



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to NIPPENOSE VALLEY VILLAGE INC  
LEGAL ENTITY

To operate NIPPENOSE VALLEY VILLAGE  
NAME OF FACILITY OR AGENCY

Located at 7190 SOUTH STATE ROUTE 44 HWY, WILLIAMSPORT, PA 17701  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 59  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.  
(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from October 12, 2018 until April 12, 2019,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226701**

Robert E. Robinson  
ISSUING OFFICER

Carolyn K. Ellison  
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: OCT 12 2018**

Ms. Jasmyrn Winey  
Administrator  
Nippenose Valley Village, Inc.  
7190 South Route 44 Highway  
Williamsport, Pennsylvania 17701

RE: Nippenose Valley Village  
License #: 226701

Dear Ms. Winey;

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 15, 2018 and August 8, 2018 of the above facility, the violations specified on the enclosed License Inspection Summary were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), your current license # 226700 dated July 26, 2018 to July 26, 2019 is REVOKED. A FIRST PROVISIONAL license is being issued. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated July 26, 2018 to July 26, 2019 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Shivani Patel, Enforcement Manager  
Human Services Licensing  
Department of Human Services  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

Ms Winey

2

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is fluid and cursive, with the first letter of each name being capitalized and prominent.

Jacqueline L. Rowe  
Director

Enclosures  
License  
License Inspection Summary



Violation Report: 22670 - 05/15/2018 - Novak, Ryan  
 PCH Name: NIPPENOSE VALLEY VILLAGE

**1. REGULATION 55 Pa.Code §2600**  
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**  
 Resident #2 did not receive the prescribed bactroban cream on 5/6 & 5/9/18 at 8am and calclum carb on 5/6/18. The home did not submit an incident report to the Department regarding the medication error.

**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 5/15/18 immediately after the exit interview, the Administrator met with the med tech on duty during second shift and re-trained her on the medication violations that were found during the inspection. The Administrator explained that effective immediately anytime a resident does not receive a prescribed medication an incident report to the Department must be sent in within 24 hours. She retrained the med tech on how to report incidents to the Department and instructed that all incident reports must be reported immediately to the administrator either in person or via a phone call. The administrator left a note for the third shifted tech that night and the first shift med tech the following morning.

On 5/16/18 the Administrator met with the first shift med tech when she got in to follow up on the note that she left to verbally explain this violation and the corrective action to follow.

5/16/18 the Administrator met with the Med Tech Trainer to discuss the violations regarding medication errors and explain the corrective actions that need to be taken, including following up with all trained med techs. The Administrator asked the Med Tech trainer to meet with two med techs on 5/18/18 to review these violations and corrective actions and the administrator will meet with the rest. The administrator asked the Med Tech trainer to be responsible for reviewing MARS on a weekly basis and complete a form (see attached) and report her findings to the Administrator as well as discuss any concerns with the respective med tech.

5/22/18 the facility hired a Director of Nursing (D.O.N) who will start on 6/18/18. She will conduct monthly MAR audits to catch any oversight. All missed doses must be reported to her with an in-house incident report and she will follow up with an incident report to the Department within 24 hours.

5/29/18 the facility held a staff meeting to review all findings from the survey and trained on correction actions and explained the role that the Director of Nursing will play.

6/18/18 The D.O.N will start, and the Administrator will remind all staff of the new policy of reporting medication errors to the D.O.N with an in-house incident report.

*The Administrator will oversee the ongoing compliance. Please see text below left.*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jasmyln Winick, Admin.</i>	Date <i>6/13/18</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

\* The above plan of correction is approved as of 7/23/18  
 (Date)  
 \*The Administrator will oversee training of all staff in reporting of all 19 events listed in the regulation, as well as an effective process for reporting events timely, including evenings, weekends and holidays. *AG*

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

Plan of correction implementation status as of 9/20/18  
 (Date)

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

Violation Report: 22670 - 05/15/2018 - Novak, Ryan  
 PCH Name: NIPPENOSE VALLEY VILLAGE

**1. REGULATION 56 Pa.Code §2600**

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**2a. DESCRIPTION OF VIOLATION**

Resident #1's contract is not signed by the resident's payor.

**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 facility designee to sign herself and obtain other signatures for the contract is our Director of Marketing and Admissions.

On 5/16/18 the Administrator met with the Director of Marketing and Admissions to review the violations that we found to be pertinent to the position. The Administrator asked the Director of Marketing and Admissions to have Resident #1's contract signed by the payer. The Director of Marketing and Admissions completed this request and provided a copy as proof for the Administrator (see attached.) **YES**

Going forward we have updated our admissions procedures where the Director of Marketing and Admissions will give the Administrator all admissions paperwork to review upon completion to make sure it is properly filled out prior to going into the charts (see attached procedure.) One month after admission a chart audit will be conducted to catch any oversight.

*The Administrator will oversee to ensure ongoing compliance*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Jasmun Winey, Admin. Date 6/13/18

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

The above plan of correction is approved as of 7/23/18  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 9/20/18  
 (Date)

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

Violation Report: 22670 - 05/15/2018 - Novak, Ryan  
 PCH Name: NIPPENOSE VALLEY VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.25(c)(8) - The contract shall specify the home's rules related to home services, including whether the home permits smoking

**2a. DESCRIPTION OF VIOLATION**

The contracts for Resident #1 and Resident #3 do not specify the home's rules related to home services including whether the home permits smoking.

**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 home recognizes that this was an oversight during the admission's process as the home rules are normally attached to the Facility Contracts. The home also includes a copy of these items in their Resident Information Guide that is provided to the resident upon admission.

On 5/16/18 the Administrator met with the Director of Marketing and Admissions to review the violations that were found to be pertinent to the position. She asked the Director of Marketing and Admissions to make sure the residents in question had received their Resident Information Guides and to review these rules with the residents as well as attach a copy to their charts in their charts. The Administrator also asked the Director of Marketing and Admissions to review all resident charts for any oversight in this matter and report back to the Administrator by 5/22/18.

The Director of Marketing and Admissions followed up and reported back to the administrator on 5/17/18 that she had met with both residents in question and they had received their Resident Information Guides upon admission, she reviewed the home rules with them and included a copy in their charts. She also reviewed all of the resident charts in the care station and reported that those were the only two where the items were missing.

A new admissions checklist was created on 5/24/18 (see attached) and this will be included in the admissions packet that the Director of Marketing and Admissions gives to the Administrator after a new resident moves in.

After 6/18/18 the Director of Nursing will conduct a chart review within 24 hours of admission and the Administrator will review the resident's chart within the first week of admission. *-to ensure ongoing compliance*

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

*[Signature]*

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

*Kristin Wini Admin.*

Date *6/13/18*

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

The above plan of correction is approved as of 7/23/18  
 (Date)

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

Plan of correction implementation status as of 9/20/18  
 (Date)

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

Violation Report: 22670 - 05/15/2018 - Novak, Ryan  
 PCH Name: NIPPENOSE VALLEY VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.25(c)(12) - The contract shall specify the charges to the resident, if any, for holding a bed during hospitalization or other extended absence from the home.

**2a. DESCRIPTION OF VIOLATION**

The contracts for Residents #1, #3, #4, and #5 do not specify the charges to the resident, if any, for holding a bed during hospitalization or other extended absence from 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.*

On 5/16/18 the Director of Marketing and Admissions updated the home's contract to include a specification for bed holds during hospitalization or other extended absences from the home. The home will continue to charge the resident for any absences from the home (see attached updated application.)

All residents who have been admitted since 5/18/18 have received and will continue to receive the updated contract.

While this is discussed verbally during the admissions process, a letter notifying current residents admitted prior to 5/16/18 will be included in their monthly invoice mailing on 6/12/18 (see attached letter.) An addendum to the contract will be included in the letter with a request to return the signed addendum along with July's rent. Returned agreements will be placed in the resident's chart.

YES

The Administrator will oversee to ensure ongoing compliance.

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 6/13/18

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The above plan of correction is approved as of 7/23/18  
 (Date)

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

Plan of correction implementation status as of 9/20/18  
 (Date)

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

Violation Report: 22570 - 05/15/2018 - Novak, Ryan  
 PCH Name: NIPPENOSE VALLEY VILLAGE

**1. REGULATION 65 Pa.Code §2600**

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

**2a. DESCRIPTION OF VIOLATION**

The home's most recent quality management plan meeting held 4/25/2018 did not address the following required topics: The reportable incident and condition reporting procedures, staff training, and Licensing violations and plans of correction.

**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 developed an agenda template listing these 5 items (see attached) and has scheduled future Quality Management Meetings quarterly for the rest of 2018.

These dates are as follows: 6/14/18, 9/12/18 and 12/12/18 at 10:30 AM. The attached agenda will be followed, additions to the discussion are allowed. Calendar invites in Outlook have been sent along with the agenda template by the Administrator to the Director of Marketing and Admissions, Director of Food and Nutrition Services and the Director of Nursing (who will start on 6/18/18.)

The administrator has set a calendar reminder for herself on 12/26/18 to schedule 2019's Quarterly Management Meetings.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Jasmyne Winey, Admin Date 6/13/18

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 (Date)

Plan of correction implementation status as of 9/20/18  
 (Date)

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

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

Violation Report: 22570 - 05/15/2018 - Novak, Ryan  
 PCH Name: NIPPENOSE VALLEY VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

**2a. DESCRIPTION OF VIOLATION**

The Resident Rights Signature Page for Resident #3 is only signed by the payor and is not signed by 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.*

On 5/16/18 the Administrator met with the Director of Marketing and Admissions to review the violations that we found to be pertinent to the position. She requested that the Director of Marketing and Admissions meet with the payor for the resident to sign the Resident Rights Signature Page.

An admissions procedure and checklist has been developed for the facility by the Administrator (see attached.) This will aide the Director of Marketing and Admissions to remember to have the paperwork signed by the appropriate parties responsible.

YES

As part of the procedures all admission paperwork will be turned in to the Administrator for review upon admission. The Administrator will conduct a chart audit one month after a new resident is admitted checking for any oversight.

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

*[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Asmyn Winer, Admin</i>	<i>6/13/18</i>

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

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 (Date)

Plan of correction implementation status as of 9/20/18  
 (Date)

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

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

Violation Report: 22670 - 06/15/2018 - Novak, Ryan  
 PCH Name: NIPPENOSE VALLEY VILLAGE

1. REGULATION 65 Pa.Code §2600  
 2600.67(c) - Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

2a. DESCRIPTION OF VIOLATION  
 On 4/22/18 there were 31 residents in the home, including 15 with mobility needs. The home is required a total minimum of 46 hours of direct care, the home only provided 45 hours.

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 has developed a spreadsheet (see attached) that she reviews daily and updates when there is a new admission.

This spreadsheet identifies mobility needs and calculates how many hours of care is needed in the home as well as how many daylight hours are needed.

The facility will staff according to potential residents in the home and will not deduct any hours from staffing for residents who are absent from the facility for any reason.

We understand that some of our care hours that we calculated were deducted due to staff conducting administrative duties related to the residents. On 5/22/18 we hired a Director of Nursing, who will start on 6/18/18 who will be responsible for this administrative paperwork. We have also hired 4 new caregivers and increased our caregiver hours above what is required for mobility. We are still in the process of hiring a few more part time caregivers for all shifts as our goal is to have at least three caregivers on first and second shift everyday of the week.

The Administrator will review w/ the DON on a bi-weekly basis the status of mobility needs & any additional supervision needs of residents in order to adequately schedule & staff the home for the upcoming period. AG 9-20-18

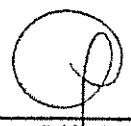
Repeat Violation: Yes	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Jasmin Wiley, Admin* Date *6/13/18*

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The above plan of correction is approved as of 9/23/18  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 9/20/18  
 (Date)

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

Violation Report: 22670 - 05/15/2018 - Novak, Ryan  
 PCH Name: NIPPENOSE VALLEY VILLAGE

1. REGULATION 55 Pa.Code §2600  
 2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION

On 4/22/18 there were 31 residents in the home, at a minimum 34.5 hours of direct care staffing was required. The home only provided 30 hours of direct care staffing from 7am-11pm.  
 On 4/21/18 there were 31 residents in the home, at a minimum 34.5 hours of direct care staffing was required. The home only provided 32 hours of direct care staffing from 7am-11pm.

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 has developed a spreadsheet (see attached) that she reviews daily and updates when there is a new admission.

This spreadsheet identifies mobility needs and calculates how many hours of care is needed in the home as well as how many daylight hours are needed.

The facility will staff according to potential residents in the home and will not deduct any hours from staffing for residents who are absent from the facility for any reason.

We understand that some of our care hours that we calculated were deducted due to staff conducting administrative duties related to the residents. On 5/22/18 we hired a Director of Nursing, who will start on 6/18/18 who will be responsible for this administrative paperwork. We have also hired 4 new caregivers and increased our caregiver hours above what is required for mobility. We are still in the process of hiring a few more part time caregivers for all shifts as our goal is to have at least three caregivers on first and second shift every day of the week.

*The Administrator & DOR will meet bi-weekly to review care needs of residents and staffing resources & schedule staff as necessary to meet resident care needs.*

*AG* 9-20-18

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

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The above plan of correction is approved as of 7/23/18  
 (Date)

Plan of correction implementation status as of 9/20/18  
 (Date)

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

The above plan of correction was approved by   
 (Initials)

Violation Report: 22670 - 05/15/2018 - Novak, Ryan  
 PCH Name: NIPPENOSE VALLEY VILLAGE

**1. REGULATION 55 Pa.Code §2600**  
 2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

**2a. DESCRIPTION OF VIOLATION**  
 The home currently serves 15 residents that require either physical assistance to evacuate the building or constant prompting or cuing from staff. From 11pm-7am the home routinely has 2 staff members working. The home does not utilize fire safe areas inside the building and has to evacuate outside. In the event of an emergency the home would not have enough staff to meet the residents needs in the event of an emergency from 11pm-7am.

**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 home understands that it did not have the proper documentation in place to determine that we have fire safe areas or to document how much time we have to safely evacuate the building.

Additionally, since 5/15/18 we have had 5 people come off of the immobility list, and we currently only have 10 residents determined to be immobile. This change was due to 3 people whose conditions improved after healing and/or going through therapy as well as one discharge to a skilled facility, and one re-evaluation who was determined to be "mobile" as she just needs some cuing to exit the facility in the event of an emergency.

We obtained documentation stating that we have 8 minutes to evacuate the building completely in the event of an emergency on 5/25/18. We conducted an overnight fire drill on 6/9/18 and our time was determined to be 7 minutes, 22 seconds (see attached.)

Per our contractor's letter from 2017, we have fire safe rated doors inside the home (see attached letter) and we are scheduling an inspection with Keystone COG in the hopes that they will determine fire safe areas in our home. We will report back when this is scheduled.

We believe that we are able to safely assist residents in the event of an emergency and we will conduct more frequent overnight drills if the mobility needs increase to ensure that our overnight staff are safely able to evacuate or move residents to a firesafe area, if it is determined that we do have them, in a reasonable amount of time. If there comes a time that we do not feel that we can safely evacuate residents appropriately, we will take responsible measures to add a third staff person on overnight.

The Admin & DON will review, at least monthly, preferably just after the home's monthly fire drill, the home's schedule for staff in order to meet residents' needs 24/7.

