pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 0 1 2019

Ms. Loriann Putzier
Chief Operating Officer
Tithonus Butler, LP
c/o Integracare Corporation
6600 Brooktree Court, Suite 1000
Wexford, Pennsylvania 15090

RE: Newhaven Court at Clearview
100 Newhaven Lane
Butler, Pennsylvania
Certificate #: 423460

Dear Ms. Putzier:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 5, 2018 and September 6, 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.

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,

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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

PCH Name: Newhaven Court at Clearview	**License Number:** 42346
Address: 100 Newhaven Lane, Butler, PA 16001	**County:** Butler
Administrator: Gary Renwick	**Region:** WEST
Legal Entity Name: Tithonus Butler LP	
Legal Entity Address: 6600 Brooktree Court, Wexford, PA 15090	

Certificate(s) of Occupancy

C-2 LP
05/05/1996
Dept of L & I

Staffing Hours

Resident Support: 0 **Total Daily Staff:** 137 **Waking Staff:** 103

Type of Inspection: Full **BHA Docket Number:** **Notice:** Unannounced

Reason(s) for Inspection(s)

Renewal

On-Site Inspections Dates and Department Representatives On-Site

09/05/2018: Garvey, Jody; McConnell, Deb
09/06/2018: Garvey, Jody; McConnell, Deb

Off-Site Inspection Dates and Inspectors, if Applicable

Other Details

Partial or Full Triggers: **Random Indicators:**

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 115

Number of Residents Served: 107

Secured Dementia Care Unit in Home: Yes

Area: Memory Care

Secured Dementia Unit Capacity, if Applicable: 18

Number of Residents Served in Secured Dementia Care Unit, if applicable: 17

Number of Current Hospice Residents: 8

Number of Hospice Residents in past year: 20

Number of Residents who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 106

Have Mental Illness: 0

Have an Intellectual Disability: 1

Have a Mobility Need: 30

Have a Physical Disability: 1

Violation Report: 42346 - 09/05/2018 - Garvey, Jody
PCH Name: Newhaven Court at Clearview

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #2's annual medical evaluation, dated 7/2/18, did not include an assessment of the resident's ability to self-administer medications. This section of the form was left blank.

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 Page 4a OF 11

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/13/2017 et al		

Signature of Legal Entity Representative (Required on EVERY Page) Gary Renwick

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Gary Renwick, Executive Director

Date 1-11-19

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

The above plan of correction is approved as of 4/10/19 (Date)

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

Plan of correction implementation status as of 4/10/19 (Date)

- [ ] Fully Implemented
- [X] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

1. **Violation Review: 2600.141(b)(1) -**
   A resident shall have a medical evaluation at least annually.

2. **Review the Citation, the violation of the Regulation:**
   - Resident #2's annual medical evaluation, dated 7/2/18, did not include an assessment of the resident's ability to self-administer medications. This section of the form was left blank.

3. **Description of the Repair of the Immediate Problem:**
   - Resident #2's most recent DME dated 9/20/18 due to admission to Hospice Services, addresses resident's ability to self-administer medications as "Cannot self-administer medications". See attachment.
   - Resident #2 is no longer a resident at the home. Discharged to higher level of care on 11/19/18.

4. **Detail Action Steps / System Developed to prevent future occurrence and Designated position responsible with target dates for completion:**
   - An audit of all Resident DME's was completed to identify missing information immediately following the licensing inspection.
   - From the audit, a set of priorities for follow up and completion of accurate DME's was developed and worked on by the Executive Director and Director of Resident Care Services (DRCS).
   - All citations found in this violation to include Regulation 2600.141(b)(1) will be reviewed as part of the monthly Quality Assurance & Safety Committee Meeting on 1/24/19. Documentation of the meeting shall be kept on file.
   - The DRCS and Director of Sales & Move-Ins is responsible for ensuring that DME's are completed in its entirety to ensure compliance and accuracy of the information provided.
   - DRCS will has developed and will implement a RASP/DME Tickler file that will track current/annual dates for RASP updates and annual DME renewal. This Tickler will be utilized to ensure completion of all required categories of DME and accuracy of all information included.
   - The Executive Director and DRCS will review every new and updated DME for compliance and accuracy of the information moving forward.

Authorized Signature _____ Date: 1-11-19

Violation Report: 42346 - 09/05/2018 - Garvey, Jody
PCH Name: Newhaven Court at Clearview

1. REGULATION 55 Pa.Code §2600

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #2 was prescribed a mechanical soft diet as indicated in his/her medical evaluation, dated 7/2/18. However; on 9/6/18 at approximately 12:20 PM, the resident was served a chicken salad sandwich on a whole hamburger bun that was cut in half for lunch. According to the National Dysphasia Diet (NDD), Dysphasia Mechanically –Altered diet guidelines, breads should be prepared commercial bread mixes, moistened bread crumbs, slurried breads that are gelled through the entire thickness of product and all others should be avoided.

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.

Page 5a OF 11

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) Gary Renwick, Executive Director

Date 1-11-19

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Plan of correction implementation status as of 4/10/19 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

1. **Violation Review: 2600.161(d) -**
   A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2. **Review the Citation, the violation of the Regulation:**
   - Resident #2 was prescribed a mechanical soft diet as indicated in his/her medical evaluation, dated 7/2/18. However; on 9/6/18 at approximately 12:20pm, the resident was served a chicken salad sandwich on a whole hamburger bun that was cut in half for lunch. According to the National Dysphasia Diet (NDD), Dysphasia Mechanically-Altered diet guidelines, breads should be prepared with commercial bread mixes, moistened bread crumbs, slurried breads that are gelled through the entire thickness of product and all others should be avoided.

3. **Description of the Repair of the Immediate Problem:**
   - Resident #2 is no longer a resident at the home. Discharged to higher level of care on 11/19/18.

4. **Detail Action Steps / System Developed to prevent future occurrence and Designated position responsible with target dates for completion:**
   - An audit of all Resident special dietary needs was completed to identify other residents prescribed a mechanical soft diet.
   - From the audit, the resident's PCP will be contacted to determine if soft bread is acceptable and the order will be documented in writing and included in the resident's medical record and RASP.
   - Resident's identified as a special Mechanical soft diet will be detailed on the home's resident diet list.
   - DRCS/designee will request Speech Therapy Evaluation order for all new admissions and any resident with a diagnosis of Dysphagia.
   - Special diets will be individualized on RASP to include resident diet order and address diagnosis as it relates to cognition or mechanical issues.
   - Training will be conducted by the Food Service Director with the Food Service staff on the Mechanical Soft diets and regulation 2600.161(d) in January 2019. Documentation of staff training shall be kept on file.
   - All citations found in this violation to include Regulation 2600.161(d) will be reviewed as part of the monthly Quality Assurance & Safety Committee Meeting on 1/24/19. Documentation of the meeting shall be kept on file.
   - The Food Service Director is responsible for ensuring that the dietary needs of all residents are accurate and abided by to ensure compliance with the regulation.
   - The Executive Director will review the home's resident diet list periodically for compliance and accuracy of the information moving forward.

Authorized Signature _____ Date: 1-11-19

Violation Report: 42346 - 09/05/2018 - Garvey, Jody
PCH Name: Newhaven Court at Clearview

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 #3 was prescribed Amoxicillin 500 MG capsule- take four capsules (2000MG) by mouth one hour prior to dental appointment, which was discontinued 8/8/18. However, on 9/6/18 the medication was still present in the home.

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 Page 6a of 11

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/13/2017 et al		

Signature of Legal Entity Representative (Required on EVERY Page) Gary Renwick

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Gary Renwick, Executive Director — **Date** 1-11-19

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Community Name: Newhaven Court at Clearview
License Number: 423460
Date of Visit: 9/5/18 & 9/6/18
Date of Submission:

1. **Violation Review: 2600.183(d) -**
   Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

2. **Review the Citation, the violation of the Regulation:**
   - Resident #3 was prescribed Amoxicillin 500 MG capsule-take four capsules (2000MG) by mouth one hour prior to dental appointment, which was discontinued 8/8/18. However, on 9/6/18 the medication was still present in the home.

3. **Description of the Repair of the Immediate Problem:**
   - The prescribed medication for Resident #3 was immediately removed from the medication cart and returned to the pharmacy.
   - Resident #3 is no longer a resident at the home. Discharged to a higher level of care on 9/23/18.

4. **Detail Action Steps / System Developed to prevent future occurrence and Designated position responsible with target dates for completion:**
   - An audit was completed of medication carts on 9/7/18 to determine compliance with 2600.183(d).
   - Staff training was conducted with all Medication Assts. and Nurses on 9/26/18 by the DRCS. The training included the re-education of current medications and the procedure for identifying and discarding of D/C medications. Documentation of the training shall be kept on file.
   - All citations found in this violation to include Regulation 2600.183(d) will reviewed as part of the monthly Quality Assurance & Safety Committee Meeting on 1/24/19. Documentation of the meeting shall be kept on file.
   - A tool will be utilized (amended RCS068, attached) by the DRCS to assist with monthly monitoring of medication administration systems to ensure that all medications that have been discontinued will be removed from the medication cart.
   - The DRCS will monitor progress on compliance and tools.
   - Executive Director to monitor at least monthly for compliance with using the tool until such time that a routine for compliance.

Authorized Signature _____ Date: 1-11-19

Violation Report: 42346 - 09/05/2018 - Garvey, Jody
PCH Name: Newhaven Court at Clearview

1. REGULATION 55 Pa.Code §2600
2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
Resident #4 was prescribed Refