



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Mailing Date: April 30, 2018**

Mr. Barry Ramper II, NHA,  
President/CEO  
Home for the Friendless, Inc.  
1901 North Fifth Street  
Harrisburg, Pennsylvania 17102

RE: Homeland Center  
Certificate #: 342800

Dear Mr. Ramper:

As a result of the Department of Human Services' licensing inspections on April 11, 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 black ink, appearing to read "Brett Swanger", with a long horizontal flourish extending to the right.

Brett Swanger  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 34280 - 04/11/2018 - McCloskey, Jason  
 PCH Name: HOMELAND CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

On 4/5/18 and 4/6/18, Resident 1 was not administered the prescribed Metoprolol Suc Tab 50MG ER because it wasn't present in the home. This medication error was not reported to the Department.

**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.*

- 1) Reportable Incident Form sent to the Department on 4/16/18.
- 2) Staff meeting will be held on 4/24/18 to review medication administration and reportable incidents – reporting timely to PCHA, POA & Physician.
- 3) IMAR will be reviewed monthly by PCHA, or designee, to determine compliance of reporting errors.

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)

Jennifer Murray

Date 4/24/18

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

The above plan of correction is approved as of 4/30/18  
 (Date)

Plan of correction implementation status as of 4/30/18  
 (Date)

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

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

Violation Report: 34280 - 04/11/2018 - McCloskey, Jason  
 PCH Name: HOMELAND CENTER

**1. REGULATION 55 Pa.Code §2600**  
 2600.162(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**  
 The home only posts a daily menu and thus did not have the menu for the current week (4/8/18- 4/14/18) or the week of 4/15/18 - 4/21/18 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.*

- 1) Weekly menus were posted immediately on the bulletin board 4/11/18.
- 2) Placing the menus on the bulletin board was added to the job duties of the Menu Clerk/Supervisor.
- 3) Director of Nutritional Services, or designee, will audit for compliance monthly.

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



Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jennifer Murray	Date 4/24/18
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 (Date)

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 (Initials)

Plan of correction Implementation status as of 4/30/18  
 (Date)

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 Partially Implemented - Inadequate Progress  
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Violation Report: 34280 - 04/11/2018 - McCloskey, Jason  
 PCH Name: HOMELAND CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

**2a. DESCRIPTION OF VIOLATION**

On 4/11/18 at lunchtime, the licensing representative observed Staff Person A administer medications to Residents 1, 2, 3, 4, and 5. The medications were stored in the computer on wheels (COW) which was stationed at the side of the dining room, and distributed by the staff person to the residents located throughout the room. The staff person provided each resident the medication, but did not observe and confirm that the resident ingested the medication. Staff Person A delivered all of the medications before returning to the COW and completing documentation for the administration of all residents, instead of documenting the administration for each resident immediately after each medication administration had occurred (as required in regulation 2600.187(b)).

**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.*

Based on the attached statements provided by 2 staff members, it is disputed that Staff Person A did not observe & confirm the residents 1, 2, 3, & 4 taking their medication at the dining room tables. Resident #5 was not given medications in the dining room during the observed medication pass by the inspector.

1. Education of staff members on medication administration will be done at staff meeting on 4/24/18
2. Staff members will administer & observe medication being taken at resident's seat in the dining area using the "COW" and immediately chart on the IMAR at that time.
3. Audits of medication pass will be completed by PCHA, or designee, weekly for 6 weeks, then monthly for 6 months, then quarterly thereafter to measure compliance.

Repeat Violation: No

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Jennifer Murray

Date 4/24/18

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Violation Report: 34280 - 04/11/2018 - McCloskey, Jason  
 PCH Name: HOMELAND CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**2a. DESCRIPTION OF VIOLATION**

On 4/11/18 at approximately 3:55pm, (2) 6-ounce bottles of Mucinax Fast-Max, a 400-count bottle of Docusate Sodium tablets and a tube of Neosporin Antibiotic Ointment were unlocked and accessible to residents in the room occupied by Resident 1. The resident was seen downstairs near the nursing station while his or her bedroom on the 2nd floor was unlocked.

**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.*

- 1) Medication was immediately removed from the resident's room until resident could be educated and orders obtained.
- 2) Resident was educated on locking her door when medication is present on 4/12/18.
- 3) Medication Administration Regulations reviewed with Resident Council on 4/13/18 and will be added to the monthly council agenda going forward.
- 4) Audits of medication in resident's room and compliance of locking doors will be completed by 5/1/18 by PCHA, or designee.
- 5) Ongoing audits will be performed quarterly by PCHA, or designee, to demonstrate compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jennifer Murray	Date 4/24/18
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The above plan of correction was approved by <u>BM</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: 34280 - 04/11/2018 - McCloskey, Jason  
 PCH Name: HOMELAND CENTER

**1. REGULATION 55 Pa.Code §2000**

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 1 has a current order for "Proctofoam AER HC 1%," apply topically as directed four times daily and it is listed in the resident's medication record. This medication is not present in the home and the resident denies needing the medication and is unable to recall the last time that it was used.

Resident 1 uses Mucinex Fast-Max and has two 6-ounce bottles stored in his/her room. This medication is not listed on the resident's medication administration record.

**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.*

- 1) Mucinex Fast-Max was removed from the resident's room immediately and given to family.
- 2) Resident's physician was contacted to D/C the Proctofoam 1%. Resident states that she does not use.
- 3) Letter sent to all residents and POA's on 4/12/18 regarding medication in room for self-administration.
- 4) Medication Administration regulation reviewed with Resident Council on 4/13/18 and will be added to the monthly council agenda going forward.
- 5) Audits of medication in resident's room and compliance of locking doors will be completed by 5/1/18 by PCHA, or designee.
- 6) Ongoing audits will be performed quarterly by PCHA, or designee, to demonstrate compliance.

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 (Initials)

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Violation Report: 34280 - 04/11/2018 - McCloskey, Jason  
 PCH Name: HOMELAND CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

On 4/5/18 and 4/6/18, Resident 1 was not administered the prescribed Metoprol Suc Tab 50MG ER because it wasn't present in the home.

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.

- 1) Meeting held on 4/17/18 with Regional Pharmacy Director to review issues with receiving medications timely.
- 2) Staff meeting will be held on 4/24/18 to review medication administration and reportable incidents – reporting timely to PCHA, POA & Physician.
- 3) IMAR will be reviewed monthly by PCHA, or designee, to determine compliance of reporting errors.

✦ The home shall review and amend (as necessary) the home's policies for securing new prescriptions and refills to assure that medications are present in the home for proper administration. A copy of the policy will be provided to and reviewed with all medication administration staff. This shall be completed within 20 days from the date of this plan.

*BAS*  
 4/30/18

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*Jennifer Murray*

Date

*4/24/18*

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Violation Report: 34280 - 04/11/2018 - McCloskey, Jason  
 PCH Name: HOMELAND CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

**2a. DESCRIPTION OF VIOLATION**

On 4/5/18 and 4/8/18, the home did not administer the prescribed Metoprolol Suc Tab 50 MG ER to Resident #1. The home did not report this error to the prescriber.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Includes 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.*

- 1) Medication Error Reporting Form completed and sent to physician on 4/12/18.
- 2) Staff meeting will be held on 4/24/18 to review medication administration and reportable incidents – reporting timely to PCHA, POA & Physician.
- 3) IMAR will be reviewed monthly by PCHA, or designee, to determine compliance of reporting errors.

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