



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 24 2018

Ms. Laura R. Roy
Executive Director
Passavant Retirement and Health Center
105 Burgess Drive
Zelienople, Pennsylvania 16063

RE: Passavant Retirement & Health Center
Newhaven Court
100 Burgess Drive
Zelienople, Pennsylvania 16063
License # 424060

Dear Ms. Roy:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 14, 2018 and March 15, 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

OCT 15 2018

Violation Report: 42406 - 03/14/2018 - Barone, Barbara
PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 3/14/18 at approximately 11:05 AM, there was an unlocked, unattended and accessible notebook containing medication administration notes, dated 3/6/18, for residents #2 and #3 and weights for residents #4, #5, #6, #7 and #8 on top of the medication cart of the Juniper neighborhood.

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.

Immediately staff member was re-educated on the importance of securing all resident information when it is unattended and she immediately secured the notebook in the locked drawer of the med cart.
Administrator re-educated all staff on HIPPA and the importance of not leaving resident information unsecured.
(See attachments A and B)
Administrator and Personal Care Specialist will perform random checks on a weekly basis to ensure compliance.
(See attachment C)

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/13/2017 et. al.

Signature of Legal Entity Representative (Required on EVERY Page) *Christine Macedonia*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *C. Macedonia, Administrator* Date *10-15-18*

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

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|--|--|
| The above plan of correction is approved as of <u>10/17/18</u> (Date) | Plan of correction implementation status as of <u>10/17/18</u> (Date) |
| The above plan of correction was approved by <u>MS</u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress MS <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

Violation Report: 42406 - 03/14/2018 - Barone, Barbara
PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

1. REGULATION 55 Pa.Code §2600
2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
The addendum, dated 10/1/17, to resident #9's resident-home contract regarding an increase in level of care was not signed by 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.

Immediately on date of inspection resident #9's POA was contacted and emailed the signed addendum back (she had failed to send it back previously per our request). Copy was immediately given to inspector on date of inspection. Resident #9 was also asked to sign the addendum. (See attachment D)
Procedure for signature on addendum was modified to include both the POA and resident (when able to sign). Administrator, Personal Care Assistant or designee will be responsible for obtaining resident signature (when able to sign).
Effective immediately, monthly during meeting to discuss level of care changes Administrator and Personal Care Specialist will check each resident with a level of care change from the previous month to ensure compliance. (See attachment E)

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

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(Required on EVERY Page) *Christine Macedonia*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Christine Macedonia, Administrator* Date *10.15.18*

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(Initials)

Plan of correction implementation status as of 10/17/18
(Date)

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

OCT 15 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42406 - 03/14/2018 - Barone, Barbara
PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on 5/16/05, did not have training in the following topics during the 2017 training year:

- * Medication self-administration training
- * Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- * Care for residents with dementia and cognitive impairments
- * Personal care service needs of the resident
- * Care for residents with mental illness or mental retardation The home currently serves 1 resident with a diagnosis of a mental illness and 1 resident with an intellectual disability diagnosis.

Direct care staff person B, hired on 3/25/14, did not have training in the following topics during the 2017 training year:

- * Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- * Personal care service needs of 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.

Direct care staff person A completed the missing required trainings for 2600.65 (f) on her next scheduled day of work - March 30, 2018.
(See attachment F)

Direct care staff person B completed the missing required training for 2600.65 (f) pertaining to instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan. (See attachment G). *Training completed 3/30/18. MS 10/17/18*

Regarding personal care service needs of the resident, staff member B completed this on April 19, 2017 and was in compliance. (See attachment H) Administrator or designee will conduct quarterly training audits to ensure that mandatory training is up-to-date. Any staff member out of compliance will be removed from the schedule until they bring their training into compliance. (See attachment I)

*Immediately - The administrator will develop and implement a policy and procedure to ensure any mandatory trainings required per regulations 2600.65f and 2600.65g that are missed on the day of training identified by the staff training plan shall be completed within 30 days of the scheduled trainings. MS 10/17/18
By 12/1/18 - A designated staff person will review training records of all staff persons to ensure all required trainings have been completed for the 2018 training year. MS 10/17/18*

Repeat Violation: Yes - Date(s) of Previous Violation(s): 03/13/2017 et al

Signature of Legal Entity Representative (Required on EVERY Page) *Christine Macedonia*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *C. Macedonia, Administrator* Date *10.15.18*

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Plan of correction implementation status as of 10/17/18 (Date)

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

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

Violation Report: 42406 - 03/14/2018 - Barone, Barbara
PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

WEST REGION FIELD OFFICE
Human Services Licensing

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 on 5/16/05, did not have training in the following topics during the 2017 training year:

- * Resident rights
- * The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102)

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.

Direct care staff person A completed OAPSA training on March 30, 2018 her next scheduled day at work. (See attachment J)
Administrator or designee will conduct quarterly training audits to ensure that mandatory training is up-to-date. Any staff member out of compliance will be removed from the schedule until they bring their training into compliance. (See attachment I)

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(Initials)

Violation Report: 42408 - 03/14/2018 - Barone, Barbara
PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

1. REGULATION 55 Pa. Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

On 3/14/18, there was an unlocked, unattended and accessible container of Tide Boost Stain Release, with a manufacturer's label indicating "If swallowed, call a poison control center or doctor immediately", in the top center drawer of the entertainment center in the common area of the Oaks neighborhood. Not all residents, including residents #9 and #10, have been assessed capable of recognizing and using poisons safely.

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.

Immediately on day of inspection the Tide Boost Stain Release was removed from the top drawer of the entertainment center of Oaks neighborhood and secured in the nurse's station.

Staff were reeducated on the severity of possible outcomes that may occur if a resident assessed an unlocked area and misuses poisonous materials. (See attachment K)

Administrator had Maintenance Department screw shut every drawer located in the common areas to ensure compliance and prevent any resident from misusing poisonous substances. (See attachment L)

Immediately - A designated staff person will check the home daily to ensure all poisonous materials are locked and inaccessible to residents. MS 10/17/18

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/13/2017 et. al.

Signature of Legal Entity Representative (Required on EVERY Page) *Christine Macedonia*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *C. Macedonia, Administrator* Date *10-15-18*

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42406 - 03/14/2018 - Barone, Barbara
PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

On 3/15/18, one telephone in bedroom #282 did not have any emergency telephone numbers posted on or by the telephone and the second telephone in that room did not have the personal care home complaint hotline telephone number posted on or by the telephone.

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.

Immediately on day of inspection the required phone numbers were placed on the refrigerator and another secured near end table phone. Personal Care Specialist created larger stickers ensuring all emergency phone numbers were listed and legible. (See attachment M) The new stickers have been secured to each refrigerator located in all 98 apartments within the facility. (See attachment N) Emergency stickers will be updated by the Personal Care Specialist if and when any change in numbers occur. Upon admission the Resident Coordinator educates the resident in the location of the emergency numbers while ensuring all resident outside lines have emergency numbers posted by them. (See attachment O)

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(Required on EVERY Page) *Christine Macedonia*

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(Required on EVERY Page) *C. Macedonia, Administrator* Date *10.15.18*

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42408 - 03/14/2018 - Barone, Barbara
PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

1. REGULATION 55 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

On 3/14/2018, there were screens missing from several operable windows in multiple areas of the home including the Maplewood neighborhood common area and bedrooms #212, #251, #262 and #255.

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.

Immediately on day of inspection Maintenance reinstalled any missing screens in the building.
DHS Inspector walked the perimeter of the building to ensure all screens were securely in place.
Personal Care Specialist created a monitor to ensure that each operable window is securely screened in the spring and fall of each calendar year. (See attachment P)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Christine Macedonia

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

C. Macedonia, Administrator

Date

10.15.18

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Violation Report: 42406 - 03/14/2018 - Barone, Barbara
PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
On 3/15/18, there were no eye coverings in the first aid kits on the main floor and the 2nd floor,

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.

Eye coverings were present in both first aid kits on the day of inspection (see attachment Q). Inspector's interpretation was that goggles needed to be in each kit. Regulation 2600.96 (a) states "eye coverings" and the RCG does not interpret this to mean goggles. Goggles were added to both first aid kits for best practices, (see attachment R), however Administrator disputes this violation based on both the wording of the regulation and the RCG interpretation.

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

Signature of Legal Entity Representative (Required on EVERY Page) *P. Macedonia*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *P. Macedonia, Administrator* Date *10.15.18*

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Violation Report: 42406 - 03/14/2018 - Barone, Barbara
 PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

OCT 15 2018

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

On 3/15/18, the bedside lamps in bedrooms #214, #224 and #282 could not be turned on/off from the bedside when the wall switch, that is approximately 3 1/2 feet from the bed, is turned off. There was no other source of lighting in these bedrooms that can be turned on/off at bedside.

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.

Immediately following inspection every apartment was checked to ensure that bedside light was operable without dependence on the bedroom light switch. Any bedside lamps that were operated by the light switch were changed and plugged into an outlet in the bedroom not operated by the light switch. (See attachment S)

Upon new admission, Resident Coordinator will ensure compliance with regulation 2600.101 (j) (7). (See attachment O)

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| Repeat Violation: No | Date(s) of Previous Violation(s): | | | |
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Signature of Legal Entity Representative (Required on EVERY Page) *C. Macedonia*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *C. Macedonia, Administrator* Date *10.15.18*

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Violation Report: 42408 - 03/14/2018 - Barone, Barbara
PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT
WEST REGION FIELD OFFICE
Human Services Licensing

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 fire safety inspection conducted by a fire safety expert was completed on 2/21/17. Also, the most recent fire drill conducted by a fire safety expert was completed on 3/14/18; however, the previous one was completed on 2/21/17.

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.
Fire Safety Expert (see attachment T) conducted a supervised fire drill and safety inspection on March 29, 2018. (See attachment U)
Maintenance Supervisor is responsible for scheduling supervised fire drills per regulation 2600.132(b).
Personal Care Supervisor created a monitor for Maintenance Supervisor to ensure compliance with the supervised fire drill. (See attachment V)

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

Signature of Legal Entity Representative *Christine Macedonia*
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative *C. Macedonia, Administrator* Date *10.15.18*
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#424060

C. Macedonia, Administrator

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OCT 15 2018

Page 13 of 15

Violation Report: 42406 - 03/14/2018 - Barone, Barbara
PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

WEST REGION FIELD OFFICE
Human Services Licensing

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 #9 is prescribed Levemir - inject 38 units subcutaneously at bedtime; however, the pharmacy label indicated 35 units.

Resident #10 is prescribed Warfarin 5 mg - take 1/2 tablet=2.5 mg Tuesday and Thursday only - alternate with 5 mg all other days. However, the pharmacy label indicated 5 mg - take one tablet daily.

Resident #12 is prescribed Lantus and Novolog insulins which were stored together in a plastic bag marked "Insulin". Neither medication or the bag had a pharmacy label with the required components of regulation 2600.184a to include the resident's name, the prescribed dosage of the insulins and instructions for 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.

Resident #9's Levemir had a change of label sticker applied immediately to indicate 38 units as stated on the MAR. (See attachment AA)

Resident #10's Warfarin has a change of label sticker applied immediately to indicate the appropriate order on the MAR is correct. (See attachment BB)

Resident #12's prescribed insulin immediately had the MAR order photocopied and placed in the bag along with the pen. (See attachment CC)

Immediately following DHS inspection was implemented for all insulin arriving from the pharmacy. (See attachment DD)

All staff were re-educated to complete medication audits during each med pass and report any discrepancy between medication label and EMAR to nurse immediately. (See attachment EE)

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| Signature of Legal Entity Representative (Required on EVERY Page) | <i>Christine Macedonia</i> |
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|---|-----------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | Date |
| <i>C. Macedonia, Administrator</i> | <i>10-15-18</i> |

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C. Macedonia, Administrator

10-15-18
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OCT 15 2018

Violation Report: 42406 - 03/14/2018 - Barone, Barbara
PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT

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 3/15/18, the glucometers belonging to residents #9 and #11 were not calibrated to the correct date and time.

Resident #13 is prescribed Clonazepam 0.5 mg tablet - take 1 tablet every morning and 2 tablets at hour of sleep. Administration of the medication began on 3/13/18. The home's Counting Controlled Substances Policy indicates controlled substances "will be counted on each shift, preferably by two (2) persons. Proper counts (beginning and ending count) will be documented on forms designated by the facility or provided by the pharmacy". However, the home did not implement a narcotic count form for the resident's Clonazepam.

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.

Immediately on day of inspection glucometers for residents #9 and #11 were calibrated by the nurse. Going forward Personal Care Specialist will complete monthly audits on glucometer calibrations. (See attachment FF)

Nurses have a calendar to track when each glucometer needs to be calibrated for each month.

Policy was updated to have Unit Clerk add a treatment to the EMAR for all new admissions utilizing a glucometer to trigger monthly calibration. (See attachment GG)

Immediately resident #13's Clonazepam was removed from the medication cabinet. Nurse and DHS inspector counted pills and created a narcotic form to track shift counts of the narcotic. (See attachment HH)

Nurses were reeducated on the narcotic policy and proper count and storage of narcotics. (See attachment II)

Personal Care Specialist will monitor all new admissions to ensure that all narcotics are kept accounted for and stored properly per regulation and home's policy. (See attachment JJ)

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

Signature of Legal Entity Representative (Required on EVERY Page) *C. Macedonia*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *C. Macedonia, Administrator* Date *10.15.18*

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

The above plan of correction is approved as of 10/17/18 (Date)

Plan of correction implementation status as of 10/17/18 (Date)

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

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

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Violation Report: 42406 - 03/14/2018 - Barone, Barbara
 PCH Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT 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 #12 is prescribed Xanax 0.5 mg - take 1 tablet at bedtime and 1 tablet every 6 hours as needed (prn). However, the resident's March 2018 medication administration record does not include the prn order.

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 #12's Xanax order from his ordering physician was located and immediately added to the EMAR. (See attachment KK and LL)
 All staff were re-educated to complete medication audits during each med pass and report any discrepancy between medication label and EMAR to nurse immediately. (See attachment EE)

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

Signature of Legal Entity Representative (Required on EVERY Page) *Christine Macedonia*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *C. Macedonia, Administrator* Date *10.15.18*

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

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|--|---|
| The above plan of correction is approved as of <u>10/17/18</u> (Date) | Plan of correction implementation status as of <u>10/17/18</u> (Date) |
| The above plan of correction was approved by <u>MS</u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |