



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 02 2018

Ms. Samantha Roos-Meiser
Executive Director
Presbyterian Homes, Inc.
One Trinity Drive East, Suite 201
Dillsburg, Pennsylvania 17019

RE: Kirkland Village
One Kirkland Village Circle
Bethlehem, Pennsylvania 18017
License #: 220500

Dear Ms. Ross-Meiser:

As a result of the Department of Human Services' (Department) annual licensing inspection on November 15, 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

Violation Report: 22050 - 11/15/2017 - Hummel, Jesse	
PCH Name: KIRKLAND VILLAGE	
1. REGULATION 55 Pa.Code §2600 2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.	
2a. DESCRIPTION OF VIOLATION Department Representatives observed resident room 223. The resident bed has an enabler bar installed to the frame. The enabler bar is not covered posing a risk of the resident becoming entangled within the bar causing injury to the resident.	
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.	
<p>The resident's son was notified on 11/17/17. The Family provided a cover for the enabler bar.</p> <p>Moving forward, any resident who requests an enabler will be evaluated by therapy to determine appropriateness of DME and ensure it meets safety specifications.</p> <p>See attachment A-provided.</p> <p>The Administrator will oversee to ensure ongoing compliance.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of	Plan of correction Implementation status as of
The above plan of correction was approved by	<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

Violation Report: 22050 - 11/15/2017 - Hummel, Jesse
 PCH Name: KIRKLAND VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.102(d)(2) - Bathtubs and showers must have slip-resistant surfaces.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed the bathroom located in resident room 215. The floor mat located on the tile floor, directly outside of the shower, is not slip resistant posing a fall risk to the resident.

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.

The resident in room 215 was notified on 11/17/17 that a slip-resistant floor mat is required. The resident's family provided a slip-resistant mat by 11/20/17.

A resident Town Hall meeting was held on 11/22/17. The residents were made aware of the violation and requirement to have slip-resistant surfaces.

The Adm. Asst. will oversee the P.O.C. to ensure ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative (Required on EVERY Page)	12/16/17
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Samantha Ross-Meiser	12/16/17

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The above plan of correction is approved as of <u>1-4-18</u> (Date)	Plan of correction implementation status as of <u>1-4-18</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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22050 - 11/15/2017 - Hummel, Jesse
 PCH Name: KIRKLAND VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the facility on [redacted] 17. The resident had a medical evaluation completed, however the date the resident was evaluated or the date the form was completed were not recorded on the medical evaluation. It can not be determined if the resident was evaluated within the required time frames.

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.

The Administrator will audit 100% of medical evaluations for new admissions prior to the move-in date to ensure compliance. If the form is found to be incomplete, it will be directed back to the Physician's office for completion.

The Adm will also oversee all new annual / big change PME's coming to the home to ensure ongoing compliance. Of

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

12/16/17

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

Samantha Ross-Meisner

Date 12/16/17

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 (Date)

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 (Date)

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 (Initials)

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

Violation Report: 22050 - 11/15/2017 - Hummel, Jesse
 PCH Name: KIRKLAND VILLAGE

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 #1's medical evaluation which the date was not recorded when completed, does not include an evaluation of the following required items: special health or dietary needs, Medications/Medication Addendum, and if the resident requires body positioning or movement.. There were pen and ink notations made to the document after the physician signed it in the noted areas.

The medical evaluation completed on 7/10/17 for resident #2 does not include an evaluation of the following required items: allergies, and Medication/Medication Addendum:

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.

The Administrator will audit 100% of medical evaluations for new admissions prior to the move-in date to ensure compliance. IF the form is found to be incomplete, it will be directed back to the Physician's office for completion.

The Physician will be directed to use the same color ink when completing the form as well as providing an updated signature and date when changes are made.


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

Signature of Legal Entity Representative (Required on EVERY Page)  Date 12/16/17

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Samantha Ross-Meiser Date 12/16/17

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The above plan of correction is approved as of 01-04-18
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 01-04-18
 (Date)

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

Violation Report: 22050 - 11/15/2017 - Hummel, Jesse
 PCH Name: KIRKLAND VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:
 (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
 (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
 (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
 (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
 Staff person A regularly administers medications to residents. Staff person A completed the Medication Administration Annual Practicum, however the practicum does not indicate when the staff person passed and is also not signed by the trainer. These items are required to be completed to determine that the staff person passed the practicum and that the staff person completed the practicum in the required time frames.

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.

The Med/Tech trainer has signed the practicum and included the date of 10/21/17* to show when staff person A passed. See Attachment B. *The document must also indicate the date the form was amended with the employee's initials.*

The Med/Tech trainer has been educated on this regulation and understands the importance of assuring evaluation forms are completed accurately and with appropriate dates. The Adminis. trator will oversee to ensure ongoing compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* 12/16/17

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Samantha Ross-Meiser* Date *12/16/17*

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Violation Report: 22050 - 11/15/2017 - Hummel, Jesse
 PCH Name: KIRKLAND VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

Resident # 3 is prescribed Moisture Lotion to be applied in the morning and at bedtime. The residents Medication Administration Record indicates that staff person B applied the cream as indicated by the staff persons initials on the record. It was determined that staff person B did not apply the lotion and therefore the medication administration record is required to be initialed by the staff person that applied the lotion. These staff are not following proper medication administration procedures.

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.

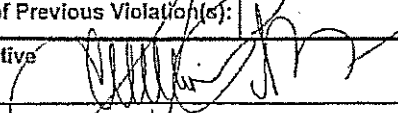
The Administrator held a staff meeting on 11/30/17 and re-educated staff on proper medication administration procedures.

See attachment C.

The two staff members who did not follow proper medication administration procedures received corrective action and were re-educated on proper medication administration techniques.

The Administrator will review medication administration periodically in order to ensure ongoing compliance.

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


Signature of Legal Entity Representative (Required on EVERY Page)  12/16/17

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Samantha Ross-Meiser Date 12/16/17

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- Fully Implemented
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- Not Implemented

Violation Report: 22050 - 11/15/2017 - Hummel, Jesse
 PCH Name: KIRKLAND VILLAGE

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 #4 is prescribed Furosemide 20mg - 1 tablet 2 times daily as needed for weight gain of 2 lbs or more. The medication label incorrectly indicates to administer Furosemide 20mg - 1 tablet daily as needed for weight gain of 2 lbs or more.

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.

Staff will complete weekly audits to ensure medication labels match the physician's order. The LPN and PCA med/tech staff will be responsible for this task. IF a discrepancy is found, staff will refer to the Physician for clarification.

See attachment D (attached) The Administrator will oversee to ensure ongoing compliance. QP

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Violation Report: 22050 - 11/15/2017 - Hummel, Jesse
 PCH Name: KIRKLAND VILLAGE

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 #4 is prescribed Pain Relief Tabs 500mg - 1 tablet every 6 hours as needed for pain. This medication is not on hand at the facility in the event the resident requested or required this medication.

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.


During a staff meeting on 11/30/17, staff was re-educated on the importance of re-ordering medication in a timely manner. See attachment C. (attached)
 Resident #4's tylenol was re-ordered by staff in a timely manner but was not delivered by Trinity pharmacy.
 To avoid future occurrences, a document was created to show when a medication was re-ordered. This form will remain in the medication carts for staff to use as a reference to ensure medications are delivered in a timely manner. The Administrator will oversee to ensure ongoing compliance.
 See attachment E. (attached)

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

Signature of Legal Entity Representative (Required on EVERY Page)  12/16/17

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Samantha Ross-Meiser Date 12/16/17

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Violation Report: 22050 - 11/15/2017 - Hummel, Jesse
 PCH Name: KIRKLAND VILLAGE

1. REGULATION 55 Pa.Code §2600

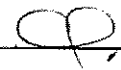
2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (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 #1 is prescribed to have the resident's blood glucose tested 4 times daily. On the following dates and times the residents blood glucose was tested however the facility incorrectly documented the residents blood glucose level on the residents Medication Administration Record (MAR):

- 11/9/17 at 12:42pm - Glucometer indicates level as 182, MAR indicates 186
- 11/10/17 at 8:38am - Glucometer indicates level as 120, MAR was left blank
- 11/11/17 at 6:04pm - Glucometer indicates level as 306, MAR indicates 307
- 11/12/17 at 6:20pm - Glucometer indicates level as 185, MAR indicates 187
- 11/13/17 at 1:16pm - Glucometer indicates level as 220, MAR indicates 69
- 11/15/17 at 9:42am - Glucometer indicates level as 279, MAR indicates 256

The Administrator will oversee to ensure ongoing compliance


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.


During a staff meeting on 11/30/17, all staff were educated on the importance of recording exact numbers from the glucometer to the MAR. See attachment C. attached LPN staff will complete weekly glucometer checks to ensure accurate calibrations and that current readings match the MAR. See attachment F. attached

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Samantha Roos-Meiser		12/16/17

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 (Date)

Plan of correction implementation status as of 1-4-18
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 22050 - 11/15/2017 - Hummel, Jesse PCH Name: KIRKLAND VILLAGE	
1. REGULATION 55 Pa.Code §2600 2600.1B7(d) - The home shall follow the directions of the prescriber.	
2a. DESCRIPTION OF VIOLATION Resident #3 is prescribed to have the residents blood glucose tested daily at breakfast and at bedtime. On 11/6/17 the residents blood glucose was not tested before breakfast as prescribed. Resident #3 is prescribed Remeron 15mg - take one tablet at hour of sleep starting 11/13/17. On 11/13/17 at 9:01pm this medication was administered, prior to the prescriber's medication administration start date.	
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.	
<p>Resident #3 went directly to breakfast prior to staff checking his blood glucose. Staff should have documented the reason why the test was not done. A staff meeting was held on 11/30 and staff were re-educated on the importance of documentation. See attachment C</p> <p>CPN's are staffed 24/7. Moving forward, we have initiated a system of checks from shift to shift to assure new medication orders are transcribed correctly and match the physician's orders. The 24 hour nursing communication report indicates a box to check new orders. The staff meeting held on 11/30/17 reviewed the importance of checking orders and how to utilize the 24 hour report to ensure this is being done. See attachment C</p>	
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Violation Report: 22050 - 11/15/2017 - Hummel, Jesse
 PCH Name: KIRKLAND VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the facility on [redacted] 17. The facility completed an initial assessment of the residents personal care needs, however the assessment is not dated when it was finalized.

Resident #2 was admitted to the facility on [redacted] 17. The facility completed an initial assessment of the resident's personal care needs, however the assessment is not dated when it was finalized.

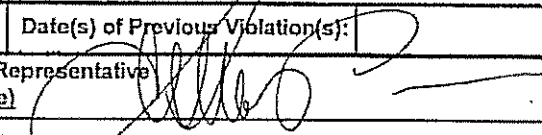
It can not be determined that these resident assessments were completed in the required time frames.

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.

Staff have been completing the RASPs per regulation, however failed to date the forms in a manner to demonstrate compliance. LPN's
 During the staff meeting on 11/30/17, were educated and understand how to accurately complete the RASPs. See attachment C.
 Administrator will oversee to ensure ongoing compliance.


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

Signature of Legal Entity Representative (Required on EVERY Page)  12/16/17

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Samantha Ross-Meiser Date 12/16/17

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Violation Report: 22050 - 11/15/2017 - Hummel, Jesse
 PCH Name: KIRKLAND VILLAGE

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 #3 was admitted to the facility on [redacted] 15. The facility completed an annual assessment of the resident's personal care needs, however the assessment was not dated when it was finalized.

Resident #6 was admitted to the facility on [redacted] 12. The facility completed an annual assessment of the resident's personal care needs, however the assessment was not dated when it was finalized.

It can not be determined that these annual assessments were completed in the required time frames.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

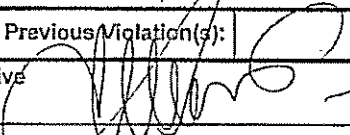
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff have been completing the RASPs per regulation, however failed to date the forms in a manner to demonstrate compliance.

During the staff meeting held on 11/30/17, LPN's were educated and understand the way to accurately complete the RASPs.

See attachment C.
 Administrator will oversee to ensure ongoing compliance of

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


Signature of Legal Entity Representative (Required on EVERY Page)  12/14/17

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Samantha Ross-Meiser Date 12/14/17

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