



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 02 2019

Ms. Aleta Hook  
NHA  
Fair Winds Manor, LP  
**ATTN: ALETA HOOK**  
126 Iron Bridge Road  
Sarver, Pennsylvania 16055

RE: Quality Life Services - Sarver  
Certificate #: 434760

Dear Ms. Hook:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 5, 2018 and July 17, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



Violation Report: 43476 - 07/05/2018 - Garvey, Jody  
PCH Name: Quality Life Services, Sarver

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On 7/5/18 at 10:05 AM, the computer at the entrance to the home was unlocked, unattended and accessible. The computer screen was populated with the following physician orders for resident # 1:

- \*Loperamide 2mg-give 2mg by mouth every 6 hours as needed.
- \*Clonazepam 0.5mg-give 1 tab by mouth every 12 hours as needed.
- \*Losartan 100mg-give 1 tab by mouth in the morning.
- \*Oxycodone 5-235mg

On 7/5/18 at 10:05 AM, multiple resident records were unlocked, unattended and accessible in the nurse's station in a cabinet above the sink to include the following:

- \*Resident # 2's medical evaluation dated 6/1/18 and assessment dated 10/18/17 as well as physician orders for the resident
- \*Resident #3's medical evaluation dated 5/18/18 and assessment dated 11/6/17 as well as physician orders for the resident.
- \*Resident # 4's medical evaluation dated 2/26/18 and assessment dated 2/23/18.

On 7/5/18, the resident privacy coding for the previous licensing inspection summary (LIS) dated 6/13/17 was attached to the LIS and posted in the home. The privacy coding contained multiple resident names to include residents #3, #5 and #6.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All employees are educated & trained on HIPAA regulations - policy & procedures for QRS.

This is on-going education. Yearly training - Also; sign off form upon hiring.

Staff - re-educated & constant monitoring by Administrator.

Forms attached.

Immediately, then at least once weekly, the administrator or designated staff person shall monitor all areas of the home to ensure resident records are kept confidential. Documentation of the audits shall be kept and reported at quality management meetings. SE 3/6/19

Repeat Violation: Yes

Date(s) of Previous Violation(s):

06/12/2017

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Alta Hook*

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

Alta Hook - PC Administrator

Date 12-6-2018

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

The above plan of correction is approved as of 3/6/19  
(Date)

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

Plan of correction implementation status as of 3/6/19  
(Date)

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

Violation Report: 43476 - 07/05/2018 - Garvey, Jody  
 PCH Name: Quality Life Services, Sarver

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION

The resident-home contract for resident #8, dated 6/1/13, indicates a monthly charge of \$1,084.30 but the resident is currently paying \$1,107.30 per month.

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 SSI (resident) family totally in charge of all funds. When rates are increased or decreased they paid accordingly. New contracts will be implemented by our Business Office Manager - Natalie Martorel - to adjust payments - Currently we have no residents receiving SSI

Within days of receipt of the plan of correction the administrator or designated staff person shall audit all resident contracts to ensure the contract specifies a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services.

 3/6/19


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) Aleta Hook - PC Administrator      Date: 12-6-2018

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

The above plan of correction is approved as of 3/6/19 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 3/6/19 (Date)

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

DEC 06 2018

Violation Report: 43476 - 07/05/2018 - Garvey, Jody  
PCH Name: Quality Life Services, Sarver

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(l) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's record of direct care staff training and orientation specified in §2600.65(a) and §2600.65(b) was provided for staff person A, however the training was not dated.

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.

Meeting held with QLSS - H.R. Director -  
Kim Ziacik. All employee records of training will  
continue to be monitored - signed & dated  
accordingly.

Administrator will also continue to review  
of forms necessary to have dates & signatures

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Aleta Hook*

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

Aleta Hook - PC Administrator

Date

12-6-2018

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

The above plan of correction is approved as of 3/6/19  
(Date)

Plan of correction implementation status as of 3/6/19  
(Date)

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

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

Violation Report: 43476 - 07/05/2018 - Garvey, Jody  
PCH Name: Quality Life Services, Sarver

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 7/5/18, there was water leaking from the ceiling in the enclosed area between the double doors exiting the kitchen and the exit to outside. There was also water leaking around a light fixture next to the double doors exiting the kitchen.

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 light fixture in the ceiling at no time had electricity going to it.  
Maint. dept removed fixture - repaired ceiling -

Repaired by stopping leak removing all aspects of the light, & plastered & painted.

Photos attached.

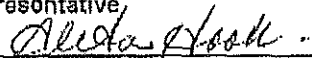
Immediately then at least weekly, the administrator or designated staff person shall inspect the floors, walls, ceilings, windows, doors and other surfaces in the home to ensure they are clean, in good repair and free of hazards. Any hazards discovered shall be repaired immediately.

 3/6/19

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)

Aleta Hook - PC Administrator

Date 12-6-2018


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

The above plan of correction is approved as of 3/6/19  
(Date)



The above plan of correction was approved by \_\_\_\_\_  
(Initials)

Plan of correction implementation status as of 3/6/19  
(Date)

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

Violation Report: 43476 - 07/05/2018 - Garvey, Jody  
PCH Name: Quality Life Services, Sarver

DEC 06 2018

1. REGULATION 55 Pa.Code §2600  
2600.103(l) - Outdated or spoiled food or dented cans may not be used.

WEST REGION FIELD OFFICE  
HARRISBURG, PA

2a. DESCRIPTION OF VIOLATION

On 7/5/18, there was a 4 oz. bottle of milk with an expiration date of 6/21/18 and an unopened can of glucerna with an expiration date of 1/1/18 in the refrigerator of the shared kitchen between room 705 and room 706.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The personal refrigerator in the resident  
apts. will be checked by housekeeping.  
Residents & families have been educated  
on things they bring in for their families -  
"Food Safety Tips" have been added to  
our monthly news letter.  
On going monitoring - Form attached.

Immediately and at least monthly, the administrator or designated staff person shall check all refrigerators in the home to ensure the contents are not outdated or spoiled.

*SE* 3/6/19

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Aleta Hook*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Aleta Hook Administrator*      Date *12-6-2018*

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

The above plan of correction is approved as of 3/6/19  
(Date)

Plan of correction implementation status as of 3/6/19  
(Date)

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

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

DEC 06 2018

Violation Report: 43476 - 07/05/2018 - Garvey, Jody

PCH Name: Quality Life Services, Sarver

WEST REGION FIELD OFFICE  
Harrisburg, PA 17104

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

The home schedules 3 staff on the 8:00 AM- 2:00 PM shift, 3 staff on the 2:00 PM – 10:30 PM shift and 1 staff person on the 10:30 PM – 8:00 AM shift. On the following dates and times, the home's fire drill records indicate that the monthly fire drill was routinely conducted with additional staff present:

- \*8/12/18 at 5:08 AM, 7 staff members
- \*5/21/18 at 6:57 PM, 4 staff members
- \*4/4/18 at 10:56 AM, 20 staff members
- \*3/8/18 at 5:35 AM, 7 staff members
- \*2/15/18 at 4:33 PM, 5 staff members
- \*1/19/18 at 9:50 AM, 9 staff members
- \*12/28/17 at 3:05 AM, 2 staff members
- \*11/9/17 at 9:00 PM, 5 staff members
- \*10/30/17 at 1:45 PM, 19 staff members
- \*9/29/17 at 12:55 AM, 3 staff members
- \*8/10/17 at 4:00 PM, 7 staff members

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.

Meeting held with environmental director, Barb Johnston who conducts all fire drills with her staff.

Fire drills time & attendance will be monitored by Barb & Administrator.

This will be an on-going training & educating for everyone

Immediately the administrator or person responsible for staff scheduling shall cease increasing staff coverage during fire drills and shall ensure adequate staff are scheduled and present in the building at all times to meet the needs of the residents and to safely evacuate all residents in the event of an emergency.

SE 3/6/19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Aleta Hook

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Aleta Hook, PC Administrator

Date:

12-6-2018

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

The above plan of correction is approved as of

3/6/19

(Date)

Plan of correction implementation status as of

3/6/19

(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

SE

(Initials)

SE

DEC 06 2018

Violation Report: 43476 - 07/05/2018 - Garvey, Jody

PCH Name: Quality Life Services, Sarver

MAJOR DIVISION: DIVISION OF HEALTH  
HUMAN SERVICES LICENSING

1. REGULATION 55 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 #5's Clearlax 3350 powder-dissolve 1 capful (17 grams) in 8 ounces of water and drink for 1-4 days was opened on 4/2/18. On 7/17/18, the medication was still present in the medication cart.

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.

Administrator will do med. cart audits to ensure all safety medication compliance

Also: implemented an inspection from "Quality Pharmacy" from Chicora to audit med. cart, & Educate staff on any issues.

this will be constant check & balance

Form attached.

Immediately, then at least weekly, the administrator or designated staff person qualified to administer medication shall audit all medication carts to ensure only current, unexpired prescription, sample and medications for residents living in the home are kept in the home. Documentation of the audits shall be kept and reviewed at quality management meetings.

*SE* 3/6/19

Repeat Violation: Yes

Date(s) of Previous Violation(s):

06/12/2017

Signature of Legal Entity Representative (Required on EVERY Page)

*Almeta Hood*

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

Almeta Hood, PC Administrator

Date

12-6-2018

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

The above plan of correction is approved as of 3/6/19 (Date)

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

Plan of correction implementation status as of 3/6/19 (Date)

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

Violation Report: 43476 - 07/05/2018 - Garvey, Jody  
PCH Name: Quality Life Services, Sarver

DEC 06 2018

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 is prescribed Coumadin 2.5mg -give 1 tablet by mouth at bedtime Monday, Wednesday and Friday for Coumadin therapy. However, the label on the medication indicates Warfarin Sodium 2.5mg-take 1 tablet by mouth on Wednesdays and 2 tablets by mouth all other days of the week as directed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All staff that pass medications has been "Medication Certified"  
Constant - reminders & re-education is a on-going process -  
Meetings - discussions are constant. Training and education.  
Attached reminder forms & pharmacy

Reviewing  
SE  
3/6/19  
Immediately, then at least weekly, the administrator or designated staff person qualified to administer medication shall audit all medication carts to ensure the original container for prescription medications contains a pharmacy label that includes the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage, instructions for administration and the name and title of the prescriber. The pharmacy label shall be compared to the written order of the prescriber. Any medication labels that do not match the order of the prescriber shall be notated as "directions changed, refer to [blank]" and the staff shall be required to ensure it matches the prescriber's order. Documentation of the audits shall be kept and reviewed at quality management meetings.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 06/12/2017

Signature of Legal Entity Representative (Required on EVERY Page) *Aleta Hook*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Aleta Hook, PC Administrator*      Date *12-6-2018*

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

The above plan of correction is approved as of 3/6/19 (Date)  
  
The above plan of correction was approved by SE (Initials)

Plan of correction implementation status as of 3/6/19 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress *SE*  
 Partially Implemented - inadequate Progress  
 Not Implemented

Violation Report: 43476 - 07/05/2018 - Garvey, Jody  
PCH Name: Quality Life Services, Sarver

WEST REGIONAL OFFICE  
WEST VIRGINIA COMMISSION ON POSTAL CARE

1. REGULATION 55 Pa.Code §2600

2600.186(a) - Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

2a. DESCRIPTION OF VIOLATION

The following medications were on resident #8's June 2018 medication administration records and documented as administered on 6/9/18-6/12/18, however the medications were not indicated on the resident's hospital discharge medication orders dated 6/8/18 or any other written prescription order provided:

- \*Spironolactone tablet 25mg-give 1 tablet by mouth one time a day related to essential (primary) hypertension.
- \*Furosemide tablet 20mg- alternate dose: 1 tablet give alternating doses of 2 tablets/1 tablet by mouth, two times a day related to essential (primary) hypertension.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All A.C. Staff that passes any medications, have their med-pass training.

this is an on-going training - refraining to have no med-errors occur

Audits are being done by Administrator

Q P - (form attached)

Monitoring is a constant event done

by Administrator

Immediately, then at least monthly, the administrator or designated staff person qualified to administer medication shall audit all resident s to ensure all medications are prescribed in writing by an authorized prescriber and are current. Any discontinued medications shall immediately be removed from the home and the resident

SE 3/6/19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Alisa Hook

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

Alisa Hook, PC Administrator

Date

12-6-2018

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

The above plan of correction is approved as of 3/6/19 (Date)

SE (Initials)

The above plan of correction was approved by

Plan of correction implementation status as of 3/6/19 (Date)

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

Violation Report: 43476 - 07/05/2018 - Garvey, Jody  
PCH Name: Quality Life Services, Sarver

DEC 06 2018

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 is prescribed Nitroglycerin (Nitrostat) 0.4mg SL tablet- Place 1 tablet under the tongue every 5 minutes as needed for chest pain; however, the residents medication administration record (MAR) indicates Nitrostat tablet sublingual 0.4mg-give 1 tablet under the tongue every 10 minutes as needed for chest pain.

Resident # 8 is prescribed Albuterol Sulfate Inhaler-inhale 2 puffs every six hours as needed for shortness of breath. The resident's MAR indicates Albuterol Sulfate HFA-inhale 1 puff orally every six hours as needed for shortness of breath.

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.

Meeting were held for training & or re-training -  
 Staff realizes importance of "NO errors" this issue  
 is being monitored by Administrator -  
 Audits done by Quality Pharmacy. This will  
 be on-going - Forms attached.

Immediately, then at least monthly, the administrator or designated staff person qualified to administer medication shall audit all residents to ensure the matches the prescriber's order. Any errors found on the shall immediately be corrected.

SE 3/6/19

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Almeta Hook*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Almeta Hook PC Administrator* Date *12-6-2018*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 3/6/19  
(Date)

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

Plan of correction implementation status as of 3/6/19  
(Date)

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

Violation Report: 43476 - 07/05/2018 - Garvey, Jody  
PCH Name: Quality Life Services, Sarver

DEC 06 2018

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #8's June 2018 medication administration record (MAR) indicated that he/she was administered Spironolactone tablet 25mg and Furosemide tablet 20mg on 6/12/18. The home's administrator indicated that medications were incorrectly documented on the MAR as administered on 6/12/18, as the medications were not administered on that date.

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.

Documentation is extremely important. Staff that gives medication has been trained & re-trained to be careful & get it right. Constant audits & reminders are in place -  
Continued education is done yearly along with Refres training.  
Documents attached.

Immediately the administrator or designated staff person qualified to administer medication shall observe at least medication passes per month for at least months, for each staff person qualified to administer medication, to ensure proper documentation on the resident

*SE* 3/6/19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Aleta Hook*

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

Aleta Hook, PC Administrator

Date 12-6-2018

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

The above plan of correction is approved as of 3/6/19  
(Date)

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

Plan of correction implementation status as of 3/6/19  
(Date)

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

RECEIVED

Violation Report: 43478 - 07/05/2018 - Garvey, Jody  
PCH Name: Quality Life Services, Sarver

DEC 06 2018

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

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #5 is prescribed NAC 500mg capsule-give 1 capsule by mouth two times a day for mucus. The resident was administered NAC 600mg capsule two times daily from 7/1/18-7/17/18.

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.

All P.C. Staff in re-educational meeting  
w/ Medication was held.

It is not acceptable to accept a "MG"  
not in an order if the pharmacy doesn't  
have the "MG" in stock or if it's not  
made in that dosage -

Continue monitoring & education is  
on going -

Administrator & pharmacy will perform  
audits.

Forms attached.

Immediately the administrator or designated staff person  
qualified to administer medication shall observe at least  
medication passes per month for at least 6 months, for each  
staff person qualified to administer medication, to ensure the  
prescriber's orders are followed. Documentation of  
observations shall be kept and reviewed at Quality  
Management Meetings.

SE 3/6/19

Repeat Violation: Yes ... Date(s) of Previous Violation(s): 06/12/2017

Signature of Legal Entity Representative  
(Required on EVERY Page) *Aleta Hook*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Aleta Hook, PC Administrator* Date *12-6-2018*

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

The above plan of correction is approved as of 3/6/19  
(Date)

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

Plan of correction implementation status as of 3/6/19  
(Date)

- Fully implemented
- Partially Implemented - Adequate Progress *SE*
- Partially Implemented - Inadequate Progress
- Not Implemented