The home secured an updated fire safety letter with an evacuation time of 6 minutes and 2 interior fire safe areas are now identified. There was an observed fire drill on 7-11-18 with minimal staff and it was successfully completed in 4 minutes and 30 seconds. AG

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

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The above plan of correction is approved as of 7/23/18  
 (Date)

Plan of correction implementation status as of 9/20/18  
 (Date)

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

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

Violation Report: 22670 - 05/15/2018 - Novak, Ryan  
 PCH Name: NIPPENOSE VALLEY VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff member A hired 2/8/18 and B hired 1/25/18 did not receive a general fire safety training on or before the first day worked.

**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 provides general fire safety training on the first day every new employee works, however we did not have a checklist to document this training. We understand that without a checklist, we cannot prove that we do this.

The Administrator developed a checklist on 5/16/18 (see attached) and will be added to our "New Employee Orientation Packets" to be completed during orientation.

The Administrator will conduct quarterly employee file audits (see attached audit sheet) to ensure these procedures have been followed and that the proper documentation is in place.

\* The Administrator will ensure that Staff Members A and B receive general fire safety training. The home will retain documentatio of this training.

AG 9-20-18

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Joselyn W. Kelly Adminia* Date *6/13/18*

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

The above plan of correction is approved as of 7/23/18  
 (Date)

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

Plan of correction implementation status as of 9/20/18  
 (Date)

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

Violation Report: 22670 - 05/15/2018 - Novak, Ryan  
 PCH Name: NIPPENOSE VALLEY VILLAGE

**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**  
 Direct care staff member A hired 2/8/18 and B hired 1/25/18 did not receive training in resident rights, The Older Adults Protective Services Act, emergency medical plan and reporting of reportable incidents and conditions within the first 40 hours worked.

**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 provides the above-mentioned trainings to all new employees within their first 40 hours of being scheduled, however we understand that we did not have the proper documentation to prove this.

On 5/16/18 the Administrator developed a checklist (see attached) that has been added to our "New Employee Orientation Packet" to check off during orientation. *Yes*

The Administrator will conduct quarterly employee file audits (see attached audit sheet) to ensure these procedures have been followed and proper documentation is in place.

*\*The Administrator will ensure that Staff Members A and B receive training in the Older Adult Protective Services Act, the home's Emergency Medical Plan and Incident Reporting-including all 19 reportable events, as well as the home's protocols to report these events timely. The Administrator will retain documentation of these trainings.*

*AG* 9-20-18


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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Jasmine Wiley, Admin.</i>	<i>6/13/18</i>

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

The above plan of correction is approved as of 7/23/18  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 9/20/18  
 (Date)

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

Violation Report: 22670 - 06/15/2018 - Novak, Ryan  
 PCH Name: NIPPENOSE VALLEY VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

**2a. DESCRIPTION OF VIOLATION**

The first aid kit located in the medication room did not include tape, thermometer, protective eye wear and a breathing shield.

The first aid kit located in the dining room did not include tape, thermometer, protective eye wear and a breathing shield.

**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 above mentioned items that were missing from the home's first aid kits have been purchased and placed in their respective first aid kits (see attached receipts.) **(YES)**

During our staff meeting on 5/29/18 the Administrator reviewed with all of the staff the importance of keeping the first aid kit stocked and asked the staff to let the Administrator know when something has been used.

Part of our new Director of Nursing's responsibilities will be to conduct quarterly audits of the first aid kit to make sure that they are stocked with what is needed.

A list of items required to be in the kits has been placed on the inside lid of each kit (see attached picture.) **(YES)**

*Administrator will oversee to ensure ongoing compliance.*

*AG* 9-20-18

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Asmra Winey Admin*      Date *6/13/18*

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

The above plan of correction is approved as of 7/23/18  
 (Date)

Plan of correction implementation status as of 9/20/18  
 (Date)

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

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

Violation Report: 22670 - 05/15/2018 - Novak, Ryan  
 PCH Name: NIPPENOSE VALLEY VILLAGE

**1. REGULATION 55 Pa.Code §2600**  
 2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

**2a. DESCRIPTION OF VIOLATION**  
 The evacuation diagram located on the 1st floor does not include pull stations.

**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.

This violation was immediately rectified on 5/15/18 by one of the facilities owners, [redacted] prior to the inspectors leaving the facility. Please see attached documentation of the picture of our diagram with the pull stations indicated. [redacted] reviewed this with the inspectors who approved it prior to leaving the facility that day.

The facility has extra copies on hand in the event one of the diagrams goes missing so that it can be quickly replaced.  
 Copy enclosed.

*Adm will do periodic walk throughs of the building to ensure ongoing compliance. Q*

*AG*      9-20-18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jasmin Wines, Admin.</i>	Date <i>6/13/18</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>2/23/18</u> (Date)	Plan of correction Implementation status as of <u>9/20/18</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

Violation Report: 22670 - 05/15/2018 - Novak, Ryan  
 PCH Name: NIPPENOSE VALLEY VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

**2a. DESCRIPTION OF VIOLATION**

The home did not have documentation that a fire safety inspection was conducted by a fire safety expert in 2017.

**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.*

After the home inspection the Administrator immediately scheduled an inspection that was conducted on 5/25/18 by [redacted] from Code Inspection, Inc. See attached documentation of this inspection. (C)

The Administrator will schedule yearly inspections with this company and provide documentation during the yearly licensing inspections.

Repeat Violation: NO

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Handwritten Signature]*

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

*Rishin Winer, Admin.*

Date

*6/13/18*

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The above plan of correction is approved as of 7/23/18  
 (Date)

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

Plan of correction implementation status as of 9/20/18  
 (Date)

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

Violation Report: 22670 - 05/15/2018 - Novak, Ryan  
 PCH Name: NIPPENOSE VALLEY VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

**2a. DESCRIPTION OF VIOLATION**

The home did not have documentation within the past year from a fire safety expert specifying the fire safe areas in the home, nor did they have documentation from a fire safety expert extending the home's maximum evacuation time. The home's fire drill logs indicate the following:

- On 11/30/2017 17 residents were evacuated to the outdoor basketball courts in 5 minutes and 9 seconds.
- On 1/29/2018 20 residents were evacuated to the lot in the front of the building in 3 minutes and 15 seconds.
- On 02/29/2017 20 residents were evacuated to the lot in the front of the building in 5 minutes and 16 seconds.
- On 04/28/2018 33 residents were evacuated to the lot in the front of the building in 5 minutes and 58 seconds.

**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 home understands that it did not have the proper documentation in place to determine that we have fire safe areas or to document how much time we have to safely evacuate the building.

We obtained documentation stating that we have 8 minutes to evacuate the building completely in the event of an emergency on 5/25/18. We conducted a fire drill on 6/25/18 and our time to evacuate 35 residents was 6 minutes 51 seconds (see attached documentation.) *483*

Per our contractor's letter from 2017, we have fire safe rated doors inside the home (see attached letter) and Keystone COG, who worked closely with our contractor to maintain fire code compliance will be providing us with a letter to determine the areas in our home they feel are fire safe areas. Per a conversation with a representative on 6/13/18, our administrator feels we should have that letter within a few days and we will send that in to the state.

*Admin will review the home's fire drill log monthly to ensure ongoing compliance. AG 9-20-18*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 05/31/2017

Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Jasmin Wiley, Admin.*      Date *6/13/18*

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

The above plan of correction is approved as of 9-23-18  
 (Date)

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

Plan of correction implementation status as of 9/23/18  
 (Date)

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

Violation Report: 22670 - 05/15/2018 - Novak, Ryan  
 PCH Name: NIPPENOSE VALLEY VILLAGE

1. REGULATION 55 Pa.Code §2600  
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The home's fire drill logs indicate a fire drill was held during sleeping hours on 12/08/2017 at 12:07am. The home did not conduct another fire drill during sleeping hours in the six months prior to the drill on 12/8/2017, therefore the home is not in compliance with this regulation.

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 home recognizes that this error occurred. The overnight fire drill previous was in February 2017, therefore another overnight fire drill should have been conducted in August on 2017. In August 2017 the homes previous administrator was let-go and we received a waiver to have our current Administrator serve as "Acting Administrator" while she go through the Administrator course. The lack of having an overnight fire drill in August 2017 was an oversight on many parts.

Going forward, the Administrator or Director of Nursing, who has an administrator's license and will serve as the back up administrator, will conduct an overnight fire drill at least once every three months between the hours of 11:00 PM and 7:00 AM.

Additionally, as our last overnight drill was held in December 2017, we were due for an overnight drill this month. It was conducted on 6/9/18, 38 residents were evacuated safely in 7 minutes and 22 seconds. See attached documentation for proof of this drill. *(ES)*

*Adm will review the home's fire drill log on a monthly basis to ensure ongoing compliance.*

*AG* 9-20-18

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Jasmin Wilcox, Admin* Date *6/13/18*

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

The above plan of correction is approved as of 7/23/18  
 (Date)

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

Plan of correction implementation status as of 9/20/18  
 (Date)

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

Violation Report: 22670 - 05/15/2018 - Novak, Ryan  
 PCH Name: NIPPENOSE VALLEY VILLAGE

1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION  
 The Documentation of Medical Evaluation (DME) form for Resident #1 is missing the following information: Height, weight, temperature, and the resident's medications.  
 The DME form for Resident #4 is missing the resident's temperature and the physician did not indicate the resident's ability to self-administer medications in the appropriate area on the form.  
 The DME form for Resident #3 indicates "See Medication addendum below" but there were no medications listed or attached to the form.

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 5/16/18 the Administrator reviewed all of the residents' DME's and faxed to appropriate physician's office any that were missing information and asked them to update. The Administrator continues to follow up with physician offices who have not returned the fax or that returned the fax and still had not completed the records appropriately.  
 The Administrator immediately implemented a policy that the Administrator must review any DME's that come in to make sure they are complete (see attached policy) *WES*  
 When the Director of Nursing starts on 6/18/18, this task will be assigned to her and the policy will be updated.  
 The Administrator will conduct chart audits one month after admission and quarterly to catch any oversight.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Jasman Winey, Admin.* Date *6/13/18*

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The above plan of correction is approved as of 2/23/18  
 (Date)  
 The above plan of correction was approved by *[Signature]*  
 (Initials)

Plan of correction Implementation status as of 9/20/18  
 (Date)

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

Violation Report: 22670 - 05/15/2018 - Novak, Ryan  
 PCH Name: NIPPENOSE VALLEY VILLAGE

**1. REGULATION 55 Pa.Code §2600**  
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**2a. DESCRIPTION OF VIOLATION**  
 The home had only the current week's menu posted at the time of the inspection.

**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.*

During the licensing inspection the Director of Food and Nutrition Services was on vacation. The Administrator immediately spoke to the Assistant Cook, who then posted the following week's menu, explaining that she did not realize it needed to be posted.

Upon the Director of Food and Nutrition Services return on 5/22/18, the Administrator addressed with him the violation and explained that menus for the following by Sunday of the week previous by the Director of Food and Nutrition services or a designee. Together, they set up a procedure for when out/on vacation is. She asked that the Director of Food and Nutrition Services review any instructions verbally as well as in writing prior to being out (see attached procedure.)

The Administrator has set a reminder in Outlook to check that menus are posted for two weeks during her Monday morning building walk through.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jasmin Winick, Admin.	6/13/18

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

The above plan of correction is approved as of 7/23/18  
 (Date)

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

Plan of correction implementation status as of 9/22/18  
 (Date)

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

Violation Report: 22870 - 05/15/2018 - Novak, Ryan  
 PCH Name: NIPPENOSE VALLEY VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral, topical, eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff member C completed the initial medication training on 3/27/17, only 3 of the 4 required observations were completed. The annual practicum for 2018 only 1 of the required 2 MAR reviews were completed.

Direct care staff member D completed the initial medication training on 7/18/17, only 3 of the 4 required observations were completed.

Direct care staff member E passed the initial medication administration training on 1/17/17, the annual practicum was completed on 4/18/18.

**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 facility has a new Med Tech Trainer as of April 2018 who will be conducting our training, required observations and annual practicum. She has been assigned to observe Direct Care Staff members C, D, and E by June 30, 2018. Additionally, we will have our Director of Nursing, who starts on 6/18/18 trained to be a med tech trainer, so that she can assist with observations and provide the annual practicum for our current Med Tech Trainer. The Director of Nursing will also be responsible to monitor the Med Tech Trainer and follow up with her monthly on trainings, observations and practicums that she conducts.

*Adm will oversee to ensure ongoing compliance. Of*

9-20-18

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Jesselyn Wincey, Admin.* Date *6/13/18*

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

The above plan of correction is approved as of 7/23/18  
 (Date)

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

Plan of correction implementation status as of 9/20/18  
 (Date)

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

Violation Report: 22870 - 05/15/2018 - Novak, Ryan  
 PCH Name: NIPPENOSE VALLEY VILLAGE

**1. REGULATION 55 Pa.Code §2600**  
 2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

**2a. DESCRIPTION OF VIOLATION**  
 Staff interviews indicated that when a resident leaves for a period of time the staff will pop the medication out of the original container and place it in a baggie for administration while the resident is on leave.

**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.*

During the exit interview, state licensing department staff explained the proper way to distribute medication when a resident leaves the facility for a period of time, the med tech on duty is to give all of the medications in bottles/packets to the resident or family member in charge to distribute. This is to be documented in the MARs as well.

On 5/15/18 immediately after the exit interview, the Administrator met with the med tech on duty during second shift and re-trained her on the medication violations that were found during the inspection. The Administrator explained that effective immediately when a resident leaves the facility for a period of time, the med tech on duty is to give all of the medications in bottles/packets to the resident or family member in charge to distribute and to document this in the MARs. The administrator left a note for the third shift med tech that night and the first shift med tech the following morning.

On 5/16/18 the Administrator met with the first shift med tech when she got in to follow up on the note that she left to verbally explain this violation and the corrective action to follow.

5/16/18 the Administrator met with the Med Tech Trainer to discuss the violations regarding medication errors and explain the corrective actions that need to be taken, including following up with all trained med techs. The Administrator asked the Med Tech trainer to meet with two med techs on 5/18/18 to review these violations and corrective actions and the administrator will meet with the rest.

5/17/18 the Administrator spoke with the main pharmacy (Care First) that the residents use who explained if they have 72 hour notice that a resident is leaving the facility, they will provide pill packs for the resident for the days s/he is expected to be out.

6/12/18 a letter will go out to families with monthly invoices explaining this procedure and that the family may choose to provide 72 hour's notice, if they are able to and use Care First, or they will have to take all prescribed medications along with them (see attached letter.) *(YES)*

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

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

*Jasmyne Winkler, Admin* Date *6/13/18*

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

The above plan of correction is approved as of <u>7/23/18</u> (Date)  The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>9/20/18</u> (Date)  <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
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Violation Report: 22670 - 05/15/2018 - Novak, Ryan  
 PCH Name: NIPPENOSE VALLEY VILLAGE

1. REGULATION 55 Pa.Code §2600  
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION  
 4 packets of aspirin was located unlocked and accessible in the first aid kit located in the dining room.

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 four packets of aspirin were immediately removed from the first aid kit on 5/15/18 and disposed of in vinegar as they were not prescribed to anyone.

A list of items that are supposed to be in the first aid kit was made up (see attached list) and placed on the inside of the lid for every kit in the facility.

During our staff meeting on 5/29/18 the Administrator reviewed with all of the staff the importance of keeping the first aid kits stocked, what is supposed to be in the kit and what is not supposed to be in the kit. Additionally during this staff meeting the Administrator assigned third shift to check the boxes weekly.

After 6/18/18 when the D.O.N starts, she will conduct quarterly audits on the first aid boxes as a second check.

*Adm will oversee Plan of Correction to ensure ongoing compliance*  
 9-20-18

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

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 (Date)

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

Plan of correction Implementation status as of 9/20/18  
 (Date)

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

Violation Report: 22670 - 06/16/2018 - Novak, Ryan  
 PCH Name: NIPPENOSE VALLEY VILLAGE

1. REGULATION 56 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION  
 Resident #6's lantus solostar pen was not dated when the pen was opened.

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 5/15/18 immediately after the exit interview, the Administrator met with the med tech on duty during second shift and re-trained her on the medication violations that were found during the inspection. The Administrator explained that effective immediately that any insulin pens need to be dated when the pens are opened. The administrator left a note for the third shift med tech that night and the first shift med tech the following morning.

On 5/16/18 the Administrator met with the first shift med tech when she got in to follow up on the note that she left to verbally explain this violation and the corrective action to follow.

5/16/18 the Administrator met with the Med Tech Trainer to discuss the violations regarding medication errors and explain the corrective actions that need to be taken, including following up with all trained med techs. The Administrator asked the Med Tech trainer to meet with two med techs on 5/18/18 to review these violations and corrective actions and the administrator will meet with the rest. Going forward the Administrator asked the Med Tech Trainer to review insulin pens once a week for proper documentation and include findings on the Glucometer and Insulin Weekly Report (see attached.)

5/29/18 the Administrator held a staff meeting and reviewed with all staff the violations found during the licensing inspection as well as the corrective actions.

The Director of Nursing who starts on 6/18/18 will conduct monthly audits on glucometers and insulin to check for any oversight.

*Adm will oversee POC correction to insure ongoing compliance.*

9-20-18

*Cl*

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

*[Signature]*

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

*Kristin Wiley, Admin.* Date *6/13/18*

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

The above plan of correction is approved as of 7/23/18 (Date)

Plan of correction implementation status as of 9/29/18 (Date)

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

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

Violation Report: 22670 - 05/15/2018 - Novak, Ryan  
 PCH Name: NIPPENOSE VALLEY VILLAGE

**1. REGULATION 55 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**  
 Resident #5's novolog flexpen did not include the residents name or the staff persons initials that opened the pen.  
 Resident #5's lantus solostar flexpen did not include the residents name or the staff persons initials that opened the pen.

**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 5/15/18 immediately after the exit interview, the Administrator met with the med tech on duty during second shift and re-trained her on the medication violations that were found during the inspection. The Administrator explained that effective immediately that any insulin pens needs to have the residents name, name of medication, date it was prescribed, prescribed dosage and instructions for administration, and the name and title of the prescriber as well as the staffperson initials of who opened it. The administrator left a note for the third shift med tech that night and the first shift medtech the following morning.

On 5/16/18 the Administrator met with the first shift med tech when she got in to follow up on the note that she left to verbally explain this violation and the corrective action to follow.

5/16/18 the Administrator met with the Med Tech Trainer to discuss the violations regarding medication errors and explain the corrective actions that need to be taken, including following up with all trained med techs. The Administrator asked the Med Tech trainer to meet with two med techs on 5/18/18 to review these violations and corrective actions and the administrator will meet with the rest. Going forward the Administrator asked the Med Tech Trainer to review insulin pens once a week for proper documentation and include findings on the Glucometer and Insulin Weekly Report (see attached.) *(ES)*

5/29/18 the Administrator held a staff meeting and reviewed with all staff the violations found during the licensing inspection as well as the corrective actions.

The Director of Nursing who starts on 6/18/18 will conduct monthly audits on glucometers and insulin to check for any oversight.

*Adm will oversee Pen & Correction to ensure ongoing compliance. 9-20-18*

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

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The above plan of correction is approved as of 7/23/18  
 (Date)

Plan of correction implementation status as of 7/20/18  
 (Date)

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

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

Violation Report: 22670 - 05/15/2018 - Novak, Ryan  
 PCH Name: NIPPENOSE VALLEY 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 #2's glucometer was not calibrated to the correct date and time.

Resident #2 has an order for blood glucose readings weekly. On 5/2/18 the MAR noted a reading of 224, the glucometer noted a reading of 227.

Resident #7's glucometer was not calibrated to the correct time.

Resident #7 has an order for blood glucose readings twice daily. On 5/12/18 at 7am the MAR notes a reading of 188, the glucometer notes 187. On 5/12/18 at 5pm the MAR notes a reading of 139, the glucometer notes 135. On 5/8/18 at 5pm the MAR notes a reading of 186, the glucometer notes 186.

Resident #8's PRN bisacodyl, preparation H cream and polyethylene glycol were not available at the time of the inspection.

**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 5/15/18 immediately after the exit interview, the Administrator met with the med tech on duty during second shift and re-trained her on the medication violations that were found during the inspection. The administrator explained the importance of writing proper readings in the MARs, calibrating glucometers, as well as making sure all prescribed medications are available at all times. The administrator left a note for the third shift med tech that night and the first shift med tech the following morning.

On 5/16/18 the Administrator met with the first shift med tech when she got in to follow up on the note that she left to verbally explain this violation and the corrective action to follow.

5/16/18 the Administrator met with the Med Tech Trainer to discuss the violations regarding medication errors and explain the corrective actions that need to be taken, including following up with all trained med techs. The Administrator asked the Med Tech trainer to meet with two med techs on 5/18/18 to review these violations and corrective actions and the administrator will meet with the rest. Going forward the Administrator asked the Med Tech Trainer to conduct glucometer audits once a week for proper documentation and include findings on the Glucometer and Insulin Weekly Report (see attached) as well as to check to make sure we have all prescribed medications in stock and anything we are low on is reordered. *(YES)*

5/29/18 the Administrator held a staff meeting and reviewed with all staff the violations found during the licensing inspection as well as the corrective actions.

The Director of Nursing who starts on 6/18/18 will conduct monthly audits on glucometers and insulin as well as med carts to check for any oversight. *Ann will oversee P.O.C. to ensure ongoing compliance.*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Ann Winiw, Admin.* Date *6/13/18*

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The above plan of correction is approved as of 7/23/18  
 (Date)

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

Plan of correction implementation status as of 6/21/18  
 (Date)

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

Violation Report: 22670 - 05/15/2018 - Novak, Ryan  
 PCH Name: NIPPENOSE VALLEY VILLAGE

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

Resident #7's MAR does not include a diagnosis or purpose for levothyroxine.

Resident #2's MAR does not include a diagnosis or purpose for bactroban, gas X, pepto-bismol, polyethylene glycol and icy hot.

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 5/15/18 immediately after the exit interview, the Administrator met with the med tech on duty during second shift and re-trained her on what aMAR needs to include. The administrator left a note for the third shift med tech that night and the first shift med tech the following morning.

On 5/16/18 the Administrator met with the first shift med tech when she got in to follow up on the note that she left to verbally explain this violation and the corrective action to follow.

5/16/18 the Administrator met with the Med Tech Trainer to discuss the violations regarding medication errors and explain the corrective actions that need to be taken, including following up with all trained med techs. The Administrator asked the Med Tech trainer to meet with two med techs on 5/18/18 to review these violations and corrective actions and the administrator will meet with the rest. Going forward the Administrator asked the Med Tech Trainer to review MARs that come in from the pharmacy for accuracy and to request updated MARs when they do not come back complete. *\*This shall be done on a monthly basis. Q1*

5/29/18 the Administrator held a staff meeting and reviewed with all staff the violations found during the licensing inspection as well as the corrective actions.

