



Violation Report: 20076 - 06/01/2018 - Novak, Ryan  
 PCH Name: COUNTRY MEADOWS OF BETHLEHEM V

**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 #1 has an order for metoprolol tartrate 25mg 1 tablet by mouth every 12 hours, hold for SBP < 110 or pulse < 55. On 3/10/18 the MAR indicates a pulse of 6, the medication was administered. An interview with the staff member that administered the medication indicated that the pulse was 60 or more. The MAR was incorrectly documented.

**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 responsible co-worker indicates that the residents pulse was 60 or more at the time the medication was administered. The pulse of 60 or more was incorrectly documented in the MAR. Responsible co-worker was coached on proper MAR documentation on 06/16/2018..ADOW/DOW will monitor for ongoing compliance.


*The Administrator will oversee to ensure ongoing compliance. Q*

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Pattann Rohrbach, V.P. of Operations</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
<i>Pattann Rohrbach, V.P. of Operations</i>		<i>7/26/18</i>	

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

The above plan of correction is approved as of 8/3/18  
 (Date)

Plan of correction implementation status as of 8-3-18  
 (Date)

The above plan of correction was approved by   
 (Initials)

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