



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: October 17, 2018

Ms. Leah Laffey
Owner
TLC Healthcare, LLC
801 Elm Spring Road
Pittsburgh, Pennsylvania 15243

RE: Dunlevy Manor
2218 Route 88
Dunlevy, Pennsylvania 15432
License #: 447540

Dear Ms. Laffey:

As a result of the Department's Bureau of Human Services Licensing inspection on April 19, 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 cursive script, appearing to read "Suzy Quinn".

Suzy Quinn
Acting Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: DUNLEVY MANOR		License Number: 44754
Address: 2218 ROUTE 88, DUNLEVY, PA 15432		County: Washington
Administrator: Susan DeLuca		Region: WEST
Legal Entity Name: TLC HEALTHCARE LLC		
Legal Entity Address: 258 WILLIAMS BOULEVARD, WINTERSVILLE, OH 43953		
Certificate(s) of Occupancy C-2 LP 06/20/1996 L&I		SEP 24 2018 WEST VIRGINIA Department
Staffing Hours Resident Support: 0	Total Daily Staff: 26	Working Staff: 20
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 04/19/2018: Winters, Lynn		
Off-Site Inspection Dates and Inspectors, if Applicable 05/03/2018: Winters, Lynn 06/06/2018: Winters, Lynn 06/06/2018: Winters, Lynn		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 24 Number of Residents Served: 19 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: 7 Number of Hospice Residents in past year: 12	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 19 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 7 Have a Physical Disability: 0	

SEP 24 2018

Violation Report: 44754 - 04/19/2018 - Winters, Lynn
PCH Name: DUNLEVY MANOR

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

On 3/29/18, staff person B's behavior was noticeably changed, approximately 45 minutes after his/her return to the home, following a lunch break. Staff person B was stumbling, nodding off and mumbling, making it difficult to be understood. This staff person worked the 7:00 AM to 3:00 PM shift and administered medications on this date.

At approximately 3:45 PM, staff person C was not able to arouse staff person B, who was in his/her vehicle, with the engine running, in the parking lot of the home. Staff person C shut off the ignition and called 911.

At approximately 3:56 PM, local law enforcement was dispatched to the home and found staff person B unconscious in his/her vehicle with the seat belt on. Staff person B was detained and taken to the hospital for a blood test, which tested positive for Lorazepam and Alprazolam. On 4/2/18, a misdemeanor charge of DUI: Controlled Substance or Metabolite 1st Offense was filed against staff person B.

On 4/19/18, staff person B disclosed to an agent of the Department, during a phone interview, that he/she "is an addict and took something" on his/her lunch break on 3/29/18 and "knows it was a bad decision to take drugs, especially while working."

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 administrator immediately terminated Staff person B. The home has a policy indicating we have the right to administer any testing. The drug test could be urine or a blood test. MS 10/17/18

The Police were called and Staff person B was removed from the property.

Immediately - The administrator will develop and implement a policy and procedures to ensure the safety of residents is upheld in the event there is a change in a staff persons behavior or medical condition that could put a resident at risk. This shall include immediately removing the staff person from providing personal care services to include medication administration. MS 10/17/18

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	Susan M. DeLuca
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Susan M. DeLuca	9-19-18

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The above plan of correction is approved as of <u>10/17/18</u> (Date)	Plan of correction implementation status as of <u>10/17/18</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress MS <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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SEP 24 2018

Violation Report: 44754 - 04/19/2018 - Winters, Lynn
 PCH Name: DUNLEVY MANOR

WEST NICHOL FIELD OFFICE
 Public 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

On 3/29/18 at approximately 1:30 PM, a green, football shaped pill fell out of a folding chair that staff person A, administrator, was removing from under resident #1's bed. Staff person A identified the pill as Alprazolam.

All of the medications to be administered to residents #1, #2 and #3 during the 3:00PM-11:00 PM shift on 3/29/18 to include the following Benzodiazepines, which are controlled substances, were missing following the 7:00 AM-3:00 PM shift on 3/29/18:

- * 5 Alprazolam 1 mg tablets belonging to resident #1
- * 2 Clonazepam 0.5 mg tablets belonging to resident #2
- * 2 Alprazolam 0.5 mg tablets belonging to resident #3

The Ongoing Inventory section of the home's Management of Controlled Drugs Policy indicates, "Both licensed nurses participating in the count must: Look at the drugs and the individual inventory sheet and confirm that the inventory sheet reflects the quantity of drugs present and that the integrity of each container is intact; sign the individual inventory at the time of the count." However, the inventory history sheets provided by the home did not reflect the missing Alprazolam and Clonazepam. The home uses a computerized inventory history which deletes the inventory when a pill is administered; however, a physical count of the medication by staff is not completed and the inventory history sheet does not match the number of pills present. Also, staff qualified to administer medications are not licensed nurses.

The home's Management of Controlled Drugs Policy indicates, "All controlled substances are stored under double lock, separate from other medications. Access to keys for controlled substances double locked box is limited to the medication nurse for each medication cart. Maintain controlled drugs in a double-locked compartment or cabinet separate from other medications". However, the controlled medications are packaged in bubble pack cards, separated by resident and by dose, and stored together with all of the other medications prescribed for each resident. Also, the policy indicates, "Controlled drugs are received in separate containers with separate invoices. Licensed nurse must accept delivery and take responsibility for receipt of controlled drugs." However, the home does not employ licensed nurses.

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.

Upon discovery the administrator reviewed and amended policy to correlate with state Regulation 2600.185(a) ^{Immediately - All staff persons qualified to administer medications will be educated on the revised policy.}
 The Administrator had staff trained per Regulation 2600.185(a) ^{Immediately - the administrator will check narcotic counts at least weekly to ensure the amended policy is followed. ms 10/17/18}
 Annual Refresher course will be given to all med techs

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/25/2017

Signature of Legal Entity Representative (Required on EVERY Page) *Susan M. DeLuca*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Susan M. DeLuca Date 9-19-18

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* Documentation of training shall be kept. ms 10/17/18

Violation Report: 44754 - 04/19/2018 - Winters, Lynn
PCH Name: DUNLEVY MANOR

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

WEST PENNSYLVANIA STATE UNIVERSITY
PUNTSVILLE, OHIO 43081-3900

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Levothyroxine, 75 mcg - take 1 tablet daily; however, the medication was not administered on 3/31/18.
Resident #3 is prescribed Clonazepam, 0.5 mg - take 1 tablet at bedtime and Escitalopram, 10 mg - take 1 tablet at bedtime. However, the medications were not administered on 3/21/18.
The exceptions page to the March 2018 medication administration records for residents #1 and #3 indicates these medications were not available in the home for administration.

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.

Upon discovery the administrator immediately call the pharmacy and medications were delivered for Resident #1 and #3.

The administrator met with med techs to Review the importance of checking medications daily to ensure all medications are order and available to administer and be in compliance with state Regulation 2600.187(d)

The Administrator will provide annual education on medication administration and expectation of duties of the med tech. Immediately, the administrator or designated staff person qualified to administer medications will review all resident ~~make~~ at least twice monthly to ensure prescribed medications are available and administered as prescribed. MS 10/17/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Susan M. Deluca*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Susan M. Deluca

Date 9-19-18

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Plan of correction implementation status as of 10/17/18 (Date)

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