



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 24 2018

Ms. Shawn Barndt
Executive Director
GAHC3 Boyertown PA ALF TRS SUB LLC
18191 Von Karman Avenue, Suite 300
Irvine, California 92612

RE: Chestnut Knoll
120 West Fifth Street
Boyertown, Pennsylvania 19512
License # 226130

Dear Ms. Barndt:

As a result of the Department of Human Services' (Department) annual licensing inspection on April 4, 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

Violation Report: 22613 - 04/04/2018 - Novak, Ryan
 PCH Name: CHESTNUT KNOLL


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
 Envirox H2 Orange2 concentrate light duty cleaner with manufacturer's label indicating "Harmful if swallowed, contact poison control or physician for advice", was unlocked and accessible to residents in the SCUDU on a housekeeping cart that was left unattended in the doorway of resident room. Residents in the SCUDU are not all 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.

Chestnut Knoll recognizes the importance of all chemicals being locked for the safety of our residents. In this instance, an employee did not follow Chestnut Knoll policy. The chemicals were secured and locked at the time of the inspection/ *Corrected immediately.*

All staff were re-educated about the importance of locking chemicals on 4/5/18 (environmental services) and 4/12/18 (care assistants). The individual employee who was at fault in this instance was also coached individually about the incident and issued a written warning. The Memory Care Director and the Executive Director will continue to conduct routine rounds of the neighborhood in order to ensure full compliance.

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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!					
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Violation Report: 22613 - 04/04/2018 - Novak, Ryan PCH Name: CHESTNUT KNOLL
1. REGULATION 55 Pa.Code §2600 2600.102(k) - Use of a common towel is prohibited.
2a. DESCRIPTION OF VIOLATION An unlabeled, common towel was located in the SCDU shared bathroom to the left of room 418.
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>

The staff of Chestnut Knoll recognize the importance of this regulation because use of a common towel is unsanitary and poses potential infection control issues.


Chestnut Knoll does not allow the use of a common towel in public areas / restrooms.

Upon inspection, the towel was removed and placed into the soiled laundry room for laundering.

In this instance, upon further investigation, it was noted by staff that a resident who resides on memory care in the room next to this particular bathroom placed the towel there. Unfortunately, the resident suffers from dementia and is unable to be reasoned with regarding regulations and infection control / sanitary issues. This resident thinks this is his house and continues to place a towel in the bathroom from time to time.

In order to avoid this from happening again, environmental staff members and caregivers have been educated and alerted to the issue. Staff will remove the towel as needed throughout the day. A sign is also posted as a reminder to staff and residents in the bathroom that a common towel is not permitted and to please use disposable paper towels which are provided at the sink.

The memory care director will monitor for ongoing compliance. *The Administrator will oversee to ensure ongoing compliance.*

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Violation Report: 22613 - 04/04/2018 - Novak, Ryan PCH Name: CHESTNUT KNOLL
1. REGULATION 55 Pa.Code §2600 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.
2a. DESCRIPTION OF VIOLATION A handful of lint was located in the lint trap of the whirlpool dryer located on the memory care unit, posing a possible fire hazard.
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 Chestnut Knoll team recognizes the importance of removing lint from the trap of clothes dryers after each use in order to reduce the risks of fire hazards.

Chestnut Knoll's Practice is to clean the lint trap after each dryer use.

In this instance, someone did not follow this routine practice. *Upon inspection, Lint found was removed.*

Staff have been re-educated and reminded of this practice at employee departmental meetings (environmental services 4/5/18 and care assistants 4/12/18 – see employee in service sign in sheets attached). *YES.*

Reminder signs have been posted in all laundry rooms.

The Director of Environmental Services will monitor / Audit

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Violation Report: 22613 - 04/04/2018 - Novak, Ryan PCH Name: CHESTNUT KNOLL
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 advair 250/50 diskus was not dated when the medication was opened. The medication expires 1 month after opening the foil pouch.
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.

Chestnut Knoll understands the importance of dating medications when open in order to track the expiration date (i.e. one month after opening)

In this instance, the undated medication was disposed of and was replaced. *and dated when opened.*

In order to avoid this from happening again, a "medication open list" log has been created to be kept on med cart for when any new medication is opened that requires a date be written. The medication will be logged by the med tech who opens it thus prompting the person to date it (see sample log page attached). *YES.*

The Director of Staff Development and Resident Care is responsible to monitor ongoing compliance.

The Administrator will oversee to ensure ongoing compliance. O

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Violation Report: 22613 - 04/04/2018 - Novak, Ryan PCH Name: CHESTNUT KNOLL
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 #2's PRN nasal decongestant spray was not available at the time of the inspection. Resident #3 has a physician's order for accuchecks before meals and at bedtime. On 4/3/18 at 7:13pm the resident's blood glucose level in the resident's glucometer was 202 and was documented on the Medication Administration Record as 205.
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>

#1

#1

Chestnut Knoll recognizes the importance of having all medications available as ordered by each physician for the residents.

In this instance an 'as needed' nasal decongestant spray was not available at the time of inspection.

Further investigation by Chestnut Knoll staff found that this medication was 'as needed' and had not been reordered because it was not being used by the resident. As an immediate fix, the physician was notified at the time of the inspection and the medication was immediately discontinued since it was not being used / no longer needed.

The plan of correction moving forward in order to prevent this from happening again is that a report will be run from our EMAR system that shows prn meds not used. This report will be reviewed by the Clinical Care Director on a monthly basis in order to ensure that meds that are not needed are being d/c'd by the physician in a timely fashion. The medication carts will be audited routinely to ensure medications are on hand for every resident active order.

The Director of Staff Development and Resident Care is responsible to monitor ongoing compliance.

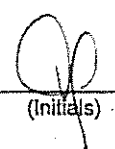
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#2

#2 Chestnut Knoll recognizes the importance of adherence to physician orders for accuchecks as well as accurate documentation of readings.

In this instance, there was a transcription discrepancy that resulted from the med tech hitting the wrong key on the keyboard; the staff person entered 205 in the EMAR rather than the actual number which was 202.

In order to avoid this error from happening again the following system is in place: at the end of each shift / change over, the medication techs double check the readings and log to ensure that everything was recorded correctly for that shift to avoid having transcription errors such as this. Furthermore, a member of the nursing office team double checks the readings and glucometer recordings weekly. Finally, the Director of Clinical Care will monitor / audit during QI checks for ongoing compliance.

The Administrator will oversee to ensure ongoing compliance QI

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Violation Report: 22613 - 04/04/2018 - Novak, Ryan PCH Name: CHESTNUT KNOLL
1. REGULATION 55 Pa.Code §2600 2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.
2a. DESCRIPTION OF VIOLATION Resident #4's assessment completed on 1/28/18, did not reflect that the resident requires a two person assist for transfers and evacuations.
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.

Chestnut Knoll recognizes the importance of having information on the resident assessment that is reflective of the resident's current needs. In this instance, the resident's needs fluctuated between needing assistance of 1-2 staff and consequently did not reflect the higher end need of assist of 2 staff.

The rasp was fixed immediately at the time of inspection.

Going forward in order to avoid this mistake in the future, during care conferences which are held initially, quarterly, annually and upon significant change, the rasp will be reviewed to ensure the information on the assessment is accurate and reflective of the resident's current needs.

The Executive Director will monitor in order to ensure ongoing compliance.

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 PCH Name: CHESTNUT KNOLL

1. REGULATION 55 Pa.Code §2600
 2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 Resident #5, admitted to the SDCU on [redacted] 18 had a medical evaluation that did not document the resident's need for SDCU care in section (4).

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.

Chestnut Knoll has a double check in place upon admission to ensure the DME's are filled out completely and accurately. Unfortunately, this box inadvertently was missed during the admission process.

In order to correct this issue, a new DME was obtained on 4/6/18. (attached) **YES**

In order to prevent future errors as such, the Executive Director will audit each chart after admission to ensure full compliance. The chart will also be re audited at the initial, quarterly, annual and significant change resident care conferences. Any discrepancies will be brought to the attention of the physician in order to be addressed. The Executive Director will monitor for ongoing compliance.

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