



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to [REDACTED]
MAILING DATE: June 18, 2018

Ms. Samantha Roos-Meiser
Executive Director
Presbyterian Homes, Inc.
One Trinity Drive East, Suite 201
Dillsburg, Pennsylvania 17019

RE: Kirkland Village
One Kirkland Village Circle
Bethlehem, Pennsylvania 18017
License #: 220500

Dear Ms. Ross-Meiser:

As a result of the Department's Bureau of Human Services Licensing inspection on April 17, 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,

Anne Graziano
Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 22050 - 04/17/2018 - Novak, Ryan
 PCH Name: KIRKLAND VILLAGE

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 #1 has an order for methadone 5mg twice daily. On 4/12/18 it was determined that the resident was missing 3 methadone pills. Staff member A (3pm-11pm) did not count with staff member B (11p-7a) and staff member B did not count with staff member C (7a-3pm.)

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 members A, B and C received corrective action as they did not perform a two person count which is per Presbyterian Senior Living policy. All staff were re-educated regarding this policy and signed off that they understand this expectation. A new form was created for staff to document the count was completed by two people each shift. The form is attached. The Administrator will oversee to ensure ongoing compliance. Random audits over the next two months.

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

Samantha Ross-Meiser 6/5/18

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The above plan of correction is approved as of <u>6-7-18</u> (Date)	Plan of correction implementation status as of <u>6-7-18</u> (Date)
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