medication administration record (MAR) does not include the initials of the staff person who administered the insulin on 10/9/17 and 10/17/17 at 8:00pm.

Resident #3 is prescribed Humalog insulin 100u/ml- Inject 4 units subcutaneously 3 times daily before breakfast, lunch and dinner; however, the resident's October 2017 MAR does not include the initials of the staff person who administered the insulin on 10/13/17 at 5:00pm.

Resident #4 is prescribed Hydralazine 100mg- take one tablet every 8 hours; however, the resident's October 2017 MAR does not include the initials of the staff person who administered this medication on 10/11/17 at 2:00pm.

Resident #5 is prescribed Omeprazole 20mg- take one capsule twice a day; however, the resident's October 2017 MAR does not include the initials of the staff person who administered this medication on 10/19/17 at 6:00am.

Resident #5 is prescribed Artificial Tears solution 1.4%- place one drop in each eye 4 times daily; however, the resident's October 2017 MAR does not include the initials of the staff person who administered this medication on 10/5/17 at 12:00pm.

Resident #6 is prescribed the following medications; however, the resident's October 2017 MAR does not contain the initials of the staff person(s) who administered these medications on 10/14/17 at 8:00am:

- Atorvastatin 20mg- take one tablet daily.
- Docusate Sodium 100mg- take one capsule twice daily.
- Metformin 1,000mg- take one tablet twice daily
- Perserision - take one tablet twice daily

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.

Audit of the MAR will be conducted weekly on Residents 3, 4, 5, and 6 for the next three months starting the week of March 18, 2018 by Director of Resident Care/designee to ensure compliance. (see audit form attachment titled 2600.187(b)). Resident #2 listed on the inspection report is no longer residing at Canterbury Place personal care. Any deficient practice will be corrected and remediation training provided as needed.

Additionally, all employees who administer medications will be re-educated on proper documentation of medication administration. This training will ensure that residents receive their prescribed medications correctly and include: use of the five R's, documentation of medication administration record (MAR), and infection control practices. This will be completed by April 1, 2018 by Director of Resident Care/designee.

Subsequently, medication administration staff will be educated annually on this regulation.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Kelly Conover - HEWNTAG

Date 3-13-18

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The above plan of correction is approved as of <u>3/20/18</u> (Date)	Plan of correction implementation status as of <u>3/26/18</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 <i>PC</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented