JUN 08 2018

Mr. Robert Dulla, Jr.
Executive Director
Grove Manor
1 Woodcrest Circle
Scottdale, Pennsylvania 15683

RE: Woodcrest Senior Living Community
Certificate #: 442120

Dear Mr. Dulla:

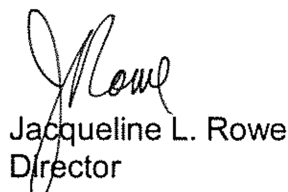
As a result of the Department of Human Services' Licensing annual licensing inspection on January 17, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes)specified on the enclosed License Inspection Summary were found.

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

Bureau of Human Services Licensing
625 Forster Street, Room 631 | Harrisburg, PA 17120 | 717.783.3670 | F 717.783.5662 | www.dhs.state.pa.us

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

PCH Name: WOODCREST SENIOR LIVING COMMUNITY	License Number: 44212
Address: 1 WOODCREST CIRCLE, SCOTTDALE, PA 15683	County: Westmoreland
Administrator: Robin Metzger	Region: WEST
Legal Entity Name: GROVE MANOR	
Legal Entity Address: 1 WOODCREST CIRCLE, SCOTTDALE, PA 15683	

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Certificate(s) of Occupancy
C2
07/26/1995
Dept of L & I

Staffing Hours

Resident Support: 0	Total Daily Staff: 33	Waking Staff: 25
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced

Reason(s) for Inspection(s)
Renewal

On-Site Inspections Dates and Department Representatives On-Site
01/17/2018: Summers, Vicky; Pfaff, Vicki

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: 31
Number of Residents Served: 23
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: 2

Number of Residents who:
- Receive Supplemental Security Income: 0
- Are 60 Years of Age or Older: 23
- Have Mental Illness: 0
- Have an Intellectual Disability: 0
- Have a Mobility Need: 10
- Have a Physical Disability: 0

APR 23 2018
WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44212 - 01/17/2018 - Summers, Vicky
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
(2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
(3) Resident rights.
(4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
(5) Falls and accident prevention.
(6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 8/9/05 did not receive annual training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, during the January-December 2017 training year.

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.

Ensures that all staff persons working in the home are familiar with procedures for responding to fire emergencies. Direct care staff Person "A" did not receive fire safety training by a fire expert within a timely fashion. Monthly fire drills are being held to encompass all 3 shifts by the maintenance director/or designee. Documented results and educational follow where needed. Staff education has been provided to all staff regarding the safety, prevention, use of fire extinguishers, and emergency preparedness on 2-21-18. Orientation for all new employees + education annually for all staff will encompass fire safety, fire prevention + emergency preparedness. Updated annual education calendar has been created + will be monitored by the Administrator/or designee. The Administrator/or designee will report fire safety education compliance to the QA committee.

Staff person A was retrained on 2/21/18. [initials] 4/27/18

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

Signature of Legal Entity Representative (Required on EVERY Page) [signature]

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

Date 4-20-18

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

The above plan of correction is approved as of 4/27/18 (Date)

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

Plan of correction implementation status as of 4/27/18 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress [initials]
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

APR 23 2018

Violation Report: 44212 - 01/17/2018 - Summers, Vicky
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
At 10:50 a.m., the left side of the dumpster was open and contained 9 large garbage bags.

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.

For sanitation purposes, trash outside the home shall be kept covered to prevent insects and rodents. The trash receptacles outside were inspected to ensure the lids closed properly. The staff will be educated on ensuring that the receptacles are always closed after trash dumping. To be completed by 4-30-18. The maintenance director/or designee will do random audits daily for 3 months to ensure compliance. The maintenance director/or designee will report findings to the QA committee to ensure that standards are maintained.

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

Signature of Legal Entity Representative (Required on EVERY Page): [signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Robin L. Metzger

Date: 4-20-18

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Plan of correction implementation status as of 4/27/18 (Date)

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- [ ] Not Implemented

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44212 - 01/17/2018 - Summers, Vicky
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

The hot water temperature exceeded 120 degrees Fahrenheit in the following areas;

- at approximately 10:10 AM, the bathroom sink in room 108 measured 122.1 degrees Fahrenheit
- at approximately 10:30 AM, the bathroom sink in room 202 measured 123.9 degrees Fahrenheit
- at approximately 10:40 AM, the sink in the chapel kitchenette measured 122.7 degrees Fahrenheit

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.

