



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 30 2018

Mr. Michael A. Barton  
Executive Vice President  
NHS Pennsylvania  
4391 Sturbridge Drive  
Harrisburg, Pennsylvania 17110

RE: NHS Russellton PCH  
108 Cedarwood Circle  
Russellton, Pennsylvania 15078  
Certificate #: 438420

Dear Mr. Barton:

As a result of the Department of Human Services' annual licensing inspection on November 7, 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](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

Enclosure  
License Inspection Summary

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 56 Pa.Code Chapter 2600**

PCH Name: NHS RUSSELLTON PCH		License Number: 43842
Address: 108 CEDARWOOD CIRCLE, RUSSELLTON, PA 15076		County: Allegheny
Administrator: Megan Verbe		Region: WEST
Legal Entity Name: NHS PENNSYLVANIA		
Legal Entity Address: 4391 STURBRIDGE DRIVE, HARRISBURG, PA 17110		<b>RECEIVED</b>
Certificate(s) of Occupancy R-4 01/04/2017 West Deer Twp.		MAR 02 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 10	Working Staff: 8
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/07/2017: Garrigan, Laurie; Winters, Lynn		
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: 10	Number of Residents who:	
Number of Residents Served: 10	Receive Supplemental Security Income: 10	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 7	
Area:	Have Mental Illness: 10	
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: 0	
Number of Hospice Residents In past year: 1		

Violation Report: 43842 - 11/07/2017 - Garrigan, Laurie  
 PCH Name: NHS RUSSELLTON PCH

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 56 Pa.Code §2600  
 2600.85(a) - Sanitary condillons shall be maintained.

2a. DESCRIPTION OF VIOLATION

There were approximately 20 cigarette butts laying on the grounds of the home to include the following areas:  
 • Exit at the end of the long hallway  
 • Sidwalk at the end of the ramp  
 • Wooden front porch  
 • Sidewalk from rear exit

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.

Plan of Correction (POC)	Responsible Party	Target Date	Monitoring Method
1. All cigarette butts were cleared up around the outside area of the facility and residents were redirected to the approved, designated smoke area. 2. The Resident Contract was reviewed during the next month's Resident Counsel meeting on 11/22/17 3. The Fire Safety and Emergency Preparedness information for the program was reviewed with all Residents and staff. 4. Management provided individual supervision to all staff to review the importance around ensuring residents are smoking in the designated smoke area. This was also reviewed in the staff meeting which was held on 12/14/17. 5. The Shift Daily Task Guide document was updated to include maintaining a sidewalk area and picking up any loose cigarette butts that are found. Staff were re-trained and this was implemented.	1. Staff 2. Peer Specialist 3. Combination of Residential Director and Staff 4. Residential Director 5. Residential Director	1. 11/17/17 2. 11/22/17 3. 11/20/17-2/2/18 4. 12/14/17, 11/20/17-2/2/18 5. 1/1/18	Resident Counsel Agenda and Resident Contract Included, sign off sheets included, individual supervision notes included and staff meeting agenda included, Updated Daily Task Guide

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

Signature of Legal Entity Representative (Required on EVERY Page) *Tina Snyder*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tina Snyder*      Date *3/2/2018*

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

The above plan of correction is approved as of 3/6/18 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of 3/6/18 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

MAR 02 2018

Violation Report: 43842 - 11/07/2017 - Garrigan, Laurie  
 PCH Name: NHS RUSSELLTON PCH

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

None of the required emergency telephone numbers were posted on or near the telephone on the kitchen counter.

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.

Plan of Correction (POC)	Responsible Party	Target Date	Monitoring Method
1. Upon notification, a copy of the emergency numbers was replaced immediately in the kitchen area. 2. Management provided individual supervision to all staff to review the importance around ensuring that emergency numbers are posted by each telephone. This was also reviewed in the staff meeting which was held on 12/14/17 3. The Shift Overnight Task Guide document was updated to include checking all phones to ensure that emergency phone lists are posted.	Residential Director	1. 11/7/17 2. 12/14/17 3. 1/1/18	Supervision notes, Staff meeting agenda, Shift Overnight Task Guide

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

Signature of Legal Entity Representative (Required on EVERY Page) *Tinnesia Snyder*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tinnesia Snyder*      Date *3/2/2018*

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The above plan of correction is approved as of 3/6/18  
 (Date)

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 (Initials)

Plan of correction implementation status as of 3/6/18  
 (Date)

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MAR 02 2018

Violation Report: 43842 - 11/07/2017 - Garrigan, Laurie  
PCH Name: NHS RUSSELLTON PCH

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures, or the municipality's emergency procedures, are not posted in a conspicuous and public place in the home.

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.

Plan of Correction (POC)	Responsible Party	Target Date	Monitoring Method
1. Procedures moved to common area.	1. No longer a citation. Information scanned to auditor	1. No longer a citation. Information scanned to auditor	No longer a citation. Information scanned to auditor. Copies have been placed in the front foyer of the home for public access.

Immediately: A designated staff person shall inspect the home monthly to ensure copies of the emergency procedures specified in 2600.107 are posted in a conspicuous and public place in the home.

*[Signature]*  
3/6/18

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Tinnisia Snyder*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Tinnisia Snyder*      Date *3/2/2018*

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Violation Report: 43842 - 11/07/2017 - Garrigan, Lauria  
PCH Name: NHS RUSSELLTON PCH

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2800  
2800.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION  
No fire drills were conducted during the months of September and October, 2017.

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.

Plan of Correction (POC)	Responsible Party	Target Date	Monitoring Method
1. Fire Drills were prescheduled for the next 12 months, rotating shifts and overnight to ensure completion.	1. Residential Director and Staff	Subject to change (12/5/17-12/5/18-rotating daylight, evening and overnight)	Will be documented in fire drill log.

The home conducted fire drills every month from November 2017 through February 2018. P 3/6/18

Immediately: A designated staff person shall review the fire drill records at least monthly to ensure an unannounced fire drill is conducted at least once a month. P 3/6/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Tinnesia Snyder*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tinnesia Snyder*      Date *3/2/2018*

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MAR 02 2018

Violation Report: 43842 - 11/07/2017 - Garrigan, Laurie  
PCH Name: NHS RUSSELLTON PCH

1. REGULATION 55 Pa.Code §2600  
2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION  
The most recent fire safety inspection and fire drill conducted by a fire safety expert was completed on 6/28/16.

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.

Plan of Correction (POC)	Responsible Party	Target Date	Monitoring Method
1. The West Deer Fire Safety Inspector was contacted and conducted a fire safety inspection and fire drill on 12/5/2017. 2. The annual PCH inspection for 2018 has been scheduled in sequence with the other residential properties/programs to ensure completion.	1. West Deer Fire Safety	1. 12/5/2017 2. 12/2018	Fire letter and documentation of drill conducted on 12/5/18

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Tinnesia Snyder*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Tinnesia Snyder*      Date *3/2/2018*

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(Initials)

MAR 02 2018

Violation Report: 43842 - 11/07/2017 - Garrigan, Laurie  
PCH Name: NHS RUSSELLTON PCH

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 record does not include the exit routes used for the fire drills conducted on the following dates and times:

- \* 8/14/17 at 11:15 a.m.
- \* 7/12/17 at 1:36 p.m.
- \* 6/26/17 at 3:01 p.m.
- \* 5/27/17 at 12:10 a.m.

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.

Plan of Correction (POC)	Responsible Party	Target Date	Monitoring Method
1. Upon clarification of the fire drill record document, management replaced the current form. 2. Management provided individual supervision to all staff and also reviewed the Staff Fire Safety and Emergency Preparedness Information, information on the fire drill record document was reviewed. 3. All current fire drills have been completed utilizing the correct form.	1. Residential Director	1. 11/7/2017 2. 11/20/17-2/2/18 3. Ongoing	Fire Drill Record Supervision Notes Record

Immediately: A designated staff person shall review the fire drill records monthly to ensure all items specified in 2600.132c are present on the fire drill logs.

*f*  
3/6/18

Repeat Violation: Yes      Date(s) of Previous Violation(s): 12/08/2016

Signature of Legal Entity Representative (Required on EVERY Page) *Tinnesia Snyder*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tinnesia Snyder*      Date *3/2/2018*

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MAR 02 2018

Violation Report: 43842 - 11/07/2017 - Garrigan, Laurie  
PCH Name: NHS RUSSELLTON PCH

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #2's medical evaluation, dated 1/31/17, does not include a list of current medications. The form indicates, "see attached med list"; however, nothing is attached. Resident #2 is prescribed medications, to include Haloperidol, Olanzapine, Amlodipine and Clopidogral.

Resident #3's medical evaluation, dated 3/19/17, does not include a list of current medications. The form indicates, "see attached med list"; however, nothing is attached. Resident #2 is prescribed medications, to include Clozapine and Tamsulosin.

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.

Plan of Correction (POC)	Responsible Party	Target Date	Monitoring Method
1. Medication list was not attached to appropriate form. Medication lists were available and are provided in attachments.	1. Residential Director	1. 11/1/2017	Medication Lists Attached

Resident # 2 and #3's medical evaluations were updated.

Within 5 days of receipt of the plan of correction: A designee shall review all resident records to ensure each resident has a medical evaluation, completed in its entirety, to include a current list of medications, within 60 days prior to admission or within 30 days after admission.

3/6/18

3/6/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Tinnisia Snyder*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tinnisia Snyder*      Date *3/2/2018*

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The above plan of correction was approved by \_\_\_\_\_ (Initials)

MAR 02 2018

Violation Report: 43842 - 11/07/2017 - Garrigan, Laurie  
PCH Name: NHS RUSSELLTON PCH

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2600  
2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION  
At 11:45 a.m. and 12:40 p.m., an agent of the Department observed a resident smoking on the front porch of the home. This is not the home's designated smoking area.

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.

Plan of Correction (POC)	Responsible Party	Target Date	Monitoring Method
1. The Resident Contract were reviewed during the next month's Resident Counsel meeting. 2. The Fire Safety and Emergency Preparedness Information for the program was reviewed with all Residents and staff. 3. Management provided individual supervision to all staff to review the importance around ensuring residents are smoking in the designated smoke area. This was also reviewed in the staff meeting which was held on 12/14/17. 4. The facility will be displaying new signage to help residents remember which outside areas are non-smoking. A work order has been put in to have this completed.	1. Peer Specialist 2. Combination of Residential Director and Staff 3. Residential Director 4. NHS Maintenance	1. 11/22/17 2. 11/20/17-2/2/18 3. 11/20/17-2/2/18, 12/14/17 4. 4/1/18	Resident Counsel Agenda and Resident Contract included, sign off sheets included, staff meeting agenda included, Updated Daily Task Guide

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Immesia Snyder*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Immesia Snyder*      Date *3/2/2018*

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(Date)

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Violation Report: 43842 - 11/07/2017 - Garrigan, Laurie  
PCH Name: NHS RUSSELLTON PCH

WEST REGION FIELD OFFICE  
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 #2 is prescribed Ventolin HFA 90 MCG inhale 2 puffs by mouth every 6 hours as needed for wheezing. However, this medication was not available in the home.

Resident #4 is prescribed Bisac-Evac sup 10 mg Insert one suppository rectally at bedtime as needed for constipation. However, this medication was not available in the home.

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.

Plan of Correction (POC)	Responsible Party	Target Date	Monitoring Method
1. Discontinuation request was made to Doctor on 12/13/17 and 11/21/17 to remove medications from Residents MARs. Orders were received on 12/19/17 and 11/21/17 to remove identified medications. Medications were removed from the MAR as of 12/19/17 and 11/21/17.	1. Nurse	12/19/17 and 11/21/17	MARs

Immediately thereafter monthly hereafter: A designee shall inspect all medication storage areas to ensure all medications prescribed by the prescriber are present in the home and available for administration.  
3/6/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Tinnava Snyder*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tinnava Snyder* Date *3/2/2018*

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MAR 02 2018

Violation Report: 43842 - 11/07/2017 - Garrigan, Laurie  
PCH Name: NHS RUSSELLTON PCH

1. REGULATION 56 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's November 2017 medication administration record (MAR) does not include a diagnosis or purpose for Clozapine 200 mg-Take 2 tablets every morning and at bedtime.

Resident #5's November 2017 MAR does not include a diagnosis or purpose for multiple medications to include the following:

- \* Fluphenazine 10 mg-Take 1 tablet twice daily
- \* Latuda 60 mg-Take 1 tablet in the evening
- \* Trazodone 100 mg-Take 1 tablet at bedtime

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.

Plan of Correction (POC)	Responsible Party	Target Date	Monitoring Method
1. All Medication Records were reviewed for completeness- 11/7/17 2. The Management team will implement a Medication Record Review process which will entail both staff and the site nurse reviewing the MARs on a weekly and monthly basis to ensure completeness and check for errors. 3. On 1/10/18, the program had an outside pharmacist complete a review of the drug regime of each resident and submit the finding to the Program Administrator. This practice will occur on a quarterly basis to help monitor for errors.	1. Nurse 2. Residential Director & Residential Practice Leader 3. External Pharmacist	1. 11/7/2017 2. 4/1/18 3. 1/10/18, 4/15/18, 8/15/18, 12/15/18	MARs Medication Record Review

Repeat Violation: Yes      Date(s) of Previous Violation(s): 12/06/2016

Signature of Legal Entity Representative (Required on EVERY Page) *Tinnesia Snyder*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tinnesia Snyder*      Date *3/2/2018*

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

Plan of correction implementation status as of 3/6/18 (Date)

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- Not Implemented

MAR 02 2018

Violation Report: 43842 - 11/07/2017 - Garrigan, Laurie  
PCH Name: NHS RUSSELLTON PCH

1. REGULATION 66 Pa.Code §2800  
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Clotrimazole cream 1% apply topically twice daily to bilateral foot. However, the cream was only applied once daily at 8:00 a.m. from 11/1/17 through 11/6/17.

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.

Plan of Correction (POC)	Responsible Party	Target Date	Monitoring Method
1. The medication Administration Record was corrected to accurately match the directions of the prescriber. 2. The PCH will be implementing a Medication Record Review process which will entail both staff and the site nurse reviewing the MARS on a weekly and monthly basis to ensure completeness and check for errors. 3. On 1/10/18, the program had an outside pharmacist complete a review of the drug regime of each resident and submit the finding to the Program Administrator. This practice will occur on a quarterly basis to help monitor for errors.	1. Nurse 2. Residential Director & Residential Practice Leader 3. External Pharmacist	1. 11/7/2017 2. 4/1/2018 3. 1/10/18, 4/15/18, 8/15/18, 12/15/18	MARS Medication Record Review, Training Sign In

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

Signature of Legal Entity Representative (Required on EVERY Page) *Timmesia Snyder*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Timmesia Snyder*      Date *3/8/2018*

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(Date)

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(Date)

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(Initials)

MAR 02 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 43842 - 11/07/2017 - Garrigan, Laurie  
PCH Name: NHS RUSSELLTON PCH

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the home on [redacted] 17; however, the preadmission screening form was completed on [redacted] 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.

Plan of Correction (POC)	Responsible Party	Target Date	Monitoring Method
1. Clarification of the regulation was made at the time of inspection to Residential Director. This US will be reviewed specifically as regulations and guidelines with the new PCH Director once hired and documented in training log.	Residential Director	Upon hire	Training Log/Orientation Manual/PCH Administration Course

Within 5 days of receipt of the plan of correction: A designee shall inspect all resident records to ensure each resident has a preadmission screening, completed in its entirety, within 30 days prior to admission.

*[Signature]*  
3/6/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Tinnesia Snyder*

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

Tinnesia Snyder

Date

3/6/2018

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

The above plan of correction is approved as of

3/6/18  
(Date)

Plan of correction implementation status as of

3/6/18  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *[Signature]*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*[Signature]*

(Initials)