



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Mailing Date: May 30, 2018**

Ms. Loriann Putzier,  
President & Chief Operating Officer  
VS Woods LLC  
IntergraCare Corporation  
6600 Brooktree Court, Suite 1000  
Wexford, Pennsylvania 15090

RE: The Woods at Cedar Run  
824 Lisburn Road  
Camp Hill, Pennsylvania 17011  
License #: 331320

Dear Ms. Putzier:

As a result of the Department's Bureau of Human Services Licensing inspection on May 2, 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,

Brett Swanger  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 33132 - 05/02/2018 - Heemer, Laura  
 PCH Name: THE WOODS AT CEDAR RUN

**1. REGULATION 55 Pa.Code §2600**

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**

The medication administration record for Resident 1 incorrectly documents that the resident's prescribed medications, including Citalopram Hydrobromide 20 mg Tablet at 8am, and Methazolamid 50 mg Tab at 8am, 2pm, and 8pm, were administered Resident 1 on 11/22/2017. Resident 1 was not in the personal care home on this date to have the medications administered,

The medication administration record for Resident 1 incorrectly documents that the prescribed Methazolamid 50 mg tab was administered to Resident 1 at 8pm on 11/24/2017. On this date and at this time, this medication was not present in the home and available 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.

*See attached pages 2A and 2B*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Cartroy Bolinsky Agent for US Nursing LLC at The Woods at Cedar Run*

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

*Cartroy Bolinsky*

Date *5/25/18*

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

The above plan of correction is approved as of

*5/30/18*  
 (Date)

Plan of correction implementation status as of

*5/30/18*  
 (Date)

The above plan of correction was approved by

*RBBS*  
 (Initials)

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

## PLAN OF CORRECTION TEMPLATE

Community Name: VS Woods, LLC d/b/a The Woods at Cedar Run

License Number: 331320

Date of Visit: 5/2/18

Date of Submission: 5/25/18

1. Violation Review: 2600.187(d) The home shall follow the directions of the prescriber.
2. Violation Interpretative Statement: The home did not follow the directions of the prescriber when the following medications were not administered to Resident 1 during the period of 11/23/17 and 11/24/17: Methazolamid 50mg 8am, 2pm, and 8pm, Primidone 50 mg tab at 8am, CitalopramHydrobromide 20mg tab at 8am, Eliquis 25mg tab at 8am an 8pm, Famotidine 20mg tab at 8am and 8p, Lisinopril 10mg tab at 8am, and Lorazepam .5mg tab at 8pm. The home did not follow the directions of the prescriber when the following medications were not administered to Resident 1 during the period of 12/12/2017 through 12/21/2017: Risperdone .5mg tab at bedtime, Citalopram HBR F/C 20 mg tab, 1 time per day, MAPAP 325mg tabs, 2 tabs every 8hrs, Ferrous Sulfate 325mg tab 1 time per day, and Atorvastatin Calcium 1 tablet at night.
3. Review the benefit of the Regulation, per RCG: Ensures that residents receive medications and treatments as ordered by a physician.
4. Description of the Repair of the Immediate Problem: Upon determination of the error, resident 1, resident's(1) designated person, and prescriber were notified of the error. DHS Reportable Incident was completed. Error involved the contracted pharmacy not providing the medications timely. The pharmacy was notified during the course of this incident and the facility was assured the medications would be arriving. The medications arrived on 11/24/17 with facility 28 day change over cycle. Upon further investigation with the pharmacy there was a data entry error at the pharmacy level that prevented the medications from being filled in the pharmacy. The facility then worked with the pharmacy by establishing a protocol that when resident medications were ordered but not delivered as expected, the account manager would be contacted who would expedite a stat delivery within 1 hour.
5. Determine / document the Root Cause of the Violation: Data entry error with the pharmacy prevented the medication orders from being filled. The Resident returned from a rehab facility with DME completed with see attached discharge summary with medications listed. There were no prescriptions obtained therefore, an alternate retail pharmacy could not fill prescriptions based on the discharge summary. The resident was sent to the hospital on 11/23/17 and returned from this visit with no further treatment or prescriptions.

*Christy Kelly* 5/25/18

6. Detail Action Steps / System Developed to prevent future occurrence:

- Changing practice?

The agreement with the contracted pharmacy has been terminated. A new pharmacy has been obtained.

Administrator/ Senior Living Director are reviewing all hospital/rehab returns and assuring medications are obtained within day of return.

- Teaching or Training?

Facility will re-educate Medication Assistant's and LPN's on process for assuring medications are obtained in a timely manner and action steps when they identify a concern.

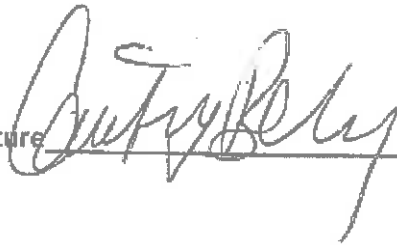
- On-going Monitoring?

Administrator/Designee will randomly audit admission/readmission resident records to assure medication is obtained and administered timely.

Senior Living Director will make recommendations following completion of auditing process on compliance and/or further action steps to achieve ongoing compliance. Compliance will be reported to the Executive Director.

7. Designated position responsible and specify target date for correction. Executive Director will be responsible for assuring plan of correction is carried out and compliance is achieved by June 30<sup>th</sup>, 2018.

Authorized Signature



Date:

5/25/18

Violation Report: 33132 - 05/02/2018 - Heemer, Laura  
 PCH Name: THE WOODS AT CEDAR RUN

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

2a. DESCRIPTION OF VIOLATION

The home did not follow the directions of the prescriber when the following medications were not administered to Resident 1 during the period of 11/23/2017 and 11/24/2017: Methazolamid 50 mg Tab at 8am, 2pm and 8pm, Primidone 50 mg Tab at 8am, Citalopram Hydrobromide 20 mg Tab at 8am, Eliquis 25 mg Tab at 8am and 8pm, Famotidine 20 mg Tab at 8am and 8pm, Lisinopril 10 mg Tab at 8 am, and Lorazepam .5 mg Tab at 8pm.  
 The home did not follow the directions of the prescriber when the following medications were not administered to Resident 1 during the period of 12/12/2017 through 12/21/2017: Risperidone .5mg Tab at bedtime, Citalopram HBR F/C 20 mg Tab, 1 time per day, MAPAP 325 mg Tabs, 2 Tabs every 8 hours, Ferrous Sulfate 325 mg Tab 1 time per day, and Atorvastatin Calcium 1 Tablet at night.

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.

*See attached Pages 3A and 3B*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/10/2017
Signature of Legal Entity Representative (Required on EVERY Page)		
<i>[Signature]</i> Agent for US writes all bills The Woods at Cedar Run		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
<i>Curtney Bilinsky</i>		5/25/18

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

The above plan of correction is approved as of 5/30/18  
 (Date)

The above plan of correction was approved by [Signature]  
 (Initials)

Plan of correction implementation status as of 5/30/18  
 (Date)

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

## PLAN OF CORRECTION TEMPLATE

Community Name: VS Woods, LLC d/b/a The Woods at Cedar Run

License Number: 331320

Date of Visit: 5/2/18

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- 1. Violation Review: 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, (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.
- 2. Violation Interpretative Statement:** The medication administration record for Resident 1 incorrectly documents that the resident's prescribed medications, including Citalopram Hydrobromide 20mg tablet at 8am and methazolamid 50mg tab at 8am, 2pm, and 8pm, were administered. Resident 1 on 11/22/17 Resident 1 was not in the home on this date to have the medications administered.  
  
The medication administration record for resident 1 incorrectly documents that the prescribed methazolamid 5 Omg tab was administered to resident 1 at 8pm on 11/24/17. On this date and at this time the medication was not present in the home and available for administration.
- 3. Review the benefit of the Regulation, per RCG:** The home's staff persons will be able to track all medications a resident receives and to ensure all medications are administered as prescribed.
- 4. Description of the Repair of the Immediate Problem:** The medication administration record notes show that the person documenting made notes that the medications were not available.
- 5. Determine / document the Root Cause of the Violation:** The staff person documented that the medication was not available, however, in the computerized MAR there are several options on how to document exceptions or pass notes. This staff person documented utilizing the route of a med pass note which does print with the MAR versus using a medication pass exception (this option will circle the initials on the electronic MAR when printed identifying that the medication was not given easily).

*C. Kelly* 5/25/18

6. Detail Action Steps / System Developed to prevent future occurrence:

- Changing practice?

Education is necessary to re-educate MA's and LPN's on the electronic MAR documentation process to assure MAR documentation reflects accurately.

- Teaching or Training?

Facility will re-educate Medication Assistant's and LPN's on process for assuring medications are obtained in a timely manner and action steps when they identify a concern.

Facility will re-educate Medication Assistant's and LPN's on EMAR documentation options to assure accurate records.

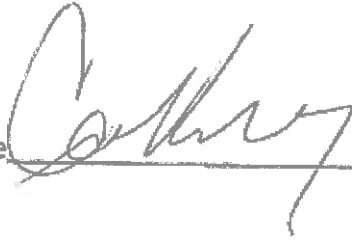
- On-going Monitoring?

Administrator/Designee will randomly audit MAR's for proper documentation of the med pass weekly x 4 weeks.

Senior Living Director will make recommendations following completion of auditing process on compliance and/or further action steps to achieve ongoing compliance. Compliance will be reported to the Executive Director.

7. Designated position responsible and specify target date for correction. Executive Director will be responsible for assuring plan of correction is carried out and compliance is achieved by June 30<sup>th</sup>, 2018.

Authorized Signature



Date:

5/25/18