



SEP 05 2018

Ms. Jean Bready  
Owner, Administrator, President  
Evergreen Eldercare, Inc.  
1201 Museum Road  
Reading, Pennsylvania 19611

RE: The Villa St. Elizabeth  
License #: 205760

Dear Ms. Bready:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 18, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

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, appearing to read "J. Rowe", is written over the typed name and title.

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 20576 - 07/18/2018 - Foulkes, Kimberli  
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600  
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION  
 The home did not have a carbon monoxide monitor installed near the gas stove located in the kitchen as required by the Care Facility Carbon Monoxide Standards Act.

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

SEE NEXT PAGE →

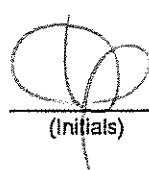
|                       |                                   |            |
|-----------------------|-----------------------------------|------------|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 07/25/2017 |
|-----------------------|-----------------------------------|------------|

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Jean Bready*

|   |         |
|---|---------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) | Date    |
| J. BREADY - PRES  | 8-23-18 |

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

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| The above plan of correction is approved as of <u>8-30-18</u><br>(Date)  | Plan of correction implementation status as of <u>8-30-18</u><br>(Date)   |
| The above plan of correction was approved by <br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

JA

1. Regulation 2600.18 is important because it ensures compliance with all applicable health, safety and wellness requirements not incorporated by Chapter 2600; in this case, specifically the September 2016 Care Facility Carbon Monoxide Alarms Standard Act.
2. This regulation is violated when a carbon monoxide detector is not installed at all or is installed within 15 feet of a fossil-fuel burning device or appliance.
3. The root cause of the violation occurred after the facility had a new installation of its entire fire alarm system – approved by the City of Reading Fire Marshal in February 2017. No carbon monoxide detector was installed in the kitchen near the gas stove. This violation was forwarded to the Fire Marshal and the certified fire alarm company last year after the facility's inspection. They misunderstood the violation and certified the placement of the CO detector in the boiler room. The Administrator at the time, who is no longer employed by the facility, failed to properly inspect the completed job and the result was the absence of the CO detector in the kitchen.
4. To fix the violation right away, the facility management and ownership notified the Fire Marshal and Alarm Tech Systems installation department that this violation must be corrected as soon as possible. The Alarm Tech Systems installed a Kidde CO Alarm on August 2, 2018. (Attachment A 1-3)
5. To prevent future violations, the facility has included the September 2016 Care Facility Carbon Monoxide Alarms Standard Act in its Fire Alarm Guideline manual located at the Fire Panel, where all activity related to the system is recorded. Although it is not a requirement, a Request for Technical Installation of a new CO detector wired into the main fire alarm panel by Alarm tech Systems, which is projected to be installed by 9-30-2018.
6. The Administrator and General Manager are directly responsible for the on-going compliance of this regulation.

Signature of Legal Entity Representative: Jean Bready

Print Name and Title of Legal Entity Representative: J BREADY - PRES

Date: 8-23-18

Violation Report: 20576 - 07/18/2018 - Foulkes, Kimberli  
 PCH Name: THE VILLA ST ELIZABETH

1. REGULATION 55 Pa.Code §2600  
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION  
 The water temperature of the sink in bedroom #232 measured 129° F.

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

SEE NEXT PAGE →

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| 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<br>(Required on EVERY Page) | J. BREADY - PRES | Date | 8/23-18 |
|---|------------------|------|---------|

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

The above plan of correction is approved as of 8/20/18  
 (Date)

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

Plan of correction implementation status as of 8/20/18  
 (Date)

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

3A

1. Regulation 2600.65(b) is important because it ensures the protection of the residents from accidental scalding.
2. A violation of this regulation occurs when water temperature at various areas throughout the home, including the bathtubs and shower faucets to insure the water temperature does not exceed 120 degrees.
3. The cause of this violation was a pressure release valve malfunction at the rear of the facility's commercial dishwashing machine. The dishwasher plumbing is located on the floor directly below room 232. When the valve did not release on occasion, the heated air under pressure rose to the room 232's plumbing.
4. The violation was already fixed by the Noble Chemical technician and test readings ranged from 101-109 degrees.
5. To prevent future violations, the Administrators have trained the staff to take water temperature readings as they do perform air temperature readings throughout the year. The key staff members will incorporate the temperature readouts in their room compliance inspections weekly.
6. The Administrators and General Manager will review the room compliance findings weekly as well as perform water temperature checks during their rounds to insure compliance to this regulation.

Signature of Legal Entity Representative:

*Jean Bready*

Print Name and Title of Legal Entity Representative:

J. BREADY - PRES

Date:

8-23-18

*all*

Violation Report: 20576 - 07/18/2018 - Foulkes, Kimberli  
 PCH Name: THE VILLA ST ELIZABETH

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

On 7/18/18, Artificial Tears Solution 1.4% prescribed for resident #1, was located in the home's medication cart. This medication was discontinued on 7/9/18.

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.*

SEE NEXT PAGE →

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|   |                |
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| <i>J. BREADY - PRES</i>   | <i>8-23-18</i> |

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41A

07-18-2018 Inspection

1. 2600.183(d)

Page 4 of 8

1. Regulation 2600.183(d) is important because it ensures the home does not keep medications that are for residents no longer living in the home or that have been discontinued.
2. A violation occurs when a discontinued medicine or a medicine for a resident who no longer resides in the facility are not extracted from the med cart.
3. The cause of this violation was the failure of the facility's medication administration staff to purposefully remove the discontinued artificial tears solution on 7/9/18, the date of discontinuance. Furthermore, the medication administration senior staff member failed to extract the discontinued item during the cart audit dated 7/13/2018.
4. To fix the violation right away, the Administrator removed the discontinued the artificial tears immediately on the inspection day of 7/18/2018, and it was disposed of properly.
5. To ensure on-going compliance to 2600.183(d), the Administrators completed a thorough cart audit for all three carts on 7/19/2018 with the senior medication team members. During these training sessions/cart audits, the Administrators re-covered the team on its daily duties as well the storage compartments of all the carts were reconfigured and re-labeled to improve the optics and streamline the daily process of locating the medications during passes and the more obvious ability to recognize discontinued medications. The Administrator-Medication Administration incorporated a refined check and balance accounting system for executing PCP orders including discontinued medications orders in the facility's newly electronic medical records system (Tabula Pro). This process facilitates the monitoring the overall medication storage system in the carts.
6. The Administrators and medical administration team will ensure compliance to this important regulation through their daily triple-check procedures in Tabula Pro and the real time med cart adjustments.

Signature of Legal Entity Representative:

*Jean Bready*

Print Name and Title of Legal Entity Representative:

J. BREADY - PRES

Date:

8-23-18

Violation Report: 20576 - 07/18/2018 - Foulkes, Kimberli  
 PCH Name: THE VILLA ST ELIZABETH

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.

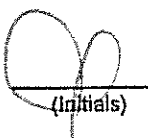
2a. DESCRIPTION OF VIOLATION  
 Resident #2's glucometer was not calibrated to the correct month and day.

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

SEE NEXT PAGE →

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| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) |                                   |  | Date    |
| J. BREADY - PRESS   |                                   |  | 8-23-18 |

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| The above plan of correction was approved by   | <br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |                   |

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07-25-2018 Inspection

1. 2600.185(a)

Page 5 of 8

1. Regulation 2600.185(a) is very important as it reduces the risk that the medications and medical equipment will be misplaced, lost or misused.
2. A violation occurred when a resident's glucometer was not calibrated to the correct month and day.
3. The root cause of this violation was the failure of our medication administration supervisor to properly calibrate the resident's glucometer.
4. To fix the violation right away, the Administrator with the senior medication supervisor accurately calibrated the glucometer on the day of the inspection after consulting with the Presto Technical Support Team.
5. To ensure on-going compliance to 2600.185(a), the Administrators re-trained all med-techs on the proper procedures to daily verify the glucometers are calibrated and the procedure to re-calibrate and/or replace, if necessary. Additionally, the IT Team and Administrators have incorporated the glucometer testing/calibration data into the Tabula Pro real-time software administrative reports.
6. The Administrators will be responsible for the on-going compliance to this regulation.

Signature of Legal Entity Representative:

*Jean Brady*

Print Name and Title of Legal Entity Representative:

J. BRADY - PRES

Date: 8-23-18

*ep*

Violation Report: 20576 - 07/18/2018 - Foulkes, Kimberli  
 PCH Name: THE VILLA ST ELIZABETH

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**

The medication administration record for resident #3 has Vitamin B-6 tablet listed twice. The first time it's listed as "Vitamin B-6 Tablet 100mg, take 4 tablets by mouth (400mg) daily" and the second time it's listed as "Vitamin B-6 Tablet 100mg, take 8 tablets by mouth (40mg) daily."

**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.

*P.S. note typo. 5/8 50mg*

**SEE NEXT 2 PAGES →**

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) **J. BREADY - PRES** Date **8-23-18**

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

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| The above plan of correction was approved by <u><i>Op</i></u><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

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The management of the facility respectfully submits that **NO VIOLATION** occurred relative to this 2600.187(a) regulation.

1. It is important to note the following timeline of events that support a NO VIOLATION condition:
  - a) 7/16/2018 – PCP issued prescription for Vitamin B-6 400mg ( Attachment B)
  - b) 7/16/2018 – Trinity Pharmacy packing slip –
    - showing receipt at Villa of Qty-8 Vitamin B-6 (Attachment C)
    - these 8 pills were for 7/17/18 and 7/18/18 dosages
    - 4 were administered as prescribed 7/17/18 by staff person A
    - 4 were administered as prescribed 7/18/18 by staff person B
  - c) 7/18/2018 – Trinity Pharmacy packing slip –
    - showing receipt at Villa of Qty-28 Vitamin B-6 (Attachment D)
    - these 28 pills represented the weekly cycle fill beginning 7/19/18
  - d) 7/18/2018 – Inspector observed the Vitamin B-6 listed on the MAR twice by Trinity Pharmacy
    - at the time the inspector saw the EMAR duplicate listing, the weekly cycle had not been reviewed, approved or filled by the Medications Manager.
  - e) 7/18/2018 -- Upon advising Trinity Pharmacy of the duplicate listing, it was removed.
    - see Trinity Pharmacy Discontinued Order summary – D/C 4089937 duplicate/error (Attachment E)
  - f) 7/22/2018 – MAR printout showing resident has received Vitamin B-6 daily as prescribed (Attachment F)

In summary, there was no violation to this regulation. The resident received her vitamins as prescribed by the PCP. The timeline above and supportive attachments illustrate the circumstances that occurred with the inspection date coinciding with the day the facility receives and processes its weekly cycle of medications. The pharmacy extracted their duplicate entry as soon as we brought it to their attention. Thank you for your consideration in this matter.

**Adhering to Page 28 of the DPW Licensing Reference Manual (9-1-2013 edition) Can settings dispute a finding on the LIS?, which states: "Settings may document disagreement with a finding, and/or may document that providing a plan does not constitute admission that the listed violation is accurate. However, settings must provide a plan to correct each violation in addition to any statement(s) disputing the report's findings", the facility is complying by presenting the following plan which details its long-standing policy. The facility has disputed the findings noted on Section 2a by the DHS inspector. Nonetheless, in the spirit of compliance with the LRM, the required plan is submitted below and continued on the next page:**

1. Regulation 2600.187(a) is important because it ensures that the staff persons will be able to track all medications a resident receives and to ensure all medications are administered as prescribed.
2. In the event a violation of this regulation occurred, it would have been violated by the omission of any elements of the medication record as detailed in 187(a).
3. The cause of this potential violation would be the failure of the facilities' medication administration staff to properly screen the receipt of the medication and matching it up to the PCP prescription and the Pharmacy entry on the QuickMar.
4. To fix the violation right away, the Administrator and Medications Manager would request the pharmacy or PCP to discontinue both Vitamin B-6 medications and issue a new physician's order for the proper Vitamin B-6 Tablet, dosage and frequency or the pharmacy to eliminate its duplicate entry.
5. To ensure the on-going compliance to 2600.187(a), the four-step process has been re-covered by all medication administration staff:

JB

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- a. Carefully audit new MAR entries to physician orders and prescriptions;
- b. Cross-check the established MAR elements to the physical packaging and cart placement;
- c. Explain during daily med-tech shift exchange meetings the new additions and supervised the discontinued;
- d. Audit the daily medication administration activity to insure all activity is recorded.

Additionally, the Administrators have ordered scanning devices from the QuickMar software organization. These scanners will be used to establish a tracking line of integrity and quality of data base entries. These scanners will facilitate the receipt of medication process by instantly performing the quality of information cross-check with the barcode of the item received by the facility to the pharmacy-loaded information of name, diagnosis, description, strength and frequency. This immediately eliminates the duplication of similar items.

- 6. The Administrator and Medications Manager are directly responsible for the daily compliance of the medication administration staff to the MAR / physicians orders.

Signature of Legal Entity Representative: Jean Bready

Print Name and Title of Legal Entity Representative: -J. BREADY - PRES

Date: 8-23-18

Violation Report: 20576 - 07/18/2018 - Foulkes, Kimberli  
 PCH Name: THE VILLA ST ELIZABETH

**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 #3 is prescribed Vitamin B-6 400mg daily on 7/16/18. Staff person A initialed the morning of 7/17/18 and Staff person B initialed the morning of 7/19/18, indicating the medication was administered. Staff did not follow the proper steps for administration and the medication was initialed but not administered. The medication's packing slip indicated it was signed for on 7/18/18 by the home as delivered and was still in the cart the afternoon of 7/18/18.

**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.*

PLS note - Typ: 7/8 7-18-18


SEE NEXT 2 PAGES  


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| 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) **J. BREADY - PRES** Date **8-23-18**

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

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| The above plan of correction is approved as of <u>8/30/18</u><br>(Date)<br><br>The above plan of correction was approved by <br>(Initials) | Plan of correction implementation status as of <u>8/30/18</u><br>(Date)<br><br><input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |
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The management of the facility respectfully submits that **NO VIOLATION** occurred relative to this 2600.187(b) regulation for all the same reasons as detailed in the NO VIOLATION response to Page 6 of 8 – 2600.187(a).

1. It is important to note the following timeline of events that support a NO VIOLATION condition:
  - d) 7/16/2018 – PCP issued prescription for Vitamin B-6 400mg ( Attachment B)
  - e) 7/16/2018 – Trinity Pharmacy packing slip –
    - showing receipt at Villa of Qty-8 Vitamin B-6 (Attachment C)
    - these 8 pills were for 7/17/18 and 7/18/18 dosages
    - 4 were administered as prescribed 7/17/18 by staff person A
    - 4 were administered as prescribed 7/18/18 by staff person B
  - f) 7/18/2018 – Trinity Pharmacy packing slip –
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    - see Trinity Pharmacy Discontinued Order summary – D/C 4089937 duplicate/error (Attachment E)
  - f) 7/22/2018 – MAR printout showing resident has received Vitamin B-6 daily as prescribed (Attachment F)

In summary, there was no violation to this regulation. The facility is in complete compliance; the medication administration staff properly and accurately recorded the date and time of the medication administration and the name and initials of the staff person administering the medication. The resident received her vitamins as prescribed by the PCP. The timeline above and supportive attachments illustrate the circumstances that occurred with the inspection date coinciding with the day the facility receives and processes its weekly cycle of medications. The pharmacy extracted their duplicate entry as soon as we brought it to their attention. Thank you for your consideration in this matter.

**Adhering to Page 28 of the DPW Licensing Reference Manual (9-1-2013 edition) Can settings dispute a finding on the LIS?**, which states: "Settings may document disagreement with a finding, and/or may document that providing a plan does not constitute admission that the listed violation is accurate. However, settings must provide a plan to correct each violation in addition to any statement(s) disputing the report's findings", the facility is complying by presenting the following plan which details its long-standing policy. The facility has disputed the findings noted on Section 2a by the DHS inspector. Nonetheless, in the spirit of compliance with the LRM, the required plan is submitted below and continued on the next page:

1. Regulation 2600.187(b) is important because it ensures MAR accuracy by minimizing the chances of documentation mistakes if a resident refuses a medication.
2. The violation of this regulation occurs when the medication administration technician either failed to initial that a medication was administered or the opposite – the staff person initialed that the medication was administered when it was not.
3. The root cause of this violation was the failure of the facilities' medication administration staff to follow the proper steps for the administration of the Vitamin B-6. Inaccurate initials were recorded by the staff members when the vitamin was both not in the facility yet and then afterward by another staff member when the vitamin was in the cart and not distributed.
4. To fix the violation right away, the Administrator re-covered the two staff members on the proper procedures to verify the existence and accuracy of all medications prior to administering to the resident and the proper follow-up documentation. The gravity of this violation finding was reinforced with the two staff members, who were both subjected to the Villa's stringent three stages of disciplinary action and resultantly suspended.

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5. In order to ensure on-going compliance to 2600.187(b), the following three-step process is initiated:
  - a. At the completion of all medication passes, the med tech is to audit the physical cart and MAR entries and advise the Administrator;
  - b. The medication administration supervisor will ensure the integrity of each cart's inventory by adhering to the four-step policy as outlined in our reply to the 2066.187(a) response.
  - c. The Administrator will audit the daily medication administration activity to insure all activity is recorded accurately.
6. The Administrator and Medications Manager are directly responsible for the daily compliance of the medication administration staff to properly and accurately record the date and time of the medication administration and the name and initials of the staff person administering the medication – IN OTHER WORDS, PERFORM THEIR 3-WAY CHECK OF LOCATE, VERIFY AND CONFIRM THE MEDICATION IS ADMINISTERED and then enter the transaction into QuickMar.

Signature of Legal Entity Representative:

Jean Bready

Print Name and Title of Legal Entity Representative:

J. BREADY- PRE>

Date:

8.23-18

[Handwritten mark]

Violation Report: 20576 - 07/18/2018 - Foulkes, Kimberli  
 PCH Name: THE VILLA ST ELIZABETH

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

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Nystal/triam ointment topically twice a day. On 7/18/18 this medication was intialed by staff person B as administered in the morning, however this medication was not available in the home. According to this staff person this medication was used up this morning and had to be reordered but there was no verification of this.

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.*

Repeat Violation: No

Date(s) of Previous Violation(s):

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*Jean Bready*

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J. BREADY PRES

Date 8-23-18

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07-25-2018 Inspection

1. 2600.187(d)

Page 8 of 8

1. Regulation 2600.187(d) is important as it ensures that residents receive medications and treatments as ordered by a physician.
2. A violation occurs when a medication is not available as prescribed by the physician.
3. The root cause of this violation is when the med-tech failed to reorder the medication in sufficient time before it ran out.
4. To fix the violation right away, the Administrator and medication manager had ordered the refill on the day of the inspection. Earlier in the week, the medication manager referred this medication for a medication evaluation to the Administrator. A delay occurred between the offices of the Administrator and the PCP resulting in the medication not being available.
5. To ensure on-going compliance to 2600.187(d), the Administrators with the Medications Manager will continue to review daily all new medications and those running low on quantity in order to refill on time. Weekly cart audits and shift-by-shift EMAR audits will continue to be conducted by the Administrator and Medications Manager to insure compliance. The Administrator also worked with the EMAR software and IT technicians to have the QuickMar software highlight medications needing refills. The Administrators and Medications Manager also re-designed the storage compartments in all three med carts. This restructuring of the bins and re-labeling of the resident compartments will facilitate the location of the medications and ointments, as well provide a higher profile of the ointments and creams to evaluate the quantity remaining so a timely re-order is initiated.
6. The Administrator and medications manager will be directly responsible for the compliance to all prescribers' orders and staying ahead of the ointment, creams and all medications that are running low by the efficient re-order process.

Signature of Legal Entity

Representative: \_\_\_\_\_

*Juan Bready*

Print Name and Title of Legal Entity Representative : \_\_\_\_\_

*J. BREADY - PRES*

Date: 8-23-18

