



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: September 14, 2018**

Mr. John D. Dougherty, Administrator  
Ms. Kathleen Dougherty, Administrator  
Washington Manor Personal Care Home, LLC  
320 South Washington Street  
Butler, Pennsylvania 16003

RE: Washington Manor  
Personal Care Home, LLC  
License #:448631

Dear Mr. and Ms. Dougherty:

As a result of the Department's Bureau of Human Services Licensing inspection on March 27, 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,

A handwritten signature in cursive script, appearing to read "Suzy Quinn".

Suzy Quinn  
Acting Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC		License Number: 44863
Address: 320 SOUTH WASHINGTON STREET, BUTLER, PA 16003		County: Butler
Administrator: Kathleen Dougherty		Region: WEST
Legal Entity Name: WASHINGTON MANOR PERSONAL CARE HOME LLC		<b>RECEIVED</b>  JUL 16 2018  WEST REGION FIELD OFFICE Human Services Licensing
Legal Entity Address: 320 SOUTH WASHINGTON STREET, BUTLER, PA 16003		
Certificate(s) of Occupancy		
C-2 LP 07/24/1985 Labor & Industry		
Staffing Hours	Total Daily Staff: 25	Waking Staff: 19
Resident Support: 0	BHA Docket Number:	Notice: Unannounced
Type of Inspection: Partial		
Reason(s) for inspection(s) Provisional, Complaint, Fine		
On-Site Inspections Dates and Department Representatives On-Site 03/27/2018: Garvey, Jody; Pfaff, Vicki; Lester, Marie		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 25 Number of Residents Served: 25 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: 23 Are 60 Years of Age or Older: 11 Have Mental Illness: 23 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0

JUL 16 2018

Violation Report: 44863 - 03/27/2018 - Garvey, Jody  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION

The home manages finances for residents #1 and #2; however, the home does not maintain a record of all financial transactions with the residents including payment for room and board. The home only keeps a record of financial transactions, including the dates, amounts of deposits, amounts of withdrawals and the current balance, related to the residents' personal needs allowance. Also, the home does not maintain a record of rent rebates received and distributed to 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.

See attached

See page 2A of 11

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

*John D. Dougherty*

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

John D. Dougherty

Date 07-15-18

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

The above plan of correction is approved as of 9/10/18  
(Date)

Plan of correction implementation status as of 9/10/18  
(Date)

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

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

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JUL 16 2018

REGULATION 2600.20 (b) (1)

WEST REGION FIELD OFFICE  
Human Services Licensing

The home has created financial records showing ALL transactions for resident's #1 and #2. To avoid future violations of this regulation the care home will continue recording all transactions for resident's #1 and #2 plus use the same recording system for other resident's in the future. On July 2<sup>nd</sup> and 3<sup>rd</sup> the Department of Human Services conducted our annual inspection and found no violations on this regulation.

*John D. Dougherty 07-15-18*

MS 9/10/18

JUL 16 2018

Violation Report: 44863 - 03/27/2018 - Garvey, Jody  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.20(b)(5) - Commingling of resident funds and home funds is prohibited.

2a. DESCRIPTION OF VIOLATION

According to staff person A, administrator, the home is the representative payee for resident #1; however, the resident's social security income is directly deposited into the home's business checking account with First Commonwealth Bank.

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.

See attached

Immediately - At no time will resident funds be deposited in the home's business account, or in accounts owned by the legal entity or staff for any period of time. MS 9/10/18

See page 3A of 11

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John D. Dougherty Date 07-15-18

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

The above plan of correction is approved as of 9/10/18 (Date)

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

Plan of correction implementation status as of 9/10/18 (Date)

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

RECEIVED

JUL 16 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

REGULATION 2600.20 (b) (5)

Resident #1's social security income began a direct deposit to the Nextier Resident's Account in May 2018. Social Security needed a month to begin this process so April had to stay as it was with First Commonwealth Bank. In the future to avoid violations with this regulation all residents that have Washington Manor as their payee will have funds directly deposited into the Nextier Resident's account.

*John D. Dougherty* 07-15-18  
MS 9/10/18

JUL 16 2018

Violation Report; 44863 - 03/27/2018 - Garvey, Jody  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.20(b)(6) - If a home is holding more than \$200 for a resident for more than two consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

2a. DESCRIPTION OF VIOLATION

The home provides resident #2 assistance with financial management and has held greater than \$200.00 for the resident each month since July 2017. However, the home did not offer assistance to the resident in establishing an interest-bearing account until 3/27/18.

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.

*See attached*

*See page 4A of 11*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*John D. Dougherty*

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

*John D. Dougherty*

Date

*07-15-18*

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

The above plan of correction is approved as of

9/10/18  
(Date)

Plan of correction implementation status as of

9/10/18  
(Date)

The above plan of correction was approved by

MS  
(Initials)

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

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JUL 16 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

REGULATION 2600.20 (b) (6)

The care home offered Resident #2, once again, about an interest bearing account on 06-10-18 and resident #2 again declined. The care home to avoid future violations of this regulation will offer resident #2 and any resident that by rare chance has over \$200.00 the right to establish an interest bearing account each quarter of the calendar year.

*John D. Dougherty* 07-15-18  
MS 9/10/18

JUL 16 2018

Violation Report: 44863 - 03/27/2018 - Garvey, Jody  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION

According to staff person A, administrator, the home is the representative payee for resident #1. However, the quarterly account of financial transactions from July through September 2017 and from October through December 2017 only includes transactions related to the resident's personal needs allowance.

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.

See attached

See page 5A & 11

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
John D. Dougherty		07-15-18
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of	<u>9/10/18</u> (Date)	Plan of correction implementation status as of <u>9/10/18</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

RECEIVED

JUL 16 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

REGULATION 2600.20 (b) (8)

Resident #1 has had a full financial record established May 1, 2018 and on the quarter 2 record all transactions are recorded not just the resident's personal needs allowance. The care home administrator will continue recording all financial transactions and record them on all quarterly reports to avoid future violations with this regulation. *and provide the resident and the resident's designated person an itemized account of the financial transactions on a quarterly basis. MS 9/10/18*

*John D. Douglas* 07-15-18  
MS 9/10/18

JUL 16 2018

Violation Report: 44863 - 03/27/2018 - Garvey, Jody  
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION  
 Resident #1's resident-home contract, updated in 2017, indicates the monthly rate for room and board is \$1109.30. However, the resident is paying \$1124.30. The contract has not been updated to reflect the 2018 cost of living adjustment (COLA) increase.  
 Resident #2's resident-home contract, updated on 8/17/17, indicates the rate for monthly room and board is \$1089.30. However, the resident is paying \$1104.30. The contract has not been updated to reflect the 2018 COLA increase.

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.

*See attached*

*the resident-home contracts for residents #1 and #2 were revised. MS 9/10/18*

*See page 6A of 11*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*John D. Dougherty*

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

*John D. Dougherty*

Date

*07-15-18*

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

The above plan of correction is approved as of 9/10/18  
 (Date)

Plan of correction implementation status as of 9/10/18  
 (Date)

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

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 (Initials)

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JUL 16 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

REGULATION 2600.25 (c) (2)

The care home has reviewed/updated all resident contracts to reflect the (COLA) increase. To avoid future violations with this regulation the administrator will conduct annual reviews of all existing resident contracts in January.

*John D. Dougherty* 07-15-18

MS 9/10/18

JUL 16 2018

Violation Report: 44863 - 03/27/2018 - Garvey, Jody  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.102(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

Breakfast menus, dated 3/26/18-4/8/18, and lunch and dinner menus, dated 3/26/18-4/1/18, were posted in a conspicuous and public place in the home. However, the following week's lunch and dinner menus were not posted.

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.

See attached

See page 7A of 11

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*John D. Dougherty*

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

John D. Dougherty

Date

07-15-18

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The above plan of correction is approved as of 9/10/18  
(Date)

Plan of correction implementation status as of 9/10/18  
(Date)

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

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

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JUL 16 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

REGULATION 2600.162 (c)

At the time of inspection the lunch/dinner menu's were in the process of being updated by the manager in the office area since the administrator had purchased groceries the prior night. To avoid future violations with this regulation the manager or administrator will only update menus after 5:00 p.m. and have the new menus promptly posted in the usual public place. On July 2<sup>nd</sup> and 3<sup>rd</sup> the Department of Human Services conducted an annual inspection and found no violations with this regulation.