For the safety of the residents, hot water temperatures in areas accessible to residents may not exceed 120° F. Hot water temps were found to exceed 120° in three various areas. A new hot water tank had just been installed and not properly calibrated to temp. All water temps were obtained on Feb. 8, March 8, and April 8 and found to be in compliance. Staff will be educated on proper water temps and reporting methods used if water is found to be out of compliance range. To be completed by 4-30-18. The maintenance director/or designee will do random audits monthly to ensure compliance. Records will be maintained of temp. recordings. Any deviation in proper temps will be immediately addressed. The maintenance director/or designee will report findings to QA committee to ensure standards are maintained.

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

Signature of Legal Entity Representative (Required on EVERY Page) [signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Robin L. Metzger

Date 4-20-18

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Human Services Licensing

Violation Report: 44212 - 01/17/2018 - Summers, Vicky
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION

At approximately 10:20 AM, the following areas and walkways were covered with snow. It was not actively snowing at the time.

- the walkway exit near room 110 and 111 has approximately 3/4" of snow
- the patio outside the double glass door near the exercise area has 1 1/2" of snow which gave resistance when opening this door
- the sidewalk that leads to the resident garage near room 208 and 209 has 1 1/2" of snow
- the walkway to the driveway at the far end of the chapel has approximately 3/4" of snow
- the walkway between the chapel and the dining room has approximately 3/4" of snow
- the patio near the 400 wing has approximately 3/4" of snow

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 home shall ensure that ice, snow and any obstructions are removed from the outside walkways, ramps, steps, recreational areas and exterior fire escapes. Snow was noted in various areas. All exterior ramps, walkways, steps, recreational areas + fire escapes have been cleared of any obstructions to include snow + ice. Maintenance director has been educated on ensuring that outside areas are free from obstructions. In inclement weather, the Maintenance Director/or designee will ensure that all outside areas are free of obstructions. Policy + Proceedure has been reviewed to address inclement weather. All staff will be educated on snow + ice removal per policy to be completed by 4-30-18. Maintence director/ or designee will do random audits for 3 mos. to ensure there are no obstructions to outside areas. The maintenance Director/or designee will report findings of audits to the QA committee to ensure compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page): [signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): ROBIN L METZGER — Date: 4-20-18

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The above plan of correction is approved as of 4/27/18 (Date)

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Plan of correction implementation status as of 4/27/18 (Date)

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- [x] Partially Implemented - Adequate Progress [initials]
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Human Services Licensing

Violation Report: 44212 - 01/17/2018 - Summers, Vicky
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION
The emergency evacuation diagrams are not posted in a conspicuous and public place. The home currently serves 23 residents.

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.

An emergency diagram of each corridor, line of travel to exit doors and location of fire extinguishers for safety. Emergency diagrams were not posted in conspicuous and public places. Emergency evac diagrams were created, reviewed and found to be accurate. The emergency evacuation diagram has been prominently posted in each wing of the facility and the front lobby. All staff will be educated on the purpose of the evacuation diagram by 4-30-18 The maintenance director/or designee will conduct random audits to ensure that the emergency evacuation diagrams are maintained and in place. The Maintenance Director/or designee will report any violations to the QA committee.

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

Signature of Legal Entity Representative (Required on EVERY Page): [signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): ROBIN L. METZGER
Date: 4-20-18

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Plan of correction implementation status as of 4/27/18 (Date)

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APR 23 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44212 - 01/17/2018 - Summers, Vicky
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

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 documentation of an annual fire safety inspection or fire drill conducted by a fire safety expert is dated April 13, 2016.

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 safety inspections and fire drills need to be conducted annually to ensure the safety of Residents, staff and visitors. An annual safety inspection was not completed in a timely manner. A fire safety inspection was conducted on 1-24-18 (see Attachment "A")
A fire safety drill was conducted on 1-24-18 (see Attachment "A")
All fire drills and inspections will be recorded and records maintained by the Maintenance Director /or designee. Drills will be conducted monthly on varying shifts with a yearly disaster drill to be conducted. The maintenece director /or designee will report findings of drills to the QA committee.

Within 5 days of receipt of the plan of correction: The administrator or designee will develop and implement a tracking system to ensure a fire safety inspection and fire drill are conducted by a fire safety expert annually. JN. 4/27/18

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

Signature of Legal Entity Representative (Required on EVERY Page): Robin L. Metzger (signature)

Date: 4-20-18

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Robin L. Metzger

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

The above plan of correction is approved as of 4/27/18 (Date)

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

Plan of correction implementation status as of 4/27/18 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress JN.
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

APR 23 2018

Violation Report: 44212 - 01/17/2018 - Summers, Vicky
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

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
There are no monthly fire drills documented from January 2017 to September 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.

A written fire drill record must be maintained, including date, time amount of time for evacuation, exit route used, number of residents evacuated and staff persons participating, noting any problems that were encountered and whether all fire alarms and smoke detectors were operative. There was no log maintained from Jan. 2017 to Sept. 2017 of conducted fire drills. Monthly fire drills will be conducted on varied shifts. These drills will be documented appropriately (See Attachment "B"), and documentation maintained by the maintenance director /or designee. The Maintenance Director /or designee will report findings to the QA committee. Any issues found from the findings will be addressed immediately through continuing education.

The home's fire drill record includes all required information for the fire drills conducted between October 2017 and March 2018. JU. 4/27/18

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

Signature of Legal Entity Representative (Required on EVERY Page) [signature]

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

Date 4-20-18

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

Plan of correction implementation status as of 4/27/18 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress JU.
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44212 - 01/17/2018 - Summers, Vicky
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
The fire drill conducted on 11/30/17 at 4:20 p.m. took 2 minutes 46 seconds to complete. However, the home has not had a safe evacuation time established in writing by a fire safety expert within 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.

For safety purposes, Residents shall be able to evacuate the entire building to a public thoroughfare or fire safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. There was no time period specified by a fire expert within the past year. The local fire chief was contacted following inspection and completed a fire safety inspection, observed a fire drill and determined safe fire evacuation time / fire safe area designations (See Attachment "C") The fire safety plan will be reviewed by local authorities annually to ensure compliance. The Fire chief will be invited to participate in annual / bi-annual fire and disaster drills. All staff was educated on fire safety and extinguisher use on 2-21-18, + will be done annually on new hire orientation and on an as-needed basis. The Administrator / or designee will monitor training to ensure fire safety training is done routinely and in a timely manner. The Administrator / or designee will report fire safety compliance to the QA committee to ensure compliance.

On 1/24/18, the fire safety expert designated 6 minutes as the home's safe evacuation time. [initials] 4/27/18

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

Signature of Legal Entity Representative (Required on EVERY Page): [signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): ROBIN L METZGER

Date: 4-20-18

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

The above plan of correction is approved as of 4/27/18 (Date)

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

Plan of correction implementation status as of 4/27/18 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress [initials]
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44212 - 01/17/2018 - Summers, Vicky
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
The last documented fire drill during sleeping hours was conducted on 12/4/16 at 11:35 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.

This regulation ensures that staff persons working in the home are familiar with proceedures for responding to fire emergencies at all times. A monthly fire drill log was not properly maintained for the January to Septemeber 2017 period. Monthly fire drills are currently being held to encompass all shifts, including sleeping hours by the Maintenance Director/or designee with documented results and educational follow-up where needed. Staff education was provided in Feb 2018 regarding fire safety, prevention, emergency preparedness and fire extinguisher use This will be done annually and be included in orientation for all new employees. All documentation of this education will be on file in the facility. The facility will hold a disaster drill annually with local officials requested to participate. The maintenance director/or designee will attend fire safety and emergency preparedness when available to maintain current best practices. The Maintenance Director/or designee will report results of fire Drills to the QA committee.

A fire drill was conducted during sleeping hours on 4/27/18 at 5:40 a.m. [initials] 4/27/18

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

Signature of Legal Entity Representative (Required on EVERY Page): [signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): ROBIN L METZGER

Date 4-20-18

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Plan of correction implementation status as of 4/27/18 (Date)

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44212 - 01/17/2018 - Summers, Vicky
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

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 #2's initial medical evaluation, dated [redacted]17, does not include height, weight, pulse rate, blood pressure, temperature or medications, medical professional name or medical professional license number. These areas are blank.

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.

Allows home to create a comprehensive profile of a Resident's needs and serves as a basis for the plan to meet these needs. Resident #2's medical evaluation did not include pertinent information as required to complete an accurate plan of care. A review of the chart for Resident #2 was conducted on 1-18-18. All corrections were completed on 1-18-18. An audit of all Resident charts was completed by 2-28-18. Any issues identified were immediately corrected. the appropriate staff has been educated on appropriate charting. Random chart audits will be conducted monthly by the Administrator /or designee to ensure compliance. Audits will be reported to the QA committee by the Administrator /or designee.

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

Signature of Legal Entity Representative (Required on EVERY Page) [signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ROBIN L. METZGER **Date** 4-20-18

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

Plan of correction implementation status as of 4/27/18 (Date)

- ☐ Fully Implemented
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Violation Report: 44212 - 01/17/2018 - Summers, Vicky
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

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 1/17/18, the menus posted in the lunch dining room were for the the prior week of 1/8/18-1/14/18 and the current week of 1/15/18-1/21/18; however, there was no menu posted for the following week of 1/22/18-1/28/18.

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 postings need to state the specific foods being served at each meal for both the current week and the upcoming week. Erroneously, Woodcrest had posted the previous weeks menu + the current weeks menu. The postings of the menus were immediately corrected. The dietary staff was re-educated of the proper display of menus for 1 week in advance as well as displaying the daily and current weeks menus. The Dietary Supervisor /or designee will conduct random audits weekly to ensure that menus are posted as per regulation for the Residents to view. Any deviation from this practice will be reported to the QA committee by the Dietary Supervisor/ or designee.

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

Signature of Legal Entity Representative (Required on EVERY Page): [signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): ROBIN L METZGER
Date: 4/20/18

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

The above plan of correction is approved as of 4/22/18 (Date)

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Plan of correction implementation status as of 4/27/18 (Date)

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44212 - 01/17/2018 - Summers, Vicky
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

Resident #1's current vial of Novolog insulin was labeled as opened on 11/15/17. However, the manufacturer's directions indicate to discard the unused portion after 28 days.

Resident #1's current vial of Levemir insulin was labeled as opened on 11/15/17. However, the manufacturer's directions indicate to discard the unused portion after 42 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.

All medications need stored + organized according to the manufacturer's instructions. Resident #1's vials of Novolog + Levemir were not discarded within the appropriate time frame according to the manufacturers in-structions. Resident #1 was reviewed and there was found to be no negative affects of the error. All medication areas + Resident medications were audited for any further violations by 1-31-18. Any violations found were immediately corrected. All care staff will be educated on the proper use and storage of medication and the proper proceedures to ensure that out-dated medication is discarded per manufacturers directions. To be completed by 5-1-18. The policy and proceedure for storage of medication was reviewed with all care staff. Random audits will be conducted by the Administrator /or designee to ensure that there are no outdated medications and that all meds are stored properly. Audit findings will be reported to the QA committee by the Administrator /or designee.

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

Signature of Legal Entity Representative (Required on EVERY Page): [signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): ROBIN L METZGER — Date 4-20-18

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

The above plan of correction is approved as of 4/27/18 (Date)

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

Plan of correction implementation status as of 4/27/18 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress [initials]
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 44212 - 01/17/2018 - Summers, Vicky
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

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

On the following dates, resident #1's glucometer readings did not match the blood sugar readings documented on the resident's January 2018 blood sugar log;

Date	Glucometer reading	MAR
1/1/18	194 at 5:45 p.m.	180 at 5:00 p.m.
1/5/18	189 at 5:13 p.m.	180 at 5:00 p.m.
1/14/18	199 at 5:17 p.m.	180 at 5:00 p.m.
1/15/18	194 at 5:19 p.m.	180 at 5:00 p.m.

Resident #2 is prescribed Polyethylene Glycol powder - dissolve 1 capful in 8 ounces of liquid and take by mouth every day; however, the medication was not available in the medication cart.

Resident #3 is prescribed blood sugar checks three times a day; however on the following dates and times, the numbers recorded on the blood sugar log had no corresponding number in the glucometer;

Date	Glucometer reading	Blood sugar log
1/1/18	no reading	149 at 8:01 p.m.
1/6/18	no reading	220 at 8:01 p.m.
1/12/18	no reading	202 at 8:06 p.m.
1/15/18	no reading	184 at 8:03 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.

Resident #2's medication was reordered by the home. JU. 4/27/18

Implementation of use of medical equipment by staff and distribution of meds for the Resident safety. Glucometer readings were inaccurate and a prescribed med was not available in the med box. Resident's #1, #2, + #3's charts were reviewed and no harm noted, therefore no physicians were notified. A chart review of all Residents was completed by 2-28-18. Any issues found from this review was immediately addressed. Care staff will be properly educated on proper recording of glucometer readings, med. admin. procedures, proper med storage, use of + recording of medication administration to be completed by 4-30-18. Policy + Procedure for medication administration was reviewed on 1-22-18. Random audits of med. admin. & charting have been conducted weekly for 1 mo. & monthly for 3 months by the Administrator/or designee.* Findings of said audits will be reported to the QA committee by the Administrator/or designee to ensure compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) [signature]

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

Date 4-20-18

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

The above plan of correction is approved as of 4/27/18 (Date)

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

Plan of correction implementation status as of 4/27/18 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress JU.
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

* See Attachment "D"

APR 23 2018

Violation Report: 44212 - 01/17/2018 - Summers, Vicky
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

WEST REGION FIELD OFFICE
~~Human Services Licensing~~

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 Humulin insulin - check blood glucose three times a day and inject subcutaneous per sliding scale as follows:

Blood Glucose	Units
201-250	3 units
251-300	5 units
301-350	6 units
>350	Call physician

However, the resident's January 2018 medication administration record does not include to call physician for blood sugar >350.

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.

A MAR records what medications are given to Resident along with pertinent info. Resident #3's MAR listed Humulin sliding scale but did not include "notifying physician if BS is >350. A med chart review was conducted for Resident #1 on 1-18-18. No actual harm was noted. MAR will reflect correction. All care staff will be educated on following physician orders per policy, Notification to physicians/pharmacy and following proper protocol for med administration. This will be completed by 4-30-18 Random audits will be conducted by the Administrator/or designee to ensure MAR appropriately reflects the actual physician order. Findings of audits will be reported to the QA committee by the Administrator/or designee.

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

Signature of Legal Entity Representative (Required on EVERY Page): [signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): ROBIN L. METZGER

Date: 4-20-18

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

The above plan of correction is approved as of 4/27/18 (Date)

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

Plan of correction implementation status as of 4/27/18 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress [initials]
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

RECEIVED

Violation Report: 44212 - 01/17/2018 - Summers, Vicky
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

APR 23 2018
WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION
Resident #1 is prescribed Novolog insulin - inject subcutaneously twice a day per sliding scale as follows:

Blood Glucose	Units
150-180	0 units
181-200	2 units
201-250	3 units
251-300	4 units
301-350	6 units
351-400	8 units
less than 70	call MD
greater than 400	call MD

On 1/1/18 at 5:00 p.m., resident #1's blood sugar log indicates 180; however, the reading on the glucometer was 194 and the resident did not receive 2 units of Novolog as prescribed.

On 1/5/18 at 5:00 p.m., resident #1's blood sugar log indicates 180; however, the reading on the glucometer was 189 and the resident did not receive 2 units of Novolog as prescribed.

On 1/14/18 at 5:00 p.m., resident #1's blood sugar log indicates 180; however, the reading on the glucometer was 199 and the resident did not receive 2 units of Novolog as prescribed.

On 1/15/18 at 5:00 p.m., resident #1's blood sugar log indicates 180; however, the reading on the glucometer was 194 and the resident did not receive 2 units of Novolog as prescribed.

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.

Medications are prescribed by the physicians for the health and well being of the Resident. Resident #1 was not given Novolog as prescribed. A chart review was conducted on 1-19-18. No actual harm noted. The staff member responsible for these discrepancies was re-educated regarding proper documentation. All other care staff will be re-educated on following physician orders per policy, notification to physicians and following proper protocol for medication administration. This re-education will take place by 5-1-18. Random audits to be completed monthly by the Administrator/or designee to ensure staff is following physician orders per policy. Findings of audits will be reported to the QA committee by the Administrator/or designee.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/24/2017		

Signature of Legal Entity Representative
(Required on EVERY Page) [signature]

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) ROBIN L. METZGER

Date 4-20-18

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The above plan of correction is approved as of 4/27/18 (Date)

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

Plan of correction implementation status as of 4/27/18 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress [initials]
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

RECEIVED
APR 23 2018
WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44212 - 01/17/2018 - Summers, Vicky
PCH Name: WOODCREST SENIOR LIVING COMMUNITY

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, admitted on [redacted]17, did not have a preadmission screening completed.

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.

Preadmission screening ensures that the Residents needs could be met by the services provided by the home. Resident #2 did not have a fully completed pre-admission screen complete before admission. Resident #2 had a review on 1-18-18, and is appropriate for the facility. An audit was conducted of all Residents to ensure each Resident is appropriate to reside in the facility and that a pre-admission screening worksheet had been completed for each Resident. Admitting staff will be educated as to proper preadmission screening paperwork. Admission paperwork will be reviewed by the Administrator/or designee upon acceptance to the facility to ensure all paperwork is appropriately completed. The Administrator/or designee will report abnormal findings to the QA committee of any deviation for this practice with corrective action noted.

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

Signature of Legal Entity Representative (Required on EVERY Page) [signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ROBIN L METZGER | Date 4-20-18

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

The above plan of correction is approved as of 4/27/18 (Date)

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

Plan of correction implementation status as of 4/27/18 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress [initials]
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented