



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 16 2018

Ms. Barbara Sepich
President/CEO
WRC Pennsylvania Memorial Home
985 Route 28
Brookville, Pennsylvania 15825

RE: Edgewood Heights
612 Keck Avenue
New Bethlehem, Pennsylvania 16242
License #440970

Dear Ms. Sepich:

As a result of the Department of Human Services' Licensing annual licensing inspection on November 7, 2017 and November 8, 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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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APR 09 2018

WEST VIRGINIA OFFICE
Home Services Licensing

Violation Report: 44097 - 11/07/2017 - Pfaff, Vicki
PCH Name: EDGEWOOD HEIGHTS

1. REGULATION 55 Pa.Code §2600
2600.103(l) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
On 11/7/17, there was an undated plastic bag containing three personal pizzas in the white chest freezer in the home's kitchen.
On 11/7/17, there was an undated plastic bag of noodles in the white chest freezer in the home's kitchen.

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.

At the time of inspection both the personal pizzas and noodles were discarded.

See attachment 1. Attachment has been hung/posted since inspection.

All staff members have received a memo stating the above regulation. Their signature is required with a return copy to administration.

Dietary supervisor to do weekly Fridge/dry storage inspections. Any item not marked will be discarded. A record will be kept on all non-dated items.

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

Signature of Legal Entity Representative (Required on EVERY Page) Ashley Buzard

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ashley Buzard, Administrator Date 4/9/2018

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|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The above plan of correction is approved as of <u>4-11-18</u> (Date) | Plan of correction implementation status as of <u>4-11-18</u> (Date) |
| The above plan of correction was approved by <u>K</u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress ✓ <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

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APR 09 2018

HEATING AND COOLING
FURNACE SERVICES & TROUBLESHOOTING

Violation Report: 44097 - 11/07/2017 - Pfaff, Vicki
PCH Name: EDGEWOOD HEIGHTS

1. REGULATION 55 Pa.Code §2600
2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
The most recent inspection of the home's furnace was completed on 8/9/16.

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.

ABC Heating and Cooling performed there annual inspection on 11/13/2017. Please see attachment #2.

Administrator and/or designee will schedule the furnace inspection before the year mark. Whomever scheduling furnace inspection will verify with another staff member that dates are within annual window.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Ashley Buzard

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

Ashley Buzard, Administrator

Date 4/9/2018

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(Date)

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(Date)

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(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress ✓
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- Not Implemented

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APR 09 2018

WEST PENN. CIVIL RIGHTS OFFICE
RICHARD L. ROBERTS, DIRECTOR

Violation Report: 44097 - 11/07/2017 - Pfaff, Vicki
PCH Name: EDGEWOOD HEIGHTS

1. REGULATION 55 Pa.Code §2600
2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
According to the home's staffing schedules, the home routinely has two staff persons on duty from 11:00 p.m. until 7:00 a.m. However, the home has not conducted a fire drill with less than 4 staff persons in the past 12 months.

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.

Fire drill regulation has been reviewed by administrator, maintenance, resident care coordinator and administrative assistant. See attachment #3.

Fire drill planning to be discussed in community stand up meeting to ensure fire drills are being done at proper times. Fire drills to be done by administrator/designee.

Maintenance is attending Fire-Train the trainer held by Temple University on April 26, 2018.

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

Signature of Legal Entity Representative
(Required on EVERY Page) Ashley Buzard

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Ashley Buzard, Administrator Date 4/9/18

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(Date)

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(Initials)

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Violation Report: 44097 - 11/07/2017 - Pfaff, Vicki
PCH Name: EDGEWOOD HEIGHTS

1. REGULATION 65 Pa.Code §2600
2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
Resident #1 was ordered a pureed diet on 9/20/17. However, on 11/7/17 at approximately 12:15 p.m., the home served the resident a large tossed salad and sherbet for lunch.

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.

On 4/6/2018 the RCC and dietary supervisor reviewed over all resident diets. All staff members will follow all diets as ordered by the physician.

RCC will update dietary supervisor or dietary staff on duty immediately of any new or diet changes.

RCC and dietary supervisor will meet monthly and do an audit to compare all diets.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Ashley Buzard

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

Ashley Buzard Administrator

Date

4/9/18

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WEST HAVEN FIELD OFFICE
(HUMAN SERVICES DIVISION)

Violation Report: 44097 - 11/07/2017 - Pfaff, Vicki
PCH Name: EDGEWOOD HEIGHTS

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

On 11/7/17, the only menu posted in the home was for the week 11/5/17 through 11/11/17.

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.

Menu's are posted on bulletin board in the dining room. Current week and the following week are posted. Menu's get changed weekly.

To ensure correct menu's are readily available dietary supervisor, administrator or designee will check menu's on Mondays.

See attachment #4.

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/05/2016

Signature of Legal Entity Representative
(Required on EVERY Page) *Ashley Buzard*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Ashley Buzard Administrator* Date *4/9/18*

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APR 09 2018

Violation Report: 44097 - 11/07/2017 - Pfaff, Vicki
PCH Name: EDGEWOOD HEIGHTS

COMMUNITY CARE LICENSING
HUMAN SERVICES DIVISION

1. REGULATION 65 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 #2's prescription for diphenhydramine was discontinued on 8/14/17. On 11/8/17, there was a blister pack of the medication still available in the home.

The following medications were discontinued for resident #2 as of 6/16/17 but were still available in the home on 11/8/17:
* 85 Pro Air HFA Inhaler
* A tube of Refresh Lacrilube eye ointment

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 #2 has since passed away.
Medication aide on duty will remove all discontinued medication from med cart when order is received.
Med cart audits are performed monthly by PCA Mission Pharmacy.
Administrator/RCC will do monthly med cart audits, comparing with monthly MAR's to ensure all discontinued medications are removed from carts.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Ashley Burard*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Ashley Burard, Administrator* Date *4/9/18*

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WEST HESSINGTON FIELD OFFICE
Human Services Division

Violation Report: 44097 - 11/07/2017 - Pfaff, Vicki
PCH Name: EDGEWOOD HEIGHTS

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 #1 is prescribed IPRATR-Albuterol 0.5/3mg - Administer 1 unit dose via nebulizer 4 times a day as needed for shortness of breath. However, the prescription label on the medication box indicates IPRAT-albuterol 0.5/3mg - Administer 1 unit via nebulizer 4 times a day.

Resident #1 is prescribed melatonin 10 mg tablet - 1 tablet by mouth every evening at bedtime. However, the prescription label on the blister pack indicates melatonin 5 mg tablet - 2 tablets (10mg) by mouth every evening as needed for insomnia.

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.

Medication aide or designee will put "direction change" sticker on medication when there is an order change. Medication aide/designee will then request a new label from pharmacy.

OTC medication, RCC/designee will make labels for any new medication or any medication changes.

Administrator/designee will do med cart audits and compare to monthly MAR's to ensure accuracy.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Ashley Buzard

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

Ashley Buzard, Administrator

Date

4/9/18

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[Signature]
(Initials)

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APR 09 2018

WEST VIRGINIA STATE OFFICE
Human Services Licensing

Violation Report: 44097 - 11/07/2017 - Pfaff, Vicki
PCH Name: EDGEWOOD HEIGHTS

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

On 10/18/17, resident #2 was prescribed hydromorphone 1mg/ml solution - take 1ml by mouth or under tongue every 4 hours as needed for pain or air hunger. On 11/8/17, the medication was not available in the home.

On 11/8/17, resident #1's glucometer was not labeled with the resident's name; only the glucometer case was labeled and the resident's glucometer was sitting on top of the case in the medication cart along with other glucometers that were not in their labeled cases.

Resident #1 has an order to "check blood sugars twice a day (7am - 4pm)." The resident's November 2017 MAR has a blood glucose reading of 138 entered for 11/4/17 at 4:00 p.m. However, this blood glucose reading is not recorded in the resident's glucometer.

On 11/8/17 at 1:37 p.m., resident #3's glucometer was not calibrated to current date and time. The glucometer indicated 5/15/18 at 12:57 p.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.

Edgewood Heights was not made aware of medication order on 10/18/2017. Since inspection pharmacy and other outside agencies have been faxing Edgewood copies of all orders. All glucometers (the machine) have been labeled with residents name. POC labeled with silver sharpie on the back of the glucometers 4/16/2018.
A meeting was held on March 16, 2018 titled "Glucometer Use & Maintenance & Diabetes Training held by St. Mary's Pharmacy." All staff attended the meeting. See attachment # 9.

All glucometers are being checked monthly by RCE and recorded to ensure glucometers are being calibrated.

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| Repeat Violation: No | Date(s) of Previous Violation(s): | | | |
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Signature of Legal Entity Representative
(Required on EVERY Page) Ashley Buzard

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Ashley Buzard Administrator Date 4/9/18

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- Not Implemented

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WEST VIRGINIA FIELD OFFICE
Human Services Services

Violation Report: 44097 - 11/07/2017 - Pfaff, Vicki
PCH Name: EDGEWOOD HEIGHTS

1. REGULATION 55 Pa.Code §2600
2000.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Biotin 2500mg chew – chew 1 tablet by mouth once a day. However, there was an over the counter bottle of Biotin 1000mcg with resident #1's name and a handwritten label indicating "Biotin 2500mcg, take one capsule by mouth once a day Open 10-28-17." According to the resident's November 2017 MAR, the 1000 mcg dose was administered on 11/1/17 through 11/7/17.

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.

All OTC medications will have a printed label per doctors orders. The labels will be printed by administrator/designee upon medication being brought into facility.

Labels will be compared to doctors orders and MAR with monthly med cart audits.

Monthly med cart audits will be completed by administrator/designee. A binder will be kept with errors and corrections being completed.

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

Signature of Legal Entity Representative (Required on EVERY Page) Ashley Buzard

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ashley Buzard Administrator Date 4-9-18

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WEST VIRGINIA FIELD OFFICE
Human Services Licensing

Violation Report: 44097 - 11/07/2017 - Pfaff, Vicki
PCH Name: EDGEWOOD HEIGHTS

1. REGULATION 55 Pa.Code §2600
2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
Resident # 1's record does not include documentation that the home educated the resident regarding the resident's right to question or refuse a medication if he/she believes there may be a medication error.
Resident #4's record does not include documentation that the home educated the resident regarding the resident's right to question or refuse a medication if he/she believes there may be a medication error.

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 #4 records have been reviewed and updated on 11/7/18 and 11/8/2018. See attachment #5 and #6.

Audit to be performed on all current records to verify completion.

All new residents will be educated on this right and administrator/designee will ensure form is signed upon admission.

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

Signature of Legal Entity Representative
(Required on EVERY Page) Ashley Burpard

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) Ashley Burpard Administrator 4-9-18

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APR 09 2018

4-9-18

WEST VIRGINIA HELL OFFICE
Human Services Licensing

Violation Report: 44097 - 11/07/2017 - Pfaff, Vicki
PCH Name: EDGEWOOD HEIGHTS

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1 was prescribed a pureed diet upon hospital discharge on 9/20/17. However, the resident's assessment dated 7/7/17 was not updated to address this dietary change.

Resident #2's assessment dated 8/25/17 does not address the placement and removal of support stockings as indicated on resident's medication administration record (MAR).

Resident #4's assessment dated 5/25/17 does not include the diagnoses of glaucoma, hyperlipidemia, chronic pain, and GERD as indicated on the medical evaluation (DME) completed on 5/18/17.

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.

Resident # 1 and # 4, RASP were updated at the time of inspection. Please see Attachment # 7 and # 8.
Resident # 2 has passed away.

Administrator/designee will review all RASP to ensure completion at time of admission. Quarterly audits will be completed to ensure changes in RASP are captured. The RASP update sheets have been utilized.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Asley Buzard

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

Asley Buzard, Administrator

Date 4-9-18

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