



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 25 2018

Pamela J. Leland, Ph.D.
Executive Director
The Hickman Friends Senior Community
400 North Walnut Street
West Chester, Pennsylvania 19380

RE: The Hickman
License #: 140930

Dear Dr. Leland:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 29, 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
Licensing Inspection Summary

Violation Report: 14093 - 03/29/2018 - Wooters, Sandra
PCH Name: THE HICKMAN

1. REGULATION 65 Pa.Code §2600
2600.103(d) - Food shall be stored off the floor:

2a. DESCRIPTION OF VIOLATION
On 3/29/18, at 2:45 pm, five cases of milk were stored on the floor of the walk-in refrigerator.

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.

When noted during the inspection, the crates of milk were immediately moved off the floor.

Dining Staff were re-trained on Regulation 103(d). Documentation of re-training is provided as Attachment A.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Pamela J Leland*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Pamela J Leland / Executive Dir* Date *4/25/18*

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

The above plan of correction is approved as of *4/27/18*
(Date)

Plan of correction implementation status as of *5/15/18*
(Date)

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

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

Violation Report: 14093 - 03/29/2018 - Wooters, Sandra
 PCH Name: THE HICKMAN

1. REGULATION 86 Pa.Code §2600
 2800.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION
 Exits Center, North and South were used during drills conducted on 10/20/17, 11/16/17, 12/21/17 and 2/26/18.

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.

The surveyors found that drills on 10/20/17, 11/16/17, 12/21/17 and 2/26/18 did not sufficiently rotate through Hickman Building fire exits.

Going forward, an annual schedule will be created to ensure use of alternating fire exits.

Use of fire exits are documented in the Fire Drill Log. Compliance with this regulation will be confirmed at future inspections.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Pamela Leland / Executive Director* Date *4/25/18*

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The above plan of correction is approved as of <i>4/25/18</i> (Date)	Plan of correction implementation status as of <i>5/15/18</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 14093 - 03/29/2018 - Woolers, Sandra
 PCH Name: THE HICKMAN

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #1 last medical evaluation was completed on 11/14/17. The previous medical evaluation was completed on 10/26/16.

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.

This situation arose due to an unresponsive family and their failure to schedule a PCP appointment in sufficient time. This occurred despite multiple attempts to contact the family via mail and phone.

Going forward, families will be sent written notification two (2) months in advance and will include instruction to return the DME to The Hickman by a specific date.

If we have not heard positive response from the family after 1 month (30 days), we will make arrangements for an appointment with the PCP to occur within the required timeframe. These arrangements will include transportation and, if needed, companion support.

Retraining on this regulation occurred on 4/20/18; documentation of this retraining is provided in Attachment K.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Pamela Leland / Executive Director* Date *4/25/18*

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The above plan of correction was approved by <i>[Signature]</i> (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: 14093 - 03/29/2018 - Wooters, Sandra
 PCH Name: THE HICKMAN

1. REGULATION 55 Pa.Code §2600
 2600.143(a) - The home shall have a written emergency medical plan that includes the following:
 (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.
 (2) Emergency transportation to be used.
 (3) An emergency-staffing plan.

2a. DESCRIPTION OF VIOLATION
 The home's emergency medical plan, for residents #2 and #3, does not include the hospital of their choice.

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.

Information on the hospital of choice for Residents #2 and #3 is now noted on their Face Sheet. Copies of these corrected Face Sheets (without identifying information) are provided as Attachments C-1 and C-2.

This information is routinely requested from the resident or family during the admission process; sometimes it is not immediately provided.

To ensure this information is accurately captured and documented in the future, either the Director of Resident Services or Nurse Manager will review the paperwork to ensure provision of all information upon entry. Any future errors should be captured during quarterly chart audits.

Retraining on this regulation occurred on 4/20/18; documentation of this retraining is provided in Attachment K.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Patricia Heland / Executive Director* Date *4/25/18*

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The above plan of correction was approved by <u>[Signature]</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: 14093 - 03/29/2018 - Wooters, Sandra
 PCH Name: THE HICKMAN

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

On 3/2/18, 3/5/18, 3/7/18, 3/9/18, 3/12/18, 3/14/18, 3/16/18, 3/19/18, 3/21/18, 3/26/18 and 3/28/18., Resident #1 refused to take a scheduled dose of Furosemide 40 mg. The home did not report the refusals to the resident's doctor as required.

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 refusal by Resident #1 was initially noted on 1/1/18 and reported to the PCP. There was no response from the physician. Further refusals by the resident were not reported to the PCP as required. The medication was subsequently suspended by the PCP.

If a resident refuses a medication, there is a second attempt with education by the Resident Care staff member. Refusals are noted in the medical record. These procedures are documented in our policy (provided as Attachment E).

To ensure compliance going forward, the Nurse-on-duty will pull a daily report of any resident refusals. This will allow any and all refusals to be noted and followed up with physicians promptly.

Retraining on this regulation occurred on 4/20/18; documentation of this retraining is provided in Attachment K.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Pamela Leland / Executive Director	4/25/18

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 (Date)

Plan of correction implementation status as of 5/15/18
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 14093 - 03/29/2018 - Wooters, Sandra
 PCH Name: THE HICKMAN

1. REGULATION 65 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

According to the annual practicum, on 3/29/18, at 1:30 pm, staff persons A,C,D,E and F's paperwork were missing the trainer's signature and date.

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.

On the date of inspection, training paperwork indicating completion of the Annual Practicum for Employees A, C, D, E, and F was missing the trainer's signature and date. We attribute the missing information to insufficient documentation by a prior employee.

In order to document full compliance on the Annual Practicum, Employees A, C, D, E and F will go through another review. These observations will be completed by May 31, 2018.

We will also review the files of all med-certified employees to ensure full compliance. Any additional training observations that are needed will be completed by June 15, 2018.

Retraining on this regulation occurred on 4/20/18; documentation of this retraining is provided in Attachment K.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Pamela Helant

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

Pamela Helant/Executive Director

Date *4/25/18*

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

The above plan of correction is approved as of

4/25/18
 (Date)

Plan of correction implementation status as of

5/15/18
 (Date)

The above plan of correction was approved by

ko
 (Initials)

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

Violation Report: 14093 - 03/29/2018 - Wooters, Sandra
 PCH Name: THE HICKMAN

1. REGULATION 55 Pa.Code §2600
 2600.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

2a. DESCRIPTION OF VIOLATION

The home's medication administration training record for staff person F does not include documentation of successful completion of the training.
 The home's medication administration training record for staff person B includes successful completion of the training all in 1 day 8/29/17.

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.

Regarding Employee F: We are unclear as to the source of this violation.

Documentation indicating successful completion of med training for Employee F is provided as Attachment F-1.

Regarding Employee B: Attachment F-2 provides documentation indicating required observations on 8/14/17, 8/15/17, 8/18/17, 8/28/17. The 5th and 6th observations both occurred on 8/29/17 in violation of the regulation.

Retraining on this regulation occurred on 4/20/18; documentation of this retraining is provided in Attachment K.

To ensure compliance with this regulation in the future, either the Director of Resident Services or Nurse Manager will review the documentation completed by the Certified Med Trainer. *for compliance*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Pamela J. Leland*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Pamela J. Leland, Executive Director* Date *4/25/18* Revised *5/30/18*

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The above plan of correction is approved as of <i>6/14/18</i> (Date)	Plan of correction implementation status as of <i>6/14/18</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 14093 - 03/29/2018 - Wooters, Sandra
 PCH Name: THE HICKMAN

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

Resident #3 has not been educated to the resident's right to refuse medication if the resident believes that 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.

The right to refuse medications was discussed with Resident #3 on 4/20/18. The resident re-signed this agreement to document discussion occurred. A copy of this signature page is provided as Attachment G.

Retraining on this regulation occurred on 4/20/18; documentation of this retraining is provided in Attachment K.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Pamela Heland

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

Pamela Heland / Executive Director

Date *4/25/18*

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The above plan of correction is approved as of

4/27/18
 (Date)

Plan of correction implementation status as of

5/15/18
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

Violation Report: 14093 - 03/29/2018 - Wooters, Sandra
 PCH Name: THE HICKMAN

1. REGULATION 65 Pa.Code §2600

2600.226(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for resident #1 was completed on 11/17/17, the previous assessment was completed on 10/26/16.

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 delay in the annual assessment for Resident #1 occurred because we were waiting for the DME from the resident's physician.

Going forward, we will not wait on completion of the DME by the PCP. We will ensure completion of the Assessment within the required timeframe and revise or amend the Assessment if and as needed once the DME has been completed and submitted.

Retraining on this regulation occurred on 4/20/18; documentation of this retraining is provided in Attachment K.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Pamela Leland / Executive Director* Date *4/25/18*

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 (Date)

Plan of correction implementation status as of 5/15/18
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 14093 - 03/29/2018 - Wooters, Sandra
 PCH Name: THE HICKMAN

1. REGULATION 55 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 #2 RASP, dated 8/30/17, does not include informal supports.

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 #2's RASP has been updated to include Informal Supports. A copy of this page from the RASP is provided as Attachment H.

In the future, all new or updated RASPs will be reviewed at the Weekly Care Plan Meetings to ensure compliance.

Retraining on this regulation occurred on 4/20/18; documentation of this retraining is provided in Attachment K.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *P. Pamela Leland*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Pamela Leland / Executive Director* Date *4/25/18*

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

The above plan of correction is approved as of <u>4/25/18</u> (Date)	Plan of correction implementation status as of <u>5/15/18</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 14093 - 03/29/2018 - Wooters, Sandra
 PCH Name: THE HICKMAN

1. REGULATION 55 Pa.Code §2600
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted to hospice on 3/16/18. The support plan has not been updated to reflect the change.

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.

On 3/29/18, Resident #1's Support Plan had not been updated to reflect her admission to hospice on 3/16/18. The Support Plan has now been corrected and dated 4/24/18; a copy of this page from the RASP is provided as Attachment I.

In the future, all new or updated RASPs will be reviewed at the Weekly Care Plan Meetings to ensure compliance.

Retraining on this regulation occurred on 4/20/18; documentation of this retraining is provided in Attachment K.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Camela Leland / Executive Director</i>	Date <i>4/25/18</i>
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The above plan of correction was approved by <i>[Signature]</i> (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: 14093 - 03/29/2018 - Wooters, Sandra
 PCH Name: THE HICKMAN

1. REGULATION 65 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident # 2 participated in the development of their support plan on 8/30/17. The resident did not sign the support plan.
 Resident #3 participated in the development of their support plan on 2/1/18. The resident did not sign the support plan.

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 Support Plan for Resident #2 had been signed but not dated. This has been corrected to reflect its original date as corrected by Resident #2; a copy is provided as Attachment J-1.

The Support Plan for Resident #3 had not been signed or dated. This has been corrected; a copy is provided as Attachment J-2.

In the future, all new or updated RASPs will be reviewed at the Weekly Care Plan Meetings to ensure compliance.

Retraining on this regulation occurred on 4/20/18; documentation of this retraining is provided in Attachment K.

The administrator shall ensure all dates should reflect the date resident actually signed the document (M)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Jamela Leland</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Jamela Leland / Executive Director</i>	<i>4/25/18</i>

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The above plan of correction is approved as of <u>4/27/18</u> (Date)	Plan of correction implementation status as of _____ (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