



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 9, 2018

Ms. Carol N. DeLancey
Nursing Home Administrator
The Community at Rockhill
3250 State Road
Sellersville, Pennsylvania 18960

RE: The Community at Rockhill
License # 126870

Dear Ms. DeLancey:

As a result of the Department of Human Services' licensing inspection on November 13, 2017, November 16, 2017 and November 28, 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.

Sincerely,

A handwritten signature in cursive script that reads "Dean Gray".

Dean Gray
Acting Regional Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: THE COMMUNITY AT ROCKHILL		License Number: 12687
Address: 3250 STATE ROAD, SELLERSVILLE, PA 18960		County: Bucks
Administrator: Lili Meyers		Region: SOUTHEAST
Legal Entity Name: THE COMMUNITY AT ROCKHILL		
Legal Entity Address: 3250 STATE ROAD, SELLERSVILLE, PA 18960		
Certificate(s) of Occupancy Other 12/18/1997 West Rock Township		
Staffing Hours Resident Support: 0 Total Daily Staff: 48 Waking Staff: 36		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site		
Off-Site Inspection Dates and Inspectors, if Applicable 11/13/2017: Thomas, Tahesia 11/16/2017: Thomas, Tahesia 11/28/2017: Thomas, Tahesia		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 74 Number of Residents Served: 47 Secured Dementia Care Unit in Home: NO Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 5	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 47 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 12687 - 11/13/2017 - Thomas, Tahesla
 PGH Name: THE COMMUNITY AT ROCKHILL

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

Staff member A did not follow the home's Safe Medication Administration policy, specifically staff did not identify the resident to whom they were administering 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.

- 1) Reeducation completed on 11/11/2017 as to proper procedures on identifying the correct resident to whom she is given the medications, utilizing the Picture on the Medication Administration Record using Point Click Care. (Please see attached MAR.)
- 2) Staff Member was given a written verbal warning on Substandard Performance on 11/13/2017.
 (Please see attached document)
- 3) Med Administrator will complete a Med Observation with [REDACTED] 4 times within the next month to ensure ~~proper~~ that proper identification of the resident is done and safe Administration of medication is completed and this error does not happen again.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Carol N. Delaney*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carol N. Delaney, Exec. Director* Date *1/22/18*

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

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

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

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

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

Violation Report: 12687 - 11/13/2017 - Thomas, Tahesia
 PCH Name: THE COMMUNITY AT ROCKHILL

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Staff member A administered Resident # 1's medications: Banophen 25 mg, Aspirin Chewable 81 mg, Amlodipine 5 mg, Metoprolol 50 mg, Fish Oil 1000 mg, Hydrochlorothiazide 12.5 mg and Docusate Sodium 100 mg to Resident # 2.

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.

- 1) Reeducation completed on 11/11/2017 as to proper procedures on identifying the correct resident to whom she is given the medications, utilizing the picture on the Medication Administration Record using Point Click Care. (Please see attached MAR)
- 2) Staffmember was given a written verbal warning on 11/13/2017 on Substandard performance on 11/13/2017. (Please see attached document)
- 3) Med Administrator will complete a Med Observation with [REDACTED] 4 times within the next month to ensure that proper identification of the resident is done and safe administration is completed and this error does not happen again.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Carol N. Delaney

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

Carol N. Delaney, Exec. Director

Date

11/22/18

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11/22/18
 (Date)

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 (Date)

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[Signature]
 (Initials)