



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 18 2018

Christine Macedonia
Administrator
Lutheran Senior Life Passavant Community
103 Burgess Drive
Zelienople, Pennsylvania 16063

RE: Lutheran Senior Life Passavant Community
105 Burgess Drive
Zelienople, Pennsylvania 16063
Certificate #: 446120

Dear Ms. Macedonia:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 24, 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.

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".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY		License Number: 44612
Address: 103 BURGESS DRIVE, ZELIENOPLE, PA 16063		County: Buller
Administrator: Christine Macdonia		Region: WEST
Legal Entity Name: PASSAVANT RETIREMENT AND HEALTH CENTER		
Legal Entity Address: 105 BURGESS DRIVE, ZELIENOPLE, PA 16063		
Certificate(s) of Occupancy 1-2 10/02/2014 Zellenople		
Staffing Hours	Total Daily Staff: 60	Working Staff: 46
Resident Support: 0	BHA Docket Number:	Notice: Unannounced
Type of Inspection: Full		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 07/24/2018: Hoover, Josh; Garrigan, Laurie; Spagna, Lauren		
Off-Site Inspection Dates and Inspectors, if Applicable		<p>RECEIVED</p> <p>AUG 17 2018</p> <p>WEST REGION FIELD OFFICE Human Services Licensing</p>
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 68 Number of Residents Served: 38 Secured Dementia Care Unit in Home: Yes Area: Shenandoah Secured Dementia Unit Capacity, if Applicable: 32 Number of Residents Served in Secured Dementia Care Unit, if applicable: 18 Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 9	Number of Residents who: Receive Supplemental Security Income: 1 Are 80 Years of Age or Older: 38 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 22 Have a Physical Disability: 0	

AUG 17 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44812 - 07/24/2018 - Hoover, Josh
PCH Name: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY

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 38 residents, 22 with mobility needs to include 18 residents in the home's secured dementia care unit (SDCU) on the 3rd floor. The other residents reside on the 2nd floor. No residents reside on the 1st floor.

On 7/11/18, 7/21/18, 7/4/18, 7/9/18, 7/14/18, 7/15/18, 7/20/18, 7/22/18 and 7/23/18, there was only 1 direct care staff person present in the home between the hours of 11:00 PM and 7:00 AM.

The home's overnight staffing is insufficient for emergency evacuation of residents, due to 2 floors occupied by residents and the large number of residents with mobility needs and a diagnosis of dementia.

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.

Immediately - Appropriate staff levels will be scheduled and provided to meet the health and safety needs of residents as identified in the residents' assessments and support plans. ms 9/6/18

- Incentives have been offered for all current staff to fill open shifts for 11-7.
- Agencies have also been contacted for 11-7 shifts.
- Healthcare Manager is exploring contracts with agencies for full time staffing to assist with meeting the needs of our residents.
- Human Resources is continuing recruitment for the open positions.
- Agency person(s) and current staff have been scheduled on the 11-7 shift to better meet the needs of our residents.
- If a call off occurs when two staff are scheduled for 11-7 shift Healthcare Manager will be called and in to cover the shift.
- Healthcare Manager will monitor the schedules to ensure proper compliance with regulation 2600.60(a) *Schedules are monitored closely to ensure at least 2 staff persons work the overnight shift of 11:00 PM to 7:00 AM and coverage is met when there is a call off. ms 9/6/18*

- See attachment "A" for a copy of the schedule dated from July 24th through the current date.(Schedule is still in process)
- See attachment "B" for a copy of Healthcare Managers scheduling monitor.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Mustina Maccione*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mustina Maccione, Administrator* Date *8.17.18*

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

The above plan of correction is approved as of 9/6/18
(Date)

Plan of correction implementation status as of 9/6/18
(Date)

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

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

AUG 17 2018

Violation Report: 44812 - 07/24/2018 - Hoover, Josh
PCH Name: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There were two uncovered openings, each measuring approximately 7 inches by 4 inches, on resident #1's enabler, posing an entrapment hazard.

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

- Safety cover has been placed on resident #1's enabler
- Education was provided to resident #1 about the potential entrapment hazards
- Health care manager will complete bi weekly checks on all current enablers to ensure proper compliance with regulation code 2600.81(b).
- Healthcare manager will assess all new admissions for the remainder of the 2018 calendar year for any new enablers
- New admissions with this mobility need will to be added to the biweekly checks to continue compliance with regulation code 2600.81(b).

➤ See Attachment "C" for a copy of the enabler monitor

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Christine Macedonia</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Christine Macedonia, Administrator</i>	<i>8 17 18</i>

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

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(Date)

Plan of correction implementation status as of 9/6/18
(Date)

- Fully Implemented
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Violation Report: 44612 - 07/24/2018 - Hoover, Josh
PCH Name: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

There were 2 unlocked, unattended and accessible bottles of bath disinfectant with labels indicating "call a poison control center or physician immediately if swallowed" in the cabinet under the sink of the spa in the SDCU.

There were six unlocked, unattended and accessible bottles of nail polish remover with labels indicating "call a poison control center if ingested" in the cabinet of the SDCU activities 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.

- Poisonous materials were immediately removed and secured
- Staff were reeducated on the severity of the possible outcomes that may occur if a resident accessed an unlocked area and misused poisonous materials. Training was completed on 8/1/18. ms 9/6/18
- Personal Care Specialist created a five question quiz for staff to complete on hazardous situations.
- Healthcare Manager will complete daily checks to ensure all chemicals are securely stored to meet compliance with regulation 2600.82 (c)

- See Attachment "D" for Copy of the staff quiz
- See Attachment "E" for a Copy of the chemical monitor

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christine Macedonia, Administrator* Date *8.17.18*

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44612 - 07/24/2018 - Hoover, Josh
PCH Name: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
There were no emergency telephone numbers posted on or near the phone in the 2nd floor kitchen dishroom.
There were no emergency telephone numbers posted on or near the phone in resident #2's bedroom.

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.

- Resident #2's bedroom phone had emergency telephone numbers placed on it immediately
- Second floor kitchen dish-room phone had emergency telephone numbers placed on it immediately
- Healthcare Manager will assess each apartment to ensure emergency telephone numbers are placed next to all residents phones
- Healthcare Manager will continue to monitor each apartment monthly to ensure compliance is met for regulation 2600.91
- Healthcare Manager will monitor all outside phone lines monthly to ensure compliance is met for regulation 2600.91
- Any new admissions Healthcare Manager will ensure emergency numbers listed are posted and will add to current monthly monitor
- Emergency stickers will be updated if and when any change in numbers occur

- See Attachment "F" for a Copy of Healthcare Manager's apartment check
- See Attachment "G" for a Copy of Healthcare Manager's emergency number monitor

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Christina Macedonia, Administrator* Date *8.17.18*

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Violation Report: 44812 - 07/24/2018 - Hoover, Josh
PCH Name: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2800
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

The following opened and unsealed food items were stored in the SDCU pantry:
• 10 ounce bag of potato chips
• 6 pound bag of pancake mix
• 2- 5-pound boxes of cake mix

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 opened food items were secured during DHS inspection on 7.24.2018
- Household Coordinator reeducated all staff on the importance of properly sealing food items
- Household Coordinator will complete daily checks on both Blue Ridge and Shenandoah to ensure compliance is met with regulation 2600.103(g)
staff received training on 8/27/18. ms 9/6/18

- See Attachment "H" for a copy of the food monitor
- See Attachment "I" for a copy of the staff education signature sheet

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Christine Macedonia*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Christine Macedonia, Administrator* Date *8-17-18*

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44812 - 07/24/2018 - Hoover, Josh
PCH Name: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY

1. REGULATION 55 Pa.Code §2800

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's maximum safe evacuation time is 5 minutes, as determined in writing by a fire safety expert on 2/21/17 and 3/29/18. However, the evacuation time for the fire drill held on 3/11/18 at 12:04 AM was 6 minutes 45 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 evacuation time for the fire drill held on 7/12/18 at 7:36 PM was 4 minutes 22 seconds. MS 9/6/18
the evacuation time for the fire drill held on 7/22/18 at 7:50 PM was 4 minutes 35 seconds. MS 9/6/18

- On 3.11.2018 the fire alarm panel displayed an incorrect fire location which caused confusion during the evacuation process
- Maintenance Supervisor was notified and contacted Simplex company immediately
- Simplex adjusted the fire alarm system to display the correct location
- Any fire drill over the maximum safety time will be investigated to determine the cause and repeated to ensure evacuation occurs within the maximum allotted time determined by the fire safety expert
- Maintenance Supervisor will monitor all fire drills to ensure evacuation occurs within the five minute safety time frame

By 9/20/18 - A fire drill shall be held during sleeping hours. MS 9/6/18

- See Attachment "J" for a copy of confirmation of fire panel correction
- See Attachment "K" for a copy of Maintenance Supervisor Fire Drill Monitor

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Christine Macedonia

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

Christine Macedonia, Administrator

Date *8/17/18*

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44612 - 07/24/2018 - Hoover, Josh
PCH Name: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY

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 #2 is prescribed Levimilr Flex-Touch, inject 28 units subcutaneously in the morning. However, the insulin pen was not labeled with the resident's name.

Resident #3 is ordered Cholestyramine, dissolve 2 scoopfuls in liquid and take by mouth daily. Give one hour after other medications or 4-6 hours before other medications. However the pharmacy label indicates dissolve 1 scoopful in 6-8oz liquid and take by mouth daily with breakfast.

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.

- Copy of the current pharmacy label was placed inside the storage bag with the insulin pen for resident #2.
- Pharmacy was contacted for the appropriate label for resident #3's Cholestyramine and placed on the medication upon arrival
- Healthcare Manager photocopied all other insulin dependent residents' current pharmacy labels and also placed inside of the storage bag with the insulin pen.
- All staff were reminded to ensure pharmacy labels are with medications, that all medications must be kept in their original labeled containers.
- All staff were reminded to ensure pharmacy labels are in coordination with physician's orders.
- Healthcare Manager provided reeducation for compliance of regulation 2600.184(a)

staff training was completed on 7/25/18 MS 9/6/18

- See Attachment "L" for a photocopy insulin pen inside storage bag with pharmacy label for Resident # 2
- See Attachment "M" for a photocopy of the appropriate label for Resident # 3
- See Attachment "N" for a copy of Healthcare Manager's education signature sheet on ensuring compliance with 2600.184 (a)
- See attachment "O" for a copy of the insulin pen procedure

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Christace Macedonia, Administrator* Date *8.17.18*

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44612 - 07/24/2018 - Hoover, Josh
PCH Name: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY

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 is prescribed Glucose chewable tablet, use as directed for hypoglycemia. However, this medication was not available in the home.
Resident #2's glucometer is not calibrated to the correct time.

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.

- Healthcare Manager assessed all current glucometers and ensured proper calibration
- Healthcare Manager will monitor monthly to ensure glucometers are properly calibrated
- A process has been added for any new resident with a glucometer to have a treatment listed on the EMAR for monthly calibration
- Resident #2's medication was received from the pharmacy
- All resident medications will be monitored by the Healthcare Manager monthly to ensure compliance with regulation 2600.185(a)
- Staff education was provided on the importance and the requirement of having all medications readily available
- Staff will observe during each administration to ensure all prescribed medications are available
- Staff will also complete room checks monthly and turn into the Healthcare Manager

- See Attachment "P" for Healthcare Manager Glucometer monitor
- See Attachment "Q" for a copy of process for new admissions glucometer treatment
- See Attachment "R" for a photocopy of Resident #2's medication
- See Attachment "S" for a copy of the annual room checklist

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Christine Macedonia, Administrator* Date *8.17.18*

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Violation Report: 44612 - 07/24/2018 - Hoover, Josh
PCH Name: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

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 hospice comfort kit for resident #3 included Bisacodyl suppositories, Haloperidol suspension, and Prochlorperazine; however, there are no physician orders for these medications.

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.

- Healthcare Manager immediately contacted hospice and obtained Resident #3's physician's order for Bisacodyl suppositories, Haloperidol suspension, and Prochlorperazine
- Procedure has been implemented for all hospice comfort kits
- Nurse education about compliance and procedure occurred immediately after DHS inspection
- Meeting is scheduled with hospice providers to review policies and procedures on 8.21.2018 at 11:00am

- See Attachment "T" for a copy of Resident # 3's physician orders
- See Attachment "U" for a copy of current comfort kit procedure

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christine Macdonald, Administrator* Date *8.17.18*

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The above plan of correction is approved as of <u>8/16/18</u> (Date)	Plan of correction implementation status as of <u>8/16/18</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44612 - 07/24/2018 - Hoover, Josh
PCH Name: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY

1. REGULATION 55 Pa.Code §2800

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 #3 is prescribed Acetaminophen suppository 660mg, Insert 1 suppository rectally every 8 hours as needed. However, this medication is not included on the resident's July 2018 medication administration record.

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.

- Healthcare Manager immediately contacted hospice and obtained Resident #3's physician's order for Acetaminophen suppository *which was added to the resident's MAR. MS 9/6/18*
- Procedure has been implemented for all hospice comfort kits
- Nurse education about compliance and procedure occurred immediately after DHS inspection
- Meeting is scheduled with hospice providers to review policies and procedures on 8.21.2018 at 11:00am

- See Attachment "V" for a copy of Resident # 3's physician orders
- See Attachment "W" for a copy of current comfort kit procedure

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christine Macedonia, Administrator* Date *8.17.18*

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44612 - 07/24/2018 - Hoover, Josh
PCH Name: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION
At 9:50 AM, directions for the operation of the magnetic locking system were not conspicuously posted near the main exit from the home's SDCU.

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.

- Directions for the operation of the magnetic locking system were posted immediately during DHS inspection on 7.24.2018
- Healthcare Manager will monitor daily to ensure proper compliance with regulation 2600.233(c)

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Christine Macedonia*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Christine Macedonia, Administrator* Date *8.17.18*

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

The above plan of correction is approved as of <u>9/6/18</u> (Date)	Plan of correction implementation status as of <u>9/6/18</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented