



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 18 2018

Ms. Ann Winger
Administrator
Guardian Elder Care at Oil City, LLC
8796 Route 20, VSI Building
Brockway, Pennsylvania 15284

RE: Oil City Healthcare and
Rehabilitation Center
1293 Grandview Road
Oil City, Pennsylvania 16301
Certificate #: 447980

Dear Ms. Winger:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 2, 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: OIL CITY HEALTHCARE AND REHABILITATION CENTER		License Number: 44798
Address: 1293 GRANDVIEW ROAD, OIL CITY, PA 16301		County: Venango
Administrator: Ann Winger		Region: WEST
Legal Entity Name: GUARDIAN ELDER CARE AT OIL CITY LLC		
Legal Entity Address: 8796 ROUTE 219 VSI BUILDING, BROCKWAY, PA 15824		RECEIVED
Certificate(s) of Occupancy C-1 08/07/1998 PA DOH		MAY 08 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 22	Waking Staff: 17
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/02/2018: Pfaff, Vicki; Mulck, Cindy		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 22 Number of Residents Served: 22 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: 0		Number of Residents who: Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 19 Have Mental Illness: 3 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0

MAY 08 2018

Violation Report: 44798 - 03/02/2018 - Pfaff, Vicki
PCH Name: OIL CITY HEALTHCARE AND REHABILITATION 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

Resident #1 was prescribed Tussin 5ml take three times a day for five days on 1/11/18. However the medication was still present in the medication cart.

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 medication was removed from the medication cart immediately.
Staff and Administrator performed a resident by resident medication audit to ensure only current medications were being stored in the cart.
All staff inservice 05/18/2018 on removing medications from the cart as they are discontinued.
7 to 3 staff member reviews the medication cart weekly for discontinued and/or outdated medications.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Ann Winger, RN, RCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **ANN WINGER, LPN, RCHA** Date **05/07/18**

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

The above plan of correction is approved as of 5-14-18
(Date)

Plan of correction implementation status as of 5-14-18
(Date)

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

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

Violation Report: 44798 - 03/02/2018 - Pfaff, Vicki PCH Name: OIL CITY HEALTHCARE AND REHABILITATION CENTER	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #1 is prescribed Docusate Sodium 10mg - by mouth every 8 hours as needed. However, the medication label indicates take 1 capsule by mouth twice daily.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Medication bottle was labeled immediately with direction change, refer to chart label. (see attached)
 Staff completed a whole medicine cart check to ensure all medication labels match the physicians orders.
 Staff will be inserviced by May 19,2018 on ensuring pharmacy labels match physicians orders by checking the label against the order at the time of delivery.
 Staff will complete a medicine cart audit monthly.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	<i>Ann Winger for PCMA</i>
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
ANN WINGER, CPA PCMA	05/07/18

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

The above plan of correction is approved as of <u>5-14-18</u> (Date)	Plan of correction implementation status as of <u>5-19-18</u> (Date)
The above plan of correction was approved by <u>X</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: 44798 - 03/02/2018 - Pfaff, Vicki
PCH Name: OIL CITY HEALTHCARE AND REHABILITATION CENTER

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

Resident #1 is prescribed Promethazine HCL tablet 25mg - give one tablet by mouth every 24 hours as needed. On 3/2/18, the medication was not available in the home for administration.

Resident #2 had blood glucose readings taken before lunch on 2/24/18 and 2/25/18. However, the resident's glucometer did not include these readings.

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

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

Resident #1. Staff reviewed Resident's past MAR and resident had not used the medication in over 90 days. Resident #1 physician notified and the medication was discontinued. (see attached)
Staff to be inserviced 05/18/2018 on monitoring PRN medications and a policy was written that if a resident does not use a PRN medication for 90 consecutive days the physician will be notified with a request to discontinue the medication.

All glucose monitors were reviewed for matching documentation of results. Each glucometer will be checked daily by the 10pm to 6am shift to ensure that each date and result are documented in the resident MAR. Any missing results are to be reported to the Administrator.

Staff to be inserviced by 05/19/2018 on using and documenting blood glucose monitoring devices. Administrator will review monthly.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Ann Winger, PCNA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ANN WINGER, LPA, PCNA* Date *05/07/18*

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

Plan of correction implementation status as of 5-14-18 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *8*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44798 - 03/02/2018 - Pfaff, Vicki
PCH Name: OIL CITY HEALTHCARE AND REHABILITATION CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

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 home does not have documentation that resident #3 was educated on the right to question or refuse a medication if the resident believes there is a medication error.
The home does not have documentation that resident #4 was educated on the right to question or refuse a medication if the resident believes there is 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.

3/6/18 All Residents were presented a copy of their Resident Rights which includes the right to question or refuse a medication if the resident believes there may be a medication error. (See attached)

Each resident will receive and sign for a copy of their Resident Rights on admission and annually.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Ann Winger, RN, PCHP*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ANN WINGER, RN, PCHP* Date *05/07/18*

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Violation Report: 44798 - 03/02/2018 - Pfaff, Vicki
PCH Name: OIL CITY HEALTHCARE AND REHABILITATION CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600
2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION
Resident #3's support plan, completed on 11/30/17, does not include the care and services the home will provide to the resident for the diagnoses of: Dementia or Insomnia anxiety.

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 #3 RASP updated 3/6/18 (Copy attached) to be more comprehensive than the original.
All current Resident RASP will be reviewed and updated by Administrator and/or designee to be more comprehensive to reflect the services the home will provide for each resident diagnosis by 05/31/2018.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Ann Winger, LCN*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *ANN WINGER, LCN* Date *05/07/18*

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