*John P. Douglas* 07-15-18

ms 9/10/18

JUL 16 2018

Violation Report: 44863 - 03/27/2018 - Garvey, Jody  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 56 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 #3 is prescribed Triamcinolone Acetonide 0.5% ointment - Apply topically to rash twice a day until healed. However, the pharmacy label on the medication does not include 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.

*See attached*

*See page 8A of 11*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *John D. Dougherty*      Date *07-15-18*

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

The above plan of correction is approved as of 9/10/18  
(Date)

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

Plan of correction implementation status as of 9/10/18  
(Date)

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

RECEIVED

JUL 16 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

REGULATION 2600.184 (a)

Resident #3's ointment was discontinued by his physician and is no longer on the EMAR. To avoid future violations with this regulation weekly review of the labeling of medication ointments will be conducted by the administrator to ensure proper pharmacy labeling for resident care. On July 2<sup>nd</sup> and 3<sup>rd</sup>, the Department of Human Services conducted an annual inspection and found no violations with this regulation.

*John D. Dougherty* 07-15-18  
MS 9/10/18

JUL 16 2018

Violation Report: 44863 - 03/27/2018 - Garvey, Jody  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

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 #4 is prescribed Erythromycin 5mg/gram (0.5%) eye ointment - apply 1 cm ribbon from clean finger into the conjunctival sac in left eye by ophthalmic route 3 times per day. However, the medication is not included on the resident's March 2018 medication administration record (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.

*See attached*

*Immediately - A designated staff person qualified to administer medications will review all resident MARs, prescription orders and medications to ensure all prescribed medications are included on the MAR. MS 9/10/18*

*Immediately - the administrator will develop a policy and procedures to ensure, prior to placing in the medication cart, all prescription medications are prescribed in writing by an authorized prescriber and the medication is included on the resident's MAR including all required components of regulation 2600.187a. MS 9/10/18*

*See page 9A of 11*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/10/2017	07/24/2017 et al.
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Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *09-15-18*

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

The above plan of correction is approved as of 9/10/18 (Date)

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

Plan of correction implementation status as of 9/10/18 (Date)

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

RECEIVED

JUL 16 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

REGULATION 2600.187 ( a)

The prescribed eye ointment for resident #4 was in the med cart but was prescribed by an outside physician not associated with the home's/resident's pharmacy that led to it not being listed on the MAR. This eye ointment is no longer on the MAR and has been discontinued by the physician. To avoid future violations with this regulation the administrator will conduct weekly reviews to ensure all medications are listed on the EMAR. On July 2<sup>nd</sup> and 3<sup>rd</sup>, 2018 the Department of Human Services conducted an annual inspection and found no violations with this regulation.

*John D. Dougherty* 07-15-18  
MS 9/10/18

JUL 16 2018

Violation Report: 44863 - 03/27/2018 - Garvey, Jody  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION  
Resident #3 is prescribed Spiriva 18 mcg - inhale contents of 1 capsule daily and ipratropium-Albuterol 0.5/3 mg - administer 1 unit dose via nebulizer 4 times daily. The resident self-administers both medications; however, the resident's March 2018 MAR includes initials of staff administering the medications daily to include the following dates and times:

- |                         | <u>Date/Time</u>  |
|-------------------------|---|
| * Ipratropium-Albuterol | 3/1/18 through 3/27/18 at 8:00 AM                       |
|                         | 3/1/18 through 3/28/18 at 10:30 PM                      |
|                         | 3/2/18 through 3/7/18 at 12:00 PM                       |
|                         | 3/9/18 through 3/18/18 at 12:00 PM                      |
|                         | 3/1/18, 3/5/18, 3/10/18, 3/14/18 and 3/17/18 at 4:00 PM |
| * Spiriva               | 3/1/18 through 3/27/18 at 8:00 AM                       |

Resident #7 is prescribed Hydrocortisone 2.5 % cream - apply topically to affected areas on chest twice a day. The resident's March 2018 MAR includes initials of staff administering the cream at 8:00 AM from 3/1/18 through 3/27/18 and at 8:00 PM from 3/1/18 through 3/28/18. However, staff person B called the pharmacy on 3/18/18 requesting suspension of the cream from 2/5/18 to 3/18/18 and the resident's March 2018 MAR indicates "Med given by self or outside agent during this time". Resident #7 has not been assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer medications.

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.

See attached

Currently, no residents are self-administering medications. Staff shall record their initials on the MAR at the time of medication administration. MS 9/10/18

See page 10A of 11

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 07-15-18

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

The above plan of correction is approved as of 9/10/18  
(Date)

Plan of correction implementation status as of 9/10/18  
(Date)

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

- Fully Implemented
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RECEIVED

JUL 16 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

REGULATION 2600.187 ( b )

Resident #3's MAR including staff administering the medications daily is a staff recording error. Staff was confused since Resident #3 self medicated how to correctly record this on the MAR. The pharmacy representative reviewed this with the administrator and staff has been directed how to record this properly. *If a resident self-administers medications, all components of regulation 2600.187 shall be followed. ms 9/10/18*

Resident #7 had a physician visit on 03-07-2018 and on the medical evaluation says "under supervision" the resident can self-administer. Staff would be present when a resident requires supervision.

To avoid future violations with this regulation the administrator will have monthly medication cart audits conducted by the pharmacy to review errors in recordings by staff plus other errors. On July 2<sup>nd</sup> and 3<sup>rd</sup>, 2018 the Department of Human Services conducted an annual inspection and found no violations with this regulation.

*John D. Dougherty* 07-15-18  
ms 9/10/18

RECEIVED

JUL 16 2018

Violation Report: 44863 - 03/27/2018 - Garvey, Jody  
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

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 #6 is prescribed the following medications; however, they were not administered on 3/24/18 and were only administered once on 3/25/18 at 8:00 PM as they were not available in the home for administration:  
\* Benztropine 0.5 mg - take 1 tablet twice a day  
\* Haloperidol 1 mg - take 1 tablet along with 2 mg = 3 mg twice a day  
\* Haloperidol 2 mg - take 1 tablet along with 1 mg = 3 mg twice a day

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 #6's medications were received. ms 9/10/18

See attached

Immediately - the administrator shall revise the home's procedures for the safe storage, access, security, distribution and use of medications to include steps to be taken when an insurance company refuses to pay for prescribed medications to ensure availability of the medications and the directions of the prescriber are met. All staff persons qualified to administer medications shall be educated on the revised policy and procedures. Documentation of training shall be kept. ms 9/10/18

See page 11A of 11

Repeat Violation: Yes      Date(s) of Previous Violation(s): 10/10/2017      07/24/2017 et. al.

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*      Date *07-15-18*

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

The above plan of correction is approved as of 9/10/18 (Date)

Plan of correction implementation status as of 9/10/18 (Date)

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

- Fully Implemented
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- Not Implemented

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JUL 16 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

REGULATION 2600.187 ( d )

The care home administrator the next day, 03-28-18, had the physician contact the insurance company that was refusing to pay for this medication and get it delivered stressing the need for the patient. The care home manager was attempting the handle this situation but did not inform the administrator of the issue. The administrator to avoid future violations has directed all staff to immediately inform the administrator of an issue with any medication delivery or any medication that is a difficulty to get prescribed prior to the medication being not present in the care home. In addition weekly reviews of the med cart by the manager and administrator will be conducted to check for any situations where a medication hasn't been ordered or is being denied payment but is prescribed. On July 2<sup>nd</sup> and 3<sup>rd</sup>, 2018 the Department of Human Services conducted an annual inspection and found no violations of this regulation.

documentation of staff education shall be kept. ms 9/10/18

twice ms 9/10/18

documentation of the med cart reviews aforementioned shall be kept. ms 9/10/18

*John D. Dougherty* 07-15-18  
ms 9/10/18