



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 29 2018

Ms. Taralee M. Rea
Administrator
Presbyterian Homes in the Presby of Lake Erie, Inc
2628 Elmwood Avenue
Erie, Pennsylvania 16508

RE: Elmwood Gardens
License #: 447650

Dear Ms. Rea:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 18, 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

JUL 30 2018

Violation Report: 44765 - 04/18/2018 - Mulick, Cindy
PCH Name: ELMWOOD GARDENS OF PRESBYTERIAN SENIOR CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #2, dated 3/5/18, does not include the resident's height, weight, pulse rate or blood pressure.

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.

All nursing staff will be educated by 8/15/18 on 2600.141(a)(1) and the importance of having all information completed.

Medical Evaluations for all current residents will be reviewed by designated staff no later than 8/15/18. Any evaluations found incomplete will be submitted to the physician for correction.

For the next 6 months all Medical Evaluations will be double checked for incomplete information and signed off by 2 designated staff members. The P.C. administrator will monitor and report findings to the Quality Management Team.

Resident #2's medical evaluation was corrected. *plu. 8/21/18*
Staff were educated on regulation 2600.141a-1 on 8/15/18. *plu. 8/21/18*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Tara M. Bea, BSW*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *TARA M. BEA* Date *7/30/18*

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

The above plan of correction is approved as of 8/21/18 (Date)

Plan of correction implementation status as of 8/21/18 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *plu.*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 44765 - 04/18/2018 - Mulick, Cindy
PCH Name: ELMWOOD GARDENS OF PRESBYTERIAN SENIOR CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

The pharmacy label for resident #3's Novolog insulin does not include the sliding scale for coverage as follows: 70-150 =0 units

- 151-200=5 units
- 201-300=7 units
- 301-400=10 units
- >400=15 units

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.

All nursing staff will be educated on 2600.184(a) and our medication administration policy by 8/15/18.

The staff will also be conducting weekly cart audits to ensure all labels match the order.

All pharmacies that deliver insulin to current patients have been contacted and are able to comply with the label requirements.

The PC administrator will monitor compliance with the weekly audits and report the findings at the Quality Management Meeting for the next 6 months.

Resident #3 no longer resides in the home. *rw. 8/21/18*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Tamalee M. Bea, BSW*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tamalee M. Bea* Date *7/30/18*

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The above plan of correction is approved as of *8/21/18* (Date)

Plan of correction implementation status as of *8/21/18* (Date)

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

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

Violation Report: 44765 - 04/18/2018 - Mulick, Cindy
PCH Name: ELMWOOD GARDENS OF PRESBYTERIAN SENIOR CARE

WEST REGION FIELD OFFICE
Human Services Licensing

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 #3, is prescribed Tramadol HCL 50mg - take 1 tablet by mouth every 6 hours as needed for pain. However this medication was not available in the home.

The glucometer for resident #3 is not calibrated to correct date and time.

Resident #4 is prescribed Loperamide 2mg, give 1 capsule by mouth twice daily as needed; however, the medication is not available 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.

All Glucometers have been calibrated to reflect the correct date and time.

All nurses will be educated by 8/15/18 regarding the need to have the correct time and date set to the glucometer to ensure all information is reflected correctly in the glucometers memory.

The staff nurse will continue to monitor calibration of date/time each morning with use, this will be documented on the MAR.

The Personal Care administrator will monitor and document continued compliance monthly.

The Personal Care administrator will report results at the Quality Management Meeting.

At Elmwood Gardens we are able to obtain medications from the Talyst machine (medication distribution machine) that is located in our building. When the Talyst is programmed for individual medication distribution through our pharmacy (Vantage) the staff can access PRN medications upon a residents request, please see the attached list of available medications. The above medications are available from the machine, but for an unknown reason upon request on this date those medications were not accessible. This was easily corrected with a phone call to our pharmacy and was accessible within 15 minutes. The staff is aware that a pharmacist from Vantage and a tech from Talyst are on call 24/7 and they have the resources to contact them as needed. If for any reason we are unable to access the medications CVS is available 24/7 for a stat delivery.

Resident #3 no longer resides in the home. POC 8/21/18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Tanalee M. Rea, BSW*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Tanalee M. Rea* Date *7/30/18*

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

The above plan of correction is approved as of <u>8/21/18</u> (Date)	Plan of correction implementation status as of <u>8/21/18</u> (Date)
The above plan of correction was approved by <u>MLC</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>POC</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented