



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
December 20, 2018

Ms. Lili Meyer
PC Director
The Community at Rockhill
3250 State Road
Sellersville, Pennsylvania 18960

RE: The Community at Rockhill
License #: 126870

Dear Ms. Meyer:

As a result of the Department's Bureau of Human Services Incident Licensing inspection on August 29, 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.

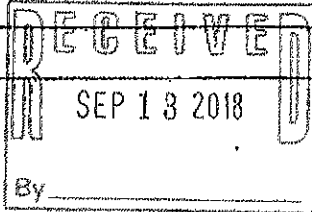
Sincerely,

A handwritten signature in black ink, appearing to read 'Ayus Adelanwa', written over a horizontal line.

Ayus Adelanwa
Workload Manager BHSL HQ

Enclosure
Licensing Inspection Summary

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

PCH Name: THE COMMUNITY AT ROCKHILL		License Number: 12887
Address: 3260 STATE ROAD, SELLERSVILLE, PA 18980		County: Bucks
Administrator: Lill Meyer		Region: SOUTHEAST
Legal Entity Name: THE COMMUNITY AT ROCKHILL		
Legal Entity Address: 3260 STATE ROAD, SELLERSVILLE, PA 18980		
Certificate(s) of Occupancy Other 12/18/1997 West Rock Township		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 50	Working Staff: 38
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site		
Off-Site Inspection Dates and Inspectors, If Applicable 08/29/2018: Swisher, Michele		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 74 Number of Residents Served: 50 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 50 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 12607 - 08/29/2018 - Swisher, Michele
 PCH Name: THE COMMUNITY AT ROCKHILL

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

On 08/24/18, staff member A did not identify the correct resident during a medication pass as a result, Resident #1 received medications that were prescribed for Resident #2.

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.

Education was given to Medtech A regarding the importance of the procedure for safe medication administration as per 2600.182c.

On September 5th Medtrainer had a meeting with all Personal Care staff regarding the 5 rights of medication administration. (See attached document)

A disciplinary action was completed on August 24th 2018 for Medtech A. (see attached)

Medtrainer will follow medtech A 4 times during a medpass in one month and report will be sent to DHS by 10/10/2018.

All Staff having access to pass medication will be re-trained on medication Administration procedures, and a documentation of such training be kept on record. AA

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Carol N. Delaney*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Carol N. Delaney, Exec. Director* Date *9/12/18*

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

The above plan of correction is approved as of 12/20/18
 (Date)

Plan of correction implementation status as of 12/20/18
 (Date)

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

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

Violation Report: 12687 - 08/29/2018 - Swisher, Michele
 PCH Name: THE COMMUNITY AT ROCKHILL

1. REGULATION 55 Pa.Code §2600
 2600.186(b) - Prescription medications shall be used only by the resident for whom the prescription was prescribed.

2a. DESCRIPTION OF VIOLATION
 On 08/24/18, Resident #1 was administered Citalopram Hydrobromide Tablet 20 mg, Furosemide Tablet 20mg, Spironolactone Tablet 25mg, and Verapamil HCL ER Tablet Extended Release 240mg prescribed for and belonging to resident Resident #2.

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.

Education was given to medtech A regarding the importance of the procedure for safe medication administration as per 2600.182c.

On September 5th 2018 Medtrainer had a meeting with all Personal Care staff regarding the 5 rights of medication administration. (see attached document)

A disciplinary action was completed on 8/24/2018. (please see attached)

Medtrainer will follow medtech A 4 times in one month during a medpass and the report will be sent to DHS by 10/10/ 2018.

*All staff with med. passing privilege
 be retrained on proper medication administration
 steps and procedure. Administrator will document
 the training. AA*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Carol N. Delaney*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carol N. Delaney, Exec. Director* Date *9/12/18*

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

The above plan of correction is approved as of 2/25/19
 (Date)

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

Plan of correction implementation status as of _____
 (Date)

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

Violation Report: 12687 - 08/29/2018 - Swisher, Michele
 PCN Name: THE COMMUNITY AT ROCKHILL

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 #1 is initialed as administered at 9:00am on 8/24/18 for Aspirin Tablet 81mg, Cholecalciferol Tablet 400 UNIT, Florastor Capsule 250mg, Lorazepam Tablet 10mg, Oyster-Cal 500 Tablet, Prednisone Tablet 5mg, Clonazepam Tablet 0.5mg, Colace Capsule 100mg, Meclizine Tablet 60mg, Ranitidine HCL Tablet 150mg. Medications were not administered to Resident #1 on 8/24/18.

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.

Medtrainer reeducated medtech A that the 4th check is completed before initialing that medication is administered.
 Medtech was also reeducated of the need to document in residents chart if medication error occurred. (She forgot to go back and explain with a note that she signed that it was given , and after she realized the error, she did not go back and explain.)

All residents record/MAR be reviewed for accuracy and to ensure adherence to the applicable regulation. All staff be re-trained on medication/MAR process AA.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Carol W. Delaney*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carol W. Delaney, Exec. Director* Date *9/12/18*

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

The above plan of correction is approved as of 2/20/18 (Date) Plan of correction implementation status as of 2/20/18 (Date)

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

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

Violation Report: 12687 - 08/29/2018 - Swisher, Michele
 PCH Name: THE COMMUNITY AT ROCKHILL

1. REGULATION 65 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The pre-admission screening form dated 8/22/18 for Resident #1, admitted 8/23/18, does not include a determination that the home can meet the service needs of the resident.

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

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

Preadmission Screening Form will be completed and signed by Bernadette Roman, Care Coordinator.

The Form will be handed off to [REDACTED] RN, Director of Personal Care for review.

[REDACTED] then will initial/ sign that the form is appropriately completed.

All residents record will be reviewed by the Administrator or a designee to ensure accuracy and adherence to the referenced reg. AA

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Carol W. Delaney*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carol W. Delaney, Exec. Director* Date *9/12/18*

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

The above plan of correction is approved as of 9/26/18 (Date)

Plan of correction implementation status as of 9/26/18 (Date)

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

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