



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: [REDACTED]
Mailing Date: July 18, 2018

Mr. Russell M. Reiter
Secretary
1263 S Cedar Crest Blvd Senior Housing I OPCO, LLC
One Town Center Road, Suite 300
Boca Raton, Florida 33486

RE: Rittenhouse Village at Lehigh Valley
1263 South Cedar Crest Boulevard
Allentown, Pennsylvania 18103
License #: 223012

Dear Mr. Reiter:

As a result of the Department's Bureau of Human Services Licensing inspection on 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.

Sincerely,

Michele Moskalczyk
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 22301 - 03/15/2018 - Deluca, Amy
 PCH Name: WOODLAND TERRACE AT THE OAKS

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's Saline .65% nasal spray found in the resident's room had an expiration date of 9/22/2016.

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.

To be completed within 30 days of receipt of Directed Plan of Correction (DPOC)

An audit of all medications being stored/maintained by the home shall be conducted to ensure that only current medications for residents are being kept in the home. Documentation of the audit will be maintained by the home for review by the Dept. upon request.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Andrea McGowan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Andrea McGowan ED</i>	Date <i>4/9/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6-6-18</u> (Date) The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>6-6-18</u> (Date) <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
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Violation Report: 22301 - 03/15/2018 - Deluca, Amy
 PCH Name: WOODLAND TERRACE AT THE OAKS

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 has a physician's order for 325 mg of Acetaminophen to be administered as needed for pain/fever. The medication was not available 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.

To be completed within 30 days of DPOC

- An audit of all medications for residents of the home shall be conducted as well as a review of all current orders for medications, including over the counter medications. The Administrator or a staff person delegated by the Administrator, shall be responsible to conduct periodic reviews of all prescriber's orders to ensure that the medications are kept on hand by the home for administration.

6-6-18 POC

- Immediately the Director of Health and Wellness calibrated all glucometers to the correct date and time. Ongoing, the Director of Health and Wellness or designee will ensure proper calibration monthly. Documentation will be kept on file.
- The Director of Health and Wellness or designee will audit glucometer readings in comparison to documented blood sugar readings weekly. Documentation of the audits will be kept on file.
- The Director of Health and Wellness or designee will perform monthly cart audits to ensure all medications are available. Documentation will be kept on file.
- The Administrator will ensure ongoing compliance.

7/16/18

Repeat Violation: No Date(s) of Previous Violation(s): 12-7-17

Signature of Legal Entity Representative (Required on EVERY Page)

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

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The above plan of correction is approved as of 7/16/18 (Date)

Plan of correction implementation status as of 7/16/18 (Date)

The above plan of correction was approved by (Initials)

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