



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 06 2018

Ms. Brenda Campbell
Administrator
Chicora Medical Center, LP
160 Medical Center Road
Chicora, Pennsylvania 16025

RE: Quality Life Services - Chicora
Certificate #:405530

Dear Ms. Campbell:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 19, 2018; April 20, 2018 and August 21, 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: Quality Life Services - Chicora		License Number: 40553
Address: 160 Medical Center Road, Chicora, PA 16025		County: Buller
Administrator: Brenda Campbell		Region: WEST
Legal Entity Name: Chicora Medical Center Limited Partnership		
Legal Entity Address: 160 Medical Center Road, Chicora, PA 16025		
Certificate(s) of Occupancy C-1 02/05/1992 Department of Health		RECEIVED JUL 09 2018 COUNTY OF BULLER OFFICE (Chicora, Pa. 16025)
Staffing Hours Resident Support: 0	Total Daily Staff: 16	Waking Staff: 12
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/19/2018: Garvey, Jody; Georgoullis, Karen 04/20/2018: Garvey, Jody		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: _____ Random Indicators: _____		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 26 Number of Residents Served: 14 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 14 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 2 Have a Physical Disability: 0	

Violation Report: 40553 - 04/19/2018 - Garvey, Jody
 PCH Name: Quality Life Services - Chicora

JUL 09 2018

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 4/19/18, the licensing inspection summary, dated 4/20/17, with the attached resident privacy coding document to include residents #1, #7 and #8 was posted in the lobby.

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.

On 4/19/2018 the summary page with residents names was removed from the binder containing the inspection dated 4/20/18.

From this date 4/19/18 on, the Administrator will remove from the inspection summary the resident privacy coding document from the report before placing the inspection summary in the binder and posting in the lobby to protect the privacy of the residents.

Immediately - The administrator will implement procedures that ensure compliance with Chapter 2600.17. The procedures will include monitoring protocols of administrator or designee checks on the home during all shifts at least twice per month to ensure records are kept confidential. *BB 8/28/18*

During the next quality management plan review and evaluation - The administrator will ensure the home places a heightened awareness on this plan of correction. *BB 8/28/18*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/20/2017
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Brenda Campbell*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Brenda Campbell PC Administrator* Date *7-2-18*

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

The above plan of correction is approved as of *8/28/18*
 (Date)

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

Plan of correction implementation status as of *8/28/18*
 (Date)

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

JUL 09 2018

Violation Report: 40553 - 04/19/2018 - Garvey, Jody
PCH Name: Quality Life Services - Chicora

WEST VIRGINIA REGISTRY OFFICE
PHYSICIAN SERVICES LICENSING

1. REGULATION 55 Pa.Code §2600
2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION
On 4/19/18 at 12:00 PM, staff person A tested resident #6's blood glucose level and administered insulin to the resident in a common area outside of the dining room in the presence of several residents.

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 inservice on testing blood sugar/giving insulin in private, glucometer testing/recording on 6/28/18.

All staff have been inserviced as of this date. All staff understand that this is an ongoing procedure and practice that must be maintained at all times. All staff understand the issue of residents privacy and the important of following this procedure on glucose monitoring and the administration of insulin in the privacy of the residents own room.

If it is found that staff are not following these procedures they will be given a written warning and re-educated on the privacy of residents.

Immediately and at least monthly thereafter - The administrator will observe blood glucose testing and insulin administration to ensure these procedures occur privately.

BB
8/20/18

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

Signature of Legal Entity Representative
(Required on EVERY Page) Brenda Campbell

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Brenda Campbell PC Administrator Date 7-2-18

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(Date)

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(Initials)

Plan of correction implementation status as of 8/20/18
(Date)

- Fully Implemented
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- Not Implemented

JUL 09 2018

Violation Report: 40553 - 04/19/2018 - Garvey, Jody
PCH Name: Quality Life Services - Chicora

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights;
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff person B, hired 3/16/18, has worked 40 hours; however, he/she has not completed the following required training:

- * Emergency medical plan
- * Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act
- * Reporting of reportable incidents and conditions

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 person B was educated on 4/20/18 on the following requires training:
Emergency Medical Plan
Mandatory reporting of abuse and neglect under the OAPSA
Reporting of reportable incidents and conditions

Administrator will have training done on all new hires within the 40 working hours and also have an in-service for all staff as yearly training on these requirements.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Brenda Campbell PC Administrator Date 7-2-18

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(Date)

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JUL 09 2018

Violation Report: 40553 - 04/19/2018 - Garvey, Jody
PCH Name: Quality Life Services - Chicora

WEST PENNSYLVANIA OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C, hired 11/28/17, provided unsupervised ADL services prior to completing and passing the Department-approved direct care training course and competency test on 12/16/17.

