



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 23 2018

Ms. Lisa A. Johnson
Chief Executive Officer
Bradford Ecumenical Home, Inc.
100 St. Francis Drive
Bradford, Pennsylvania 16701

RE: Chapel Ridge
200 St. Francis Drive
Bradford, Pennsylvania 16701
Certificate #: 426420

Dear Ms. Johnson:

As a result of the Department of Human Services' annual licensing inspection on October 25, 2017, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: CHAPEL RIDGE		License Number: 42842
Address: 200 ST FRANCIS DRIVE, BRADFORD, PA 16701		County: McKean
Administrator: Nicole Wells		Region: WEST
Legal Entity Name: BRADFORD ECUMENICAL HOME INC		
Legal Entity Address: 100 ST. FRANCIS DRIVE, BRADFORD, PA 16701		RECEIVED
Certificate(s) of Occupancy C-2 LP 09/18/1996 Dept of L & I		FEB 08 2018 WEST MARYLAND OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 62	Working Staff: 47
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/26/2017: Summers, Vicky; Garvey, Jody		
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: 112	Number of Residents who:	
Number of Residents Served: 62	Receive Supplemental Security Income: 2	
Secured Dementia Care Unit In Home: No	Are 80 Years of Age or Older: 62	
Area:	Have Mental Illness: 3	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 2		

Violation Report: 42642 - 10/26/2017 - Summers, Vicky
PCH Name: CHAPEL RIDGE

DEPARTMENT OF SENIOR AND DISABILITY SERVICES
PHARMACY LICENSING

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Coumadin 2 mg tablet - take 1 tablet daily, and Coumadin 1 mg tablet - take 1 tablet on Mondays and Fridays. However, the pharmacy label indicates Coumadin 1 mg tablet - take 3 tablets on Mondays and Fridays and 2 tablets on all other days.

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.

It was noted that the resident was receiving the correct amount of Coumadin as prescribed. Immediately after finding, a "Change of Direction" sticker was placed on medication. Nurse Manager and Nurse Supervisor checked both med carts after inspection to ensure that all medication labels matched the MAR's. Nurse Manager, Nurse Supervisor, and Resident Services Coordinator perform random audits each week on 6 residents. The audit includes reviewing medications for proper labeling, including name, dose, instructions, and prescribers orders. Administrator reviews findings every week. At RA meeting on 11/14/2017 we discussed the importance of checking physician orders against MAR and med cards and the need of using change of direction stickers when necessary. Med aides were also counseled on calling supervisor right away if they have any discrepancies with orders, medication labels, or MAR's. Any errors found are corrected immediately and discussed at monthly RA meetings as education. Nurse Manager will discuss audit findings at next two Quarterly Management Meetings.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/01/2016	
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Signature of Legal Entity Representative (Required on EVERY Page) Nicole Wells, LPN/PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nicole Wells, LPN/PCHA	Date 2/7/2018
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/26/18
(Date)

Plan of correction implementation status as of 2/26/18
(Date)

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

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

Violation Report: 42642 - 10/25/2017 - Summers, Vicky
PCH Name: CHAPEL RIDGE

WEST VIRGINIA STATE BOARD
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #1 and #3's glucometers are not calibrated to the correct time.

Resident #3 is prescribed Lasix (Furosemide) 40 mg tablet - take 1 tablet once a day. However, the medication that is available for administration is Lasix (Furosemide) 20 mg tablets.

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 #1 and resident #3's glucometers were calibrated to the correct time immediately after inspection date. Resident Services Coordinator audits two glucometers every week to ensure time is correct. Audits are turned in to Nurse Supervisor for review and monitoring for compliance. Nurse Supervisor will do two random audits every week x one month to ensure glucometers are calibrated correctly with correct time. Findings will be reported at next Quarterly Management Meeting.

Resident #3 was receiving the correct amount of Lasix as [redacted] was receiving 11 tabs daily to equal 40mg. Following inspection staff no longer used the 20mg tabs that had been brought from home and began using the 40mg tabs. Resident Services Coordinator, Nurse Supervisor, and Nurse Manager perform 6 audits per week. Part of the audit is monitoring that orders match available medication. Administrator receives audits for monitoring. Any issues found are corrected immediately and discussed at monthly RA meeting for continuing education. Nurse Manager will discuss findings of audit at next Quarterly Management Meeting.

staff education was completed on 11/14/17. jws. 2/26/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Nicole Wells, LPN/PCHA

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Nicole Wells, LPN/PCHA

Date 2/7/2018

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The above plan of correction is approved as of 2/26/18
(Date)

Plan of correction implementation status as of 2/26/18
(Date)

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

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

Violation Report: 42642 - 10/26/2017 - Summers, Vicky
PCH Name: CHAPEL RIDGE

WEST VIRGINIA STATE BOARD OF
NURSING

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 #3 is prescribed Lasix (furosemide) 40 mg tablet - take 1 tablet once a day; however, the October 2017 medication administration record indicates Lasix (Furosemide) 20 mg - take 2 tablets once a day.

Resident #3 is prescribed Coumadin 1 mg tablet - take 1 tablet on Mondays and Fridays; however, the October 2017 medication administration record indicates both the correct order and "Special Instructions: give one tab by mouth once 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.

Resident #3 had brought Lasix 20mg from home when admitted to Chapel Ridge. In an effort to use supply up, resident was receiving 11 tabs daily to equal the appropriate ordered amount, 40mg daily. Following inspection, Lasix 20mg was no longer used and Lasix 40mg 1 tab daily was administered moving forward.

Resident #3 was noted to be receiving the correct amount of Coumadin. The residents Coumadin 1mg tablet instructions included more than what is noted on violation report. MAR read Coumadin 1mg tablet Mondays and Fridays. Special Instructions: give one tab by mouth once daily *Give along with 2mg tab to equal 3mg on Monday and Friday only. This is the correct dosage per the physician orders. Following inspection wording on MAR was revised as suggested by inspector and verified to coincide with physician orders.

Nurse Manager, Nurse Supervisor, and Resident Services Coordinator perform 6 resident audits weekly. Audit includes making sure MAR matches prescribers orders with medication dosage that is available from Pharmacy. Administrator reviews weekly audits. Any errors found are reviewed at monthly RA meeting as education. Nurse Manager to discuss audit findings at the next quarterly Management Meeting.

Resident #3 was discharged from the home on 12/6/17. JN. 2/26/18
staff education was completed on 11/14/17. JN. 2/26/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Nicole Weers, LPN/PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nicole Weers, LPN/PCHA Date 2/7/2018

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

The above plan of correction is approved as of 2/26/18 (Date)

The above plan of correction was approved by JN. (Initials)

Plan of correction implementation status as of 2/26/18 (Date)

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