



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 23 2018

Ms. Deborah M. Sprague,
Executive Director
The Alliance Home of Carlisle, PA, Inc.
770 South Hanover Street
Carlisle, Pennsylvania 17013

RE: Chapel Pointe at Carlisle
Certificate #: 343370

Dear Ms. Sprague:

As a result of the Department of Human Services' 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: CHAPEL POINTE AT CARLISLE		License Number: 34337
Address: 770 S. HANOVER ST., CARLISLE, PA 17013		County: Cumberland
Administrator: DEBBIE SPRAGUE		Region: CENTRAL
Legal Entity Name: THE ALLIANCE HOME OF CARLISLE		
Legal Entity Address: 770 S. HANOVER ST., CARLISLE, PA 17013		
Certificate(s) of Occupancy		
I-1 09/11/2014 CARLISLE BOROUGH	I-2 03/21/2016 CARLISLE BOROUGH	I-2 02/14/2018 CARLISLE BOROUGH
Staffing Hours		
Resident Support: 0	Total Daily Staff: 52	Waking Staff: 39
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/04/2018: OPake, Hope; Showers, Michael		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>APR 20 2018</p> <p>Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 61 Number of Residents Served: 41 Secured Dementia Care Unit in Home: Yes Area: GARDENVIEW Secured Dementia Unit Capacity, if Applicable: 12 Number of Residents Served in Secured Dementia Care Unit, if applicable: 11 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 41 Have Mental Illness: 1 Have an Intellectual Disability: 1 Have a Mobility Need: 11 Have a Physical Disability: 0	

Violation Report: 34337 - 04/04/2018 - OPake, Hope

PCH Name: CHAPEL POINTE AT CARLISLE

1. REGULATION 55 Pa.Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

On April 4, 2018, the vehicle had a first aid kit which did not include a thermometer and eye coverings.

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 2 missing items were placed in the first aid kit on 4/4/18 during the inspection. All first aid kits in the building and in vehicles were audited to ensure that all necessary contents were in place. Labels were placed on the outside of all kits indicating what must be in the kit. The kits will be audited periodically to ensure that contents are not missing. Staff were informed on 4/17/18 that if they remove anything from a kit, they must ensure that it is replaced.

The findings of the audits of the first aid kits will be included in the home's next quality management review. - *SE*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Deborah M. Sprague

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

Deborah M. Sprague, Executive Director

Date

4/20/18

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

The above plan of correction is approved as of 4-20-18
(Date)

Plan of correction implementation status as of 4-20-18
(Date)

The above plan of correction was approved by *SE*
(Initials)

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

Violation Report: 34337 - 04/04/2018 - OPake, Hope

PCH Name: CHAPEL POINTE AT CARLISLE

1. REGULATION 55 Pa.Code §2600

2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:

- (1) Documentation of the receipt of controlled substances and prescription medications.
- (2) A process to investigate and account for missing medications and medication errors.
- (3) Limited access to medication storage areas.
- (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

2a. DESCRIPTION OF VIOLATION

The home's procedures for safe access, security and distribution of medications and controlled substances include a process for staff to count narcotics and sign the *Record of Narcotics* form at the end of each shift. On 4/04/2018 prior to 3:00 pm, Staff Member A signed the records of 6 residents for the 5 pm, 9 pm and 10 pm administration of narcotics, prior to giving the evening doses of medication. Therefore, the number of medications available in the home did not match the count sheets.

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.

Staff Member A was counseled on 4/5/18 regarding proper process for documenting administration of medication. Staff Member A will be audited by the Nursing Coordinator to ensure continued compliance. On 4/17/18, all nurses and medication technicians were also re-educated on the process for proper medication administration and documentation. (attached)

Documentation of training will be kept by the home. The PC Nursing Coordinator will monitor the MAR's and Narcotic log for dates/times/signatures of administration by the Nurses and Med Tech's. The results of the monitoring will be reported to the Administrator for inclusion in the home's periodic quality management reviews. - KE

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)

Deborah M. Sprague, Exec. Director

Date

4/20/18

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The above plan of correction is approved as of 4-20-18
(Date)

Plan of correction Implementation status as of 4-20-18
(Date)

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

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