The Director of Nursing who starts on 6/18/18 will conduct monthly on MARs to check for any oversight.

*Adm will oversee POC to ensure ongoing compliance* 9-20-18

Repeat Violation: Yes	Date(s) of Previous Violation(s): 05/31/2017	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Jasmine Winey Admin.* Date *6/18/18*

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The above plan of correction is approved as of 7/23/18  
 (Date)

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

Plan of correction implementation status as of 7/23/18  
 (Date)

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

Violation Report: 22670 - 05/15/2018 - Novak, Ryan  
 PCH Name: NIPPENOSE VALLEY VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**2a. DESCRIPTION OF VIOLATION**

Resident #9 refused the prescribed prozac on 5/2, 5/3, 5/9, 5/10 & 5/11/18. The prescriber was not notified regarding the refusals.

**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 5/15/18 immediately after the exit interview, the Administrator met with the med tech on duty during second shift and re-trained her on the medication violations that were found during the inspection. The Administrator explained that effective immediately anytime a resident refuses a prescribed medication, the refusal must be documented in the resident's record and on the MAR, as well as reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. The administrator left a note for the third shift med tech that night and the first shift med tech the following morning.

On 5/16/18 the Administrator met with the first shift med tech when she got in to follow up on the note that she left to verbally explain this violation and the corrective action to follow.

5/16/18 the Administrator met with the Med Tech Trainer to discuss the violations regarding medication errors and explain the corrective actions that need to be taken, including following up with all trained med techs. The Administrator asked the Med Tech trainer to meet with two med techs on 5/18/18 to review these violations and corrective actions and the administrator will meet with the rest. The administrator asked the Med Tech trainer to be responsible for reviewing MARS on a weekly basis and complete a form (see attached) and report her findings to the Administrator as well as discuss any concerns with the respective med tech.

5/22/18 the facility hired a Director of Nursing (D.O.N) who will start on 6/18/18. She will conduct monthly MAR audits to catch any oversight. All refused doses must be reported to her with an in-house incident report as well as the corrective actions that the med tech on duty took. If proper procedures were not followed the D.O.N will ask the med tech who was on duty to complete the process or if the med tech is not available the D.O.N will complete the process and follow up with the med tech on proper procedure.

5/29/18 the facility held a staff meeting to review all findings from the survey and trained on correction actions and explained the role that the Director of Nursing will play.

6/18/18 The D.O.N will start, and the Administrator will remind all staff of the new policy of reporting refusals to the D.O.N with an in-house incident report.

Adm will oversee to ensure ongoing compliance AG 9-20-18

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

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

The above plan of correction is approved as of <u>7/23/18</u> (Date)	Plan of correction implementation status as of <u>9/20/18</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

Violation Report: 22670 - 05/15/2018 - Novak, Ryan  
 PCH Name: NIPPENOSE VALLEY VILLAGE

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

2a. DESCRIPTION OF VIOLATION

Resident # 8 has an order for metoprolol succ ER and spironolactone daily, hold if systolic blood pressure less than 110 or pulse less than 80. On 5/15 the pulse was 59 and on 5/5/18 the pulse was 58, the medication was administered.

Resident #2 did not receive the prescribed bactroban cream on 5/6 & 5/9/18 at 8am and calcium carb on 5/6/18.

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.

On 5/15/18 immediately after the exit interview, the Administrator met with the med tech on duty during second shift and re-trained her on the medication violations that were found during the inspection. She explained the importance of following the directions of the prescriber. The administrator left a note for the third shift med tech that night and the first shift med tech the following morning.

On 5/16/18 the Administrator met with the first shift med tech when she got in to follow up on the note that she left to verbally explain this violation and the corrective action to follow.

5/16/18 the Administrator met with the Med Tech Trainer to discuss the violations regarding medication errors and explain the corrective actions that need to be taken, including following up with all trained med techs. The Administrator asked the Med Tech trainer to meet with two med techs on 5/18/18 to review these violations and corrective actions and the administrator will meet with the rest. The administrator asked the Med Tech trainer to be responsible for reviewing MARS on a weekly basis and complete a form (see attached) and report her findings to the Administrator as well as discuss any concerns with the respective med tech. *YES*

5/22/18 the facility hired a Director of Nursing who will start on 6/18/18. She will conduct monthly MAR audits to catch any oversight.

5/29/18 the facility held a staff meeting to review all findings from the survey and trained on correction actions and explained the role that the Director of Nursing will play. The Administrator encouraged med techs to take their time to read the prescriber directions daily.

The facility is currently in the process of training new med techs/hiring current med techs so that there are two med techs on first and second shift, which should alleviate some rushing and oversight. *Don't Adm will periodically observe med passes to ensure Med techs have time to complete their duties within the allowed time (1 hr before/after). Adm will oversee to ensure ongoing compliance. D* 9-20-18

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Asmyn Wialy, Admin.* Date *6/13/18*

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The above plan of correction is approved as of 7/23/18  
 (Date)

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

Plan of correction implementation status as of 9/20/18  
 (Date)

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

Violation Report: 22670 - 05/15/2018 - Novak, Ryan  
 PCH Name: NIPPENOSE VALLEY VILLAGE

1. REGULATION 55 Pa.Code §2500  
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION  
 Resident #2 did not receive the prescribed bactroban cream on 5/8 & 5/9/18 at 8am and calcium carb on 5/6/18. The prescriber was not notified regarding the medication error.

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 5/15/18 immediately after the exit interview, the Administrator met with the med tech on duty during second and re-trained her on the medication violations that were found during the inspection. The Administrator explained that effective immediately anytime there is a medication error, the error must be documented in the resident's record and on the MAR, as well as reported to the prescriber. The administrator left a note for the third shift med tech that night and the first shift med tech the following morning.

On 5/16/18 the Administrator met with the first shift med tech when she got in to follow up on the note that she left to verbally explain this violation and the corrective action to follow.

5/16/18 the Administrator met with the Med Tech Trainer to discuss the violations regarding medication errors and explain the corrective actions that need to be taken, including following up with all trained med techs. The Administrator asked the Med Tech trainer to meet with two med techs on 5/18/18 to review these violations and corrective actions and the administrator will meet with the rest. The administrator asked the Med Tech trainer to be responsible for reviewing MARS on a weekly basis and complete a form (see attached) and report her findings to the Administrator as well as discuss any concerns with the respective med tech.

5/22/18 the facility hired a Director of Nursing who will start on 6/18/18. She will conduct monthly MAR audits to catch any oversight. All medication errors must be reported to her with an in-house incident report as well as the corrective actions that the med tech on duty took. If proper procedures were not followed the D.O.N will ask the med tech who was on duty to complete the process or if the med tech is not available, the D.O.N will complete the process and follow up with the med tech on proper procedure

5/29/18 the facility held a staff meeting to review all findings from the survey and trained on correction actions and explained the role that the Director of Nursing will play.

6/18/18 The D.O.N will start, and the Administrator will remind all staff of the new policy of reporting refusals to the D.O.N with an in-house incident report.

*Administrator will oversee to ensure ongoing compliance. Op*

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

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The above plan of correction is approved as of 7/23/18  
 (Date)

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

Plan of correction implementation status as of 9/20/18  
 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 22670 - 05/15/2018 - Novak, Ryan  
 PCH Name: NIPPENOSE VALLEY VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**2a. DESCRIPTION OF VIOLATION**

The Resident Rights Addendum sheets in the Resident #1 and Resident #3's records do not include the right to question or refuse a medication.