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 new staff hire will be required to do the department approved direct care training online course competency test and passing during their initial training.
This training will be completed before staff are able to provide care to any or all residents.
The Administrator will monitor that this training is being done before new staff work independently.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Brenda Campbell PC Administrator Date 7-2-18

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

Plan of correction implementation status as of 8/28/18 (Date)

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

JUL 09 2018

Violation Report: 40553 - 04/19/2018 - Garvey, Jody
 PCH Name: Quality Life Services - Chicora

DEPARTMENT OF SENIORS AND
 PERSONAL SERVICES DIVISION

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on 5/30/13, did not receive training in the following topics during the 1/1/17 to 12/31/17 training year:

- * Medication self-administration
- * Instructions on meeting the needs of residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

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.

Quality Life Services utilizes Relias for staff training. Each year the schedule is auto populated for each of the Personal Care Homes. Please see the attached list for the yearly training. Medication self administration is done in July. Staff person A left our home before being able to be trained on this topic for the 2018 training year.

This staff member was trained in the area of PC Assessment and Support Plans on 4-4-2017 (see attached training transcript for this staff member).

The PC Administrator will monitor staff training monthly to ensure all topics are being met with either Relias or instructor based courses in all areas of staff training.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Brenda Campbell

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

Brenda Campbell PC Administrator

Date *7-2-18*

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The above plan of correction is approved as of *8/28/18*
 (Date)

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 (Initials)

Plan of correction implementation status as of *8/28/18*
 (Date)

- Fully Implemented
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- Not Implemented

JUL 09 2018

Violation Report: 40563 - 04/19/2018 - Garvey, Jody
PCH Name: Quality Life Services - Chicora

7201 HARRISON FIELD OFFICE
Morton, Illinois 62301

1. REGULATION 65 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on 5/30/13, did not receive training in the following topics during the 1/1/17 to 12/31/17 training year:

- * Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert
- * Emergency preparedness procedures and recognition and response to crises and emergency situations

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 direct care staff will be required to attend a mandatory training provided by the local fire department or fire safety expert yearly and sign an attendance sheet.

There is also an emergency preparedness binder that all staff will be educated to review and understand the procedure for our facility.

Direct care staff person A is no longer employed by the home. *BB 8/28/18*

Immediately and at least monthly thereafter - The administrator will monitor the staff training plan to ensure that all direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers are trained annually on the requirements of Chapter 2600.65(g)(1)-(6). *BB 8/28/18*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Brenda Campbell

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

Brenda Campbell PC Administrator

Date *7-2-18*

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The above plan of correction is approved as of

8/28/18
(Date)

Plan of correction implementation status as of

8/28/18
(Date)

The above plan of correction was approved by

BB
(Initials)

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

JUL 09 2018

Violation Report: 40553 - 04/19/2018 - Garvey, Jody
PCH Name: Quality Life Services - Chicora

WEST VIRGINIA REGISTRY
Human Services Licensing

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

On 4/19/2018 at 9:35 AM, there was a 32 ounce, unlocked, unattended and accessible bottle of hydrogen peroxide with a manufacturer's label indicating, "If swallowed, get medical attention or contact a poison control center" in the linen supply closet. Not all residents of the home, including resident #2, have been assessed 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.

The door to the closet where supplies are kept will be locked at all times. The key for the closet will be kept on the med cart key ring and with the staff that are passing medications for each shift. It is the responsibility of this staff person for each shift to ensure that the door remains locked at all times and no items from this closet are left out in the open.

By 10/1/18 - All staff persons will be educated on Chapter 2600.82(c). *BB 8/28/18*
Immediately and at least weekly thereafter - A designated staff person will check the home to ensure all poisonous materials are kept locked and inaccessible to residents. *BB 8/28/18*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Brenda Campbell

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

Brenda Campbell PC Administrator

Date *7-2-18*

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

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8/28/18
(Date)

Plan of correction implementation status as of

8/28/18
(Date)

The above plan of correction was approved by

BB
(Initials)

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

Violation Report: 40553 - 04/19/2018 - Garvey, Jody
PCH Name: Quality Life Services - Chicora

JUL 09 2018

WEST PHILADELPHIA FIELD OFFICE
Nursing Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
On 4/14/18 at 5:10 PM; the glucometer belonging to resident #4 was used to test the blood sugar level of resident #7.

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 glucometer for resident #4 was replaced on 4/23/18

Each diabetic has their own glucometer with their name on it and is only to be used on that resident, at no time should a residents glucometer be used for another resident. Extra batteries are in the medication cart, should a meter need them. Each resident also has their own supply of test strips. Staff to make sure if they are low in quantity to let the families know who provide them or to order them from the pharmacy (for those who have pharmacy deliveries). Staff will let the administrator know if they use a new battery, to make sure the machine is calibrated to the correct date and time.

Staff educated on reading and recording the correct blood sugar reading from the machine to the eMAR, and the use of PRN checks/recording at the 6-28-18 staff meeting.

Monitoring of glucose meter readings will be compared with the emar weekly for 3 months by the Administrator.

Immediately and at least monthly thereafter - The administrator will observe blood glucose testing and insulin administration to ensure these procedures occur privately with NO sharing of glucometers or any blood glucose testing and insulin administration equipment or supplies.

BB
8/28/18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Brenda Campbell*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Brenda Campbell RN Administrator* Date *7-2-18*

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(Date)

Plan of correction implementation status as of 8/28/18
(Date)

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

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

JUL 09 2018

Violation Report: 40553 - 04/19/2018 - Garvey, Jody
 PCH Name: Quality Life Services - Chicora

WEST PENNSYLVANIA OFFICE
 Person Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 On 4/19/18, resident #4 did not have an operable source of lighting that could be turned on/off from bedside. The bulb was burned out of the resident's lamp and there was no other source of lighting at bedside.

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 bedside stand with a light source on it has been moved closer so it is within reach of the resident. The bulb within the lamp has been replaced. Also, a small touch light has been added within resident reach on the stand.

Staff to do weekly rounds to ensure all residents lights are within reach for the next 3 months. Any lighting out of reach or burnt out will be replaced immediately.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Brenda Campbell PC Administrator* Date *7-2-18*

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The above plan of correction was approved by <u>BB</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

JUL 09 2018

Violation Report: 40553 - 04/19/2018 - Garvey, Jody

PCH Name: Quality Life Services - Chicora

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION

On 4/19/18, there was a pile of dry leaves, measuring approximately 4 feet x 7 ½ feet, surrounding the cigarette pole used to extinguish cigarettes in the smoking area, posing a 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.

On 4-23-18 the maintenance department cleaned up the leaves near the smoking areas. Please see attached pictures.

The maintenance director will monitor weekly for 3 months in the fall to ensure all fallen leaves are immediately removed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Brenda Campbell

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Brenda Campbell

Date

7-2-18

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

The above plan of correction is approved as of

6/28/18
(Date)

Plan of correction implementation status as of

8/28/18
(Date)

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

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BB
(Initials)

Violation Report: 40563 - 04/19/2018 - Garvey, Jody
 PCH Name: Quality Life Services - Chicora

WEST REGION FIELD OFFICE
 Nursing Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person A administered medications to several residents to include morning medications on 4/2/18, 4/3/18, 4/6/18 through 4/8/18, 4/11/18 through 4/13/18, 4/16/18, 4/18/18 and 4/19/18 to the following residents; however, his/her current annual medication practicum was completed on 6/16/16:

Resident #1

- * Feosol 325 mg
- * Folic Acid 400 mcg

Resident #4

- * Clopidogrel Bisulfate 75 mg
- * Lisinopril 40 mg

Resident #5

- * Atenolol 25 mg
- * Lasix 20 mg
- * Lisinopril-Hydrochlorothiazide 10-12.5 mg

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 person A was immediately pulled from passing medications and was not allowed to administer medications until she was re-trained on the Medication Administration course. Training on this course was completed on 4-24-18.

All other med passing staff will be monitored quarterly to remain in compliance with the regulations by the Administrator.

Immediately - The administrator will implement procedures that ensure only qualified staff persons administer medications in accordance with Chapter 2600.182(b)(1)-(4) and Chapter 2600.190(a). BB 8/28/18

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Brenda Campbell PC Administrator* Date *7-2-18*

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JUL 09 2018

Violation Report: 40553 - 04/19/2018 - Garvey, Jody
PCH Name: Quality Life Services - Chicora

PROVIDER QUALITY OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, dated 10/27/17, does not include diagnoses of dementia and aphasia as indicated on the resident's medical evaluation, dated 11/8/17.

Resident #4's assessment, dated 2/17/18, does not include diagnoses of history of malignant neoplasm of breast, major depressive disorder, cerebral infarction, cellulitis of right lower limb and ketoacidosis as indicated on the resident's medical evaluation, dated 2/14/18.

Resident #6's assessment, dated 2/8/18, does not include diagnoses of sleep apnea, left femur fracture, anemia and dysphagia, oropharyngeal phase as indicated on the resident's medical evaluation, dated 1/24/18.

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 PC Administrator will develop a process/plan to review each new residents DME to RASP to face sheet process to ensure that all diagnosis are carried through on each piece. The administrator will audit all current charts to ensure that all diagnosis match on the DME, RASP and face sheet. This audit will be done in 2 months and will be checked semi annually to ensure consistency.

Resident #1 and resident #6 are no longer served at the home. *BS 8/28/18*

On 8/28/18, the home submitted an updated assessment for resident #4 that included the diagnoses omitted from the medical evaluation dated 2/14/18.

BS 8/28/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Brenda Campbell

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

Brenda Campbell PC Administrator

Date *7-2-18*

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

The above plan of correction is approved as of 8/28/18
(Date)

Plan of correction implementation status as of 8/28/18
(Date)

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

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

RECEIVED

JUL 09 2018

Violation Report: 40553 - 04/19/2018 - Garvey, Jody
PCH Name: Quality Life Services - Chlcora

WEST REGION FIELD OFFICE
Lancaster, PA 17602-1200

1. REGULATION 55 Pa.Code §2600
2600.225(c) - The resident shall have additional assessments as follows:
(1) Annually.
(2) If the condition of the resident significantly changes prior to the annual assessment.
(3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
Resident #5's assessment, dated 2/14/18, does not include the resident's fall risk and diagnoses of morbid obesity and glaucoma as indicated on the resident's medical evaluation, dated 3/9/18.

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 PC Administrator will develop a process to ensure if a residents assessment is completed before the annual DME that the diagnosis match on both components. All RASP's and DME's will be evaluated to ensure consistency of diagnosis. An audit will be conducted within the next two months and will be checked semi annually.

Resident #5 is no longer served in the home. BB 8/28/18

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

Signature of Legal Entity Representative
(Required on EVERY Page) Brenda Campbell

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Brenda Campbell PC Administrator Date 7-2-18

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

The above plan of correction is approved as of 8/28/18
(Date)

Plan of correction implementation status as of 8/28/18
(Date)

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

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

Violation Report: 40553 - 04/19/2018 - Garvey, Jody
 PCH Name: Quality Life Services - Chicora

JUL 09 2018

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #8's assessment, dated 2/8/18, includes the following diagnoses; however, the resident's support plan, dated 2/13/18, does not include a specific plan to meet the resident's medical needs regarding these diagnoses. It only indicates "contact doctor with concerns".

- * Bipolar disorder
- * Anxiety disorder
- * Major depressive disorder

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 Personal Care Administrator currently completes all RASP's semi annually. Each RASP will be audited to ensure that each resident has a specific plan for each diagnosis. This audit will be complete within 2 months and will be checked semi annually.

Resident #6 is no longer served in the home. BB 8/28/18

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Brenda Campbell PC Administrator* Date *7-2-18*

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

The above plan of correction is approved as of 8/28/18
 (Date)

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

Plan of correction implementation status as of 8/28/18
 (Date)

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

RECEIVED

JUL 09 2018

Violation Report: 40553 - 04/19/2018 - Garvey, Jody
PCH Name: Quality Life Services - Chicora

WEST VIRGINIA UNIVERSITY
Public Services Building

1. REGULATION 55 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
The record belonging to resident #4, admitted on 2/2/18, did not include a photograph of the resident.

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 Personal Care Administrator will develop a admission checklist to include listing a photograph of each resident to be in the chart/computer within the admission process.

All current residents charts will be checked for photographs within the current month.
The checklist will ensure photographs for all new residents.

On 8/28/18, the home submitted a photo dated 4/23/18 of resident #4.

BS
8/28/18

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

Signature of Legal Entity Representative (Required on EVERY Page) Brenda Campbell

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Brenda Campbell PC Administrator Date 7-2-18

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

The above plan of correction is approved as of 8/28/18
(Date)

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

Plan of correction implementation status as of 8/28/18
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented