



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 30 2018

Mr. Christopher S. Lehmann
Managing Member
Plymouth Manor Personal Care Center LLC
144 North Main Street
Old Forge, Pennsylvania 18518

RE: Plymouth Manor Personal Care Center
120 Martz Manor
Plymouth, Pennsylvania 18651
License #225870

Dear Mr. Lehmann:

As a result of the Department of Human Services' (Department) annual licensing inspection on February 9, 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,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 22587 - 02/09/2018 - Deluca, Amy
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 The home's carbon monoxide detector located in the kitchen to monitor the home's gas stove was not 15 feet away from the gas appliance, in accordance with the Care Facility Carbon Monoxide Alarms Standards Act.

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.

Carbon monoxide detector was moved to correct distance per regulation. Detector is now 15 ft from the gas appliance, Corrected 2-10-18

✓ The administrator shall monitor and be responsible for ongoing compliance.

M 3/19/18

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)		Date
Christopher S. Lehmann Managing Member		2/25/18

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

The above plan of correction is approved as of	<u>3/19/18</u> (Date)	Plan of correction implementation status as of	<u>3/19/18</u> (Date)
The above plan of correction was approved by	<u>M</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: 22587 - 02/09/2018 - Deluca, Amy
PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.28(f)(1) - Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home.

2a. DESCRIPTION OF VIOLATION

Resident # 1 passed away on [redacted] 17. The home sent a refund check on 10-19-17 but did not send an itemized statement of account.

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.

Residents will receive an itemized bill within 30 days of termination of service by the home or residents leaving the home.

Administrator and Owner will itemize the days being refunded ^{on an itemized statement} along with refund/check

Administrator will monitor for ongoing compliance

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

Signature of Legal Entity Representative (Required on EVERY Page) *Christopher J. Lehmann*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christopher J. Lehmann, Managing Member Date 2/25/18

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The above plan of correction is approved as of 3/19/18 (Date)

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

Plan of correction implementation status as of 3/19/18 (Date)

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

Violation Report: 22587 - 02/09/2018 - Daluca, Amy
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Staff person A was hired as a personal care aide (PCA) on 10/12/2017. According to direct care staff schedules staff person A worked as a PCA from 10/26/17 through 10/30/17 and 11/1/17 but did not complete the Department's required direct care training course and competency test until 11/2/17.

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.

- Administrator will make sure all direct care staff has completed direct care staff on line course before scheduling staff as PCA.
 Administrator will monitor to ensure ongoing compliance
 New form added to employee packet to ensure all direct care staff has completed on line course prior to scheduling PCA

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

Signature of Legal Entity Representative (Required on EVERY Page) *Christopher J. Lehman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christopher J. Lehman, managing member* Date *2/25/18*

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 (Date)

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

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 (Date)

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Violation Report: 22587 - 02/09/2018 - Deluca, Amy
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 The freezer located in the home's kitchen marked freezer #1 had a temperature reading of 5 degrees Fahrenheit on the internal thermometer. The temperature was checked a few times and no change occurred with the temperature reading.

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.

Food requiring a frozen temp of 0°F or below will be kept in freezers at 0°F or below.

Thermometers will be checked for accuracy and replaced as needed and or periodically as per accuracy by Administrator.

Thermometer was replaced in freezer 1 on 2-10-18. Freezer 1 temp is 0°F. Thermometer was checked several times for accuracy and new thermometer reads 0°F. Previous thermometer disposed of.

✓ Administrator will monitor to ensure ongoing compliance

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

Signature of Legal Entity Representative (Required on EVERY Page) *Christopher S. Lehmann*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christopher S. Lehmann, Managing Member Date 2/25/18

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Plan of correction implementation status as of 3/9/18 (Date)

- Fully Implemented
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Violation Report: 22587 - 02/09/2018 - Daluca, Amy
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION
 The home did not have either a 3 day supply of drinking water on site for the residents or documentation of a contract with a local bottled water supplier to provide water immediately in the event of an emergency.

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.

Home will keep a 3 day supply of water on site for residents immediate use in case of emergency.

Corrected 2-19-18.

Since current letter for water supply in emergency not accepted and since Company's will not provide us a letter/contract stating they will provide water in emergency, facility will have 3 day supply of water in facility. Administrator will monitor for ongoing compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Christopher J. Lehman*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Christopher J. Lehman, Managing member* Date *2/25/18*

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 (Initials)

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Violation Report: 22587 - 02/09/2018 - Deluca, Amy
PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

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

2a. DESCRIPTION OF VIOLATION

Resident #2's medical evaluation dated 12-4-17 did not include the resident's weight.

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.

Administrator will write residents weight on DME

Administrator will do quarterly review of residents DME's to ensure all info is transcribed onto DME.

Corrected 2/9/18

✓ The administrator shall monitor and be responsible for ongoing compliance.

M 3/19/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Christopher A. Lehman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christopher S. Lehman, Manager Date 2/25/18

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(Date)

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

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(Date)

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Violation Report: 22587 - 02/09/2018 - Deluca, Amy
PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

The home's vehicle first aid kit did not contain eye coverings.

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.

Administrator will ensure transportation emergency kit has all regulation required items.

✓ Administrator will do monthly check on transportation's first aid kit to ensure all regulation required items are in kit.

Corrected 2-10-18

Protective eye wear was put into transportation First Aid kit. (goggles)

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Christy S. Lehmann*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Christy S. Lehmann, Marketing Director* Date *2/25/18*

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

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(Date)

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Violation Report: 22587 - 02/09/2018 - Deluca, Amy
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

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 #7 has an order for Moxifloxacin HCL drops to be instilled 4 times per day and also Prednisolone AC 1% eye drops to be instilled 4 times per day. At approximately 2:30pm the resident's 1:00pm doses for both drops had not been initiated as administered on the Medication Administration Record (MAR). According to staff the eye drops were administered but the MAR was not initialed at the time of administration.

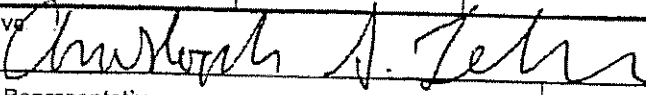
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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.


Administrator will provide a med training to all current med certified PCAs regarding regulation 2600.182 c. 1 through 7 on 2-28-18.

A training sheet will be signed by all PCAs in Attendance of training.

✓ Administrator will review MAR's for any issues regarding initials/sign out weekly and as needed for ongoing compliance

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>		
		
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>		Date
Christopher J. Lehman, Marketing Director		2/25/18

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The above plan of correction was approved by <u></u> <small>(Initials)</small>	<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: 22587 - 02/09/2018 - Deluca, Amy
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 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
 The Advair disk for resident #5 was not labeled with the date it was opened for use. According to the manufacturer the disk should be discarded one month after opening.

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.

Administrator will provide a med training for all current certified med PCA's regarding regulation 2600.183.D on 2-28-18. Training will include regulation and rationale for start dates and discard dates and expirations and their importance.

A training sheet will be signed by all PCA's in attendance of training.

✓ Administrator will review meds requiring start dates/discard dates weekly.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Christopher S. Whelan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Christopher S. Whelan, Manager Date 2/21/18

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

The above plan of correction is approved as of 3/19/18
 (Date)

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

Plan of correction implementation status as of 3/19/18
 (Date)

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

Violation Report: 22587 - 02/09/2018 - Deluca, Amy
PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

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

The Medication Administration Record (MAR) for resident #6 lists an order for Phenytoin Sodium Extended 100 MG caps, 2 capsules to be taken two times per day. The label on the blister pack containing the medication states the capsules are 200 MG capsules and 1 capsule is to be taken two times per day. The blister pack's label does not match the prescribed instructions for administration shown on the MAR.

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.

Administrator will provide a med training to all current med certified PCA's regarding regulation 2600.184.a. PCA's will attach label - change of orders / see new orders to any cards/orders/MAR's with changes relating to time, dose etc.

All PCA's will sign training sheet that are in attendance of training.

Administrator will review med labels vs MAR's vs Physician orders weekly and as needed for ongoing compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Christy J. [Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christy J. Selkman, RN, MSN, Director of Nursing* Date *2/25/18*

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

The above plan of correction is approved as of 3/19/18 (Date)

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

Plan of correction implementation status as of 3/19/18 (Date)

- Fully Implemented
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Violation Report: 22587 - 02/09/2018 - Deluca, Amy
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

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 #6 has an order for Ipratropium-Albuterol solution to be inhaled orally every 4 hours as needed for Dyspnea. The home did not have the medication on hand for the resident's use at the time of the inspection.

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.

Administrator will provide a med training to all current med certified PCA's regarding regulation 2600.185(a) on 2-28-18.

A training sheet will be signed by all PCA's in attendance of training.

- Administrator will monitor meds weekly in med cart for proper refill times, contact Pharmacy + Doctors regarding refill issues due to insurance issues + need for refills by Physician.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Christy A. [Signature]

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

Christopher J. Lehmann, 2/25/18

Date *March 19, 2018*

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

The above plan of correction is approved as of

3/19/18
 (Date)

Plan of correction implementation status as of

3/19/18
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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Violation Report: 22587 - 02/09/2018 - Deluca, Amy
PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

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
The contract of resident #3 (dated [redacted] 13) and the contract in the record of resident #4 (dated [redacted] 2017) did not indicate the residents' right to question or refuse medication if the resident 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.

Administrator + Owner will add
An addendum will be added to contract regarding the resident right to question or refuse medication and it will be documented and put on resident record with contract and signed by resident after reeducating on right to refuse medication

Corrected 2-21-18 - All current residents were re-educated on right to refuse medication and ^{signed} addendum put with resident contract on resident record.

The administrator shall monitor and be responsible for ongoing compliance. *m* 3/19/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Christopher J. Lehmann*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christopher J. Lehmann, Marketing Manager Date 2/21/18

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Plan of correction implementation status as of 3/19/18 (Date)

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Violation Report: 22587 - 02/09/2018 - Deluca, Amy
PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
Resident #4's Support plan dated 05-27-17 was not updated to address the wound care treatment the resident has been receiving from Personal Home Health Care & Hospice agency.

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.

Administrator will update resident support plan with any new outside agency wound care etc if needed per regulation 2600.227.d.

Administrator will review support plan on residents with outside agency/home health for any changes monthly.

Corrected 2-9-18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Christy A. Lehnich*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christy A. Lehnich, Manager* Date *2/25/18*

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Plan of correction implementation status as of 3/19/18 (Date)

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