**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 5/16/18 the Administrator met with the Director of Marketing and Admissions to review the violations that we found to be pertinent to the position. Upon review, they discovered that while the Director of Marketing and Admissions had printed out new resident rights pages last year after the survey and updated all of the residents, as well as included the correct copy in most new admissions, she had recently printed off the rights for these two residents from her computer and used the wrong document. The Director of Marketing and Admissions deleted the old copy of residents rights from her computer and made sure she has the correct version. She updated the copy of the resident rights in Resident #1 and #3's charts.

The Director of Marketing and Admissions reviewed all resident charts to make sure the correct version of the rights was on there. She confirmed with the Administrator on 5/17/18 that everyone had the correct version in their charts.

On 5/16/18 the Director of Marketing met with the two residents in question to discuss this right and to make sure the residents in question had received their Resident Information Guides where the correct version of the Residents Rights were included.

A new admissions checklist was created on 5/24/18 (see attached) and this will be included in the admissions packet that the Director of Marketing and Admissions gives to the Administrator after a new resident moves in.

The Administrator will conduct a chart audit one month after each new admission to check for any oversight (chart audit checklist attached.)

*(SS) in order to ensure ongoing compliance. J*

9-20-18

Repeat Violation: Yes  Date(s) of Previous Violation(s): 05/31/2017

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jamun Winer, Admin* Date 6/13/18

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The above plan of correction is approved as of 7/23/18 (Date)

Plan of correction implementation status as of 9/20/18 (Date)

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

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



Violation Report: 22670 - 08/08/2018 - Deluca, Amy  
 PCH Name: NIPPENOSE VALLEY VILLAGE

**1. REGULATION 55 Pa.Code §2600**  
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1 has an order for Vitamin B 12 daily. The resident did not receive the medication from 8/3-8/7/18 because the medication was not available. The home did not notify the Department regarding the medication error.

**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 Director of Nursing notified the department of this medication error and the reason for it, being that the vitamin was ordered from the VA but had not yet arrived. We called the VA who stated that it was on back order. We discussed this with the resident and contacted the family and explained the situation and the that resident had not received his B12 from 8/3-8/7. The Director of Nursing explained that because it was on back order we would need to order it from the facilities contracted pharmacy. They resident's family understood this. The prescription was ordered and delivered by that day so the resident could resume receiving the vitamin.

The facility sent a letter to residents and their responsible party dated August 31, 2018 (see attached) reminding them that if a resident is using an outside pharmacy and a medication it not available it is the facility's responsibility to order that medication from their contracted pharmacy at cost to the resident per state regulations. The preferred pharmacy has a contract where you can deny their services but will accept services in the event of an emergency or if the outside pharmacy does not have the medication available. The Director of Nursing is going through charts and asking any resident and/or responsible family member to select that box if it is not already in the contract.

Please note, we have one family who does not want to use our contracted pharmacy even in the event of an emergency and has an alternate plan which we have accepted, as a family member works at a local pharmacy as a technician and can arrange for medications in event of an emergency 24/7.

\* The Administrator will also oversee training in all 19 elements of reportable events and the process to report events timely including at night, on weekends and on holidays. The home will retain documentation of the training, to be completed no later than 21 days after receipt of this approved Plan of Correction. AG/9-20-18

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
Jasmin Wixey Administrator			9/5/18

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

The above plan of correction is approved as of <u>8-27-18</u> (Date)	Plan of correction implementation status as of <u>9-20-18</u> (Date)
The above plan of correction was approved by <u>AG</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

Violation Report: 22670 - 08/08/2018 - Deluca, Amy  
 PCH Name: NIPPENOSE VALLEY VILLAGE

1. REGULATION 55 Pa.Code §2600  
 2600.25(c)(4) - The contract shall specify the party responsible for payment.

2a. DESCRIPTION OF VIOLATION  
 Resident #2's contract dated 8/1/18 does not include who is the payor.

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 contract for Resident #2 was updated to include the payor.

The admissions procedures were updated on 8/15/18 to include that the Director of Admissions and Marketing will turn in the completed contract to the Administrator immediately after admissions are processed to check for accuracy and completeness. (Please see attached procedure, item #11)

\*The Administrator or Designee will oversee the audit of all existing resident contracts in order to ensure initial compliance.

AG 9-20-18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative [Required on EVERY Page] *Jasmin Winey*

Printed Name and Title of Legal Entity Representative [Required on EVERY Page] *Jasmin Winey Administrator* Date *9/5/18*

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

The above plan of correction is approved as of 8-27-18  
 (Date)

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

Plan of correction implementation status as of 9-20-18  
 (Date)

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

Violation Report: 22670 - 08/08/2018 - Deluca, Amy  
 PCH Name: NIPPENOSE VALLEY VILLAGE

**1. REGULATION 55 Pa.Code §2600**  
 2600.25(c)(8) - The contract shall specify the home's rules related to home services, including whether the home permits smoking

**2a. DESCRIPTION OF VIOLATION**  
 Resident #2 contract dated 8/1/18 does not include the home rules.

**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.*

Please note that the resident had received the rules upon admission as a respite in both her respite contract and Resident Handbook. When the resident decided to become a permanent resident a new contract was completed but the rules were not included in with the new contract. We discussed this with the inspectors as we did not realize the rules had to be added to every updated contract and added a copy of the rules to her current contract.

The admissions procedure for residents was updated on 8/15/18 (see attachment, section 11 and 18) where upon completion of any contract, where it is a brand new admission or an update, all contracts must immediately be turned into the Administrator's office for review of accuracy and completeness, as well as include a copy of the home's rules.

\*The Administrator will do an audit of all existing resident records to ensure that all contracts include the required to smoking in the home. This will assist in ensuring current compliance.

*AG* 9-20-18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Jasmin Whaley Administrator</i>	<i>9/5/18</i>

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

The above plan of correction is approved as of <u>8-27-18</u> (Date)	Plan of correction Implementation status as of <u>9-20-18</u> (Date)
The above plan of correction was approved by <u><i>AG</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

Violation Report: 22670 - 08/08/2018 - DeLuca, Amy  
 PCH Name: NIPPENOSE VALLEY VILLAGE

- 1. REGULATION 56 Pa.Code §2600**  
 2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
- (1) Evacuation procedures.
  - (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
  - (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
  - (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
  - (5) The location and use of fire extinguishers.
  - (6) Smoke detectors and fire alarms.
  - (7) Telephone use and notification of emergency services.

**2a. DESCRIPTION OF VIOLATION**  
 Staff person A who was hired on 7/9/2018 did not receive training in the topics required under this regulation.

**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.

Please note that Staff person A did receive this training on her first day worked, which was 7/16/18. This documentation was in a pile of paperwork to be filed and was e-mailed to Amy DeLuca on 8/18/18. (Please see copy of attached documentation.)

The Administrator will be updating her hiring procedures to include an Orientation and Training prior to working a full day as a direct care staff person that will review all of the documentation in this regulation. If the Administrator is not available to conduct this Orientation, the Director of Nursing or Second/Third Shift Leader will conduct it. She will be developing Orientation packets to help with organization and paperwork.

If the Administrator conducts the Orientation, paperwork will be immediately filed in the Employee's file, which is in a locked HR cabinet. If the Director of Nursing or Second/Third Shift Leader conducts the paperwork, this packet will be turned into the Administrator's office and will be immediately filed upon her return to the office.

Updated procedures and hiring packets are expected to be updated and ready by 9/28/18. \* The Administrator or a Designee will review all employee records at the conclusion of the first day worked by all new employees to ensure ongoing compliance. A checklist will be used and initialed & dated by the person auditing.

AG 9-20-18

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      Date

Jasmin Wray  
 Administrator      9/15/18

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

The above plan of correction is approved as of 8-27-18  
 (Date)

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

Plan of correction implementation status as of 9-20-18  
 (Date)

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

Violation Report: 22670 - 08/08/2018 - Deluca, Amy  
 PCH Name: NIPPENOSE VALLEY VILLAGE

**1. REGULATION 65 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 A who was hired 7/9/2018 did not receive training in the topics required by this regulation.

**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.*

Please note that Staff person A did receive this training on her first day worked, which was 7/16/18. This documentation was in a pile of paperwork to be filed and was e-mailed to Amy DeLuca on 8/18/18.  
 (Please see copy of attached documentation.)

The Administrator will be updating her hiring procedures to include an Orientation and Training prior to working a full day as a direct care staff person that will review all of the documentation in this regulation. If the Administrator is not available to conduct this Orientation, the Director of Nursing or Second/Third Shift Leader will conduct it. She will be developing Orientation packets to help with organization and paperwork.

If the Administrator conducts the Orientation, paperwork will be immediately filed in the Employee's file, which is in a locked HR cabinet. If the Director of Nursing or Second/Third Shift Leader conducts the paperwork, this packet will be turned into the Administrator's office and will be immediately filed upon her return to the office.

Updated procedures and hiring packets are expected to be updated and ready by 9/28/18.

\* The Administrator or the Designee will review all new employee records at the conclusion of the first 40 hours worked to ensure ongoing compliance. A checklist or audit tool will be used, and initialed and dated by the manager doing the audit.

AG 9-20-18

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

*Jasmine Miley*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jasmine Miley Administrator	9/15/18

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

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Violation Report: 22670 - 08/08/2018 - Deluca, Amy  
 PCH Name: NIPPENOSE VALLEY VILLAGE

1. REGULATION 66 Pa.Code §2600  
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION  
 The first aid kit located in the reception area did not include a CPR breathing shield.

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 home ordered CPR breathing shield for all first aid kits in the facility (see receipt.)

The shift duties were update for 3rd shift to include that staff members on this shift will check the first aid kits on a weekly basis every Wednesday.

Staff have been advised that if they use something from a first aid kit that they need to replace it or let the Director of Nursing know that this needs to be replaced.

The Director of Nursing will also check the first aid kits on a weekly basis every Thursday afternoon.

8 The Director of Nursing will maintain an audit record of the weekly checks of the First Aid Kit(s) to ensure all items required are present in the kit(s) as required.  
 The Administrator will oversee to ensure ongoing compliance. *AG* 9-20-18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jasmin Winkler          Administrator</i>	Date <i>9/5/18</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

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Violation Report: 22670 - 08/08/2018 - Deluca, Amy  
 PGH Name: NIPPENOSE VALLEY VILLAGE

1. REGULATION 56 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION  
 Resident #3's DME dated 5/31/18 does not include height, allergies and body positioning.

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 Director of Nursing was advised by the inspectors that she could fill in the information prior to sending the DME's out to the Doctor.

Procedures for DME's were updated (see attachment). The Director of Nursing will fill in the information that she can prior to faxing it to the Doctor's office to be completed and approved.

The staff has been advised that all DME's must be turned in to the Director of Nursing for review prior to placement in a resident's chart. The Director of Nursing will either place completed DME's in the chart herself or delegate a staff member to do so.

\*The Director of Nursing will use an audit tool for all resident records to include verifying resident DME's are complete and correct. The home will retain the audit tool.  
 The Administrator will oversee this Plan of Correction to ensure current and on-going compliance. *AG* 9-20-18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Joseph Wink</i> <i>Administrator</i>	Date <i>9/15/18</i>
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Violation Report: 22670 - 08/06/2018 - Doluca, Amy  
 PCH Name: NIPPENOSE VALLEY VILLAGE

**1. REGULATION 65 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's PRN Desoximetrone cream was not available at the time of the inspection.  
 Resident # 3's PRN Tylenol Arthritis was not available at the time of the inspection.

**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 medications that were not available at the time of inspection were ordered immediately from the pharmacy.

The following day, the Director of Nursing reviewed the MAR's/PRN's to double check that all PRNs are on site and available.

Med Tech staff and LPNs were training on ordering any medications not found in the cart on 8/16/18.

The Second/Third Shift supervisor, who is also our Med Tech Trainer will conduct weekly Med Cart Audits on third shift when she is scheduled effective 8/16/18.

\* The Administrator and the Director of Nursing will review all policies and procedures for this regulation, and ensure that EVERY policy and procedure the home has in place is followed, that med tech staff have been trained in ALL policies and procedures, and that there is ongoing auditing and monitoring of all staff that administer medications or use medical equipment. These audits and trainings, if warranted, will be documented.

*AG* 9-20-18

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

*[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Jasmin Wilkey Administrator	Date	9/18/18
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Violation Report: 22670 - 08/08/2018 - Deluca, Amy  
 PCH Name: NIPPENOSE VALLEY VILLAGE

**1. REGULATION 56 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**  
 Resident #1's Ramipril did not have a diagnosis or purpose listed on the MAR.  
 Resident #5's MAR notes hydrocodone with acetaminophen 1 tablet every 6 hours PRN; the label to the medication notes 1-2 tablets every 6 hours PRN. The MAR is incorrect

**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 MARs for these residents were immediately updated.

Staff were trained on 8/16/18 on checking MARs, PRN Medication, and checking against labels/directions from Doctors.

Effective 8/16/18 the Second/Third Shift supervisor will review MARS for accuracy and completeness on a weekly basis.

\* The Director of Nursing will audit the MAR reviews to ensure that staff that administer medications or treatments are complying with all 14 elements of the regulation above. Staff that have errors or omissions will have additional training, observations or supervision. These tasks will be documented, as well as any findings and corrective actions taken, if warranted. The Administrator will oversee to ensure ongoing compliance.

AG 9-20-18

Repeat Violation:	Date(s) of Previous Violation(s):	05/31/2017
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Jasmine Whaley Administrator</i>	<i>9/5/18</i>

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Violation Report: 22670 - 08/08/2018 - Deluca, Amy  
 PCH Name: NIPPENOSE VALLEY VILLAGE

1. REGULATION 56 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 has an order for Vitamin B 12 daily. The resident did not receive the medication from 8/3-8/7/18 because the medication was not available.

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 Director of Nursing notified the department of this medication error and the reason for it, being that the vitamin was ordered from the VA but had not yet arrived. We called the VA who stated that it was on back order. We discussed this with the resident and contacted the family and explained the situation and the that resident had not received his B12 from 8/3-8/7. The Director of Nursing explained that because it was on back order we would need to order it from the facilities contracted pharmacy. They resident's family understood this. The prescription was ordered and delivered by that day so the resident could resume receiving the vitamin.

The facility sent a letter to residents and their responsible party dated September 3, 2018 reminding them that if a resident is using an outside pharmacy and a medication it not available it is the facility's responsibility to order that medication from their contracted pharmacy at cost to the resident per state regulations. The preferred pharmacy has a contract where you can deny their services but will accept services in the event of an emergency or if the outside pharmacy does not have the medication available.

The Director of Nursing is going through charts and asking any resident and/or responsible family member to select that box if it is not already in the contract.

Please note, we have one family who does not want to use our contracted pharmacy even in the event of an emergency and has an alternate plan which we have accepted, as a family member works at a local pharmacy as a technician and can arrange for medications in event of an emergency 24/7.

\* The Director of Nursing will ensure that all doctors' orders are current each month. Any barrier to meeting doctors' orders will be identified and addressed. In the event a barrier cannot be overcome then the home needs to examine if that resident's needs can be met. The Administrator will oversee the monthly audits of the review of doctors' orders to ensure ongoing compliance. *AG* 9-20-18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Josephine Wain</i> Administrator	9/5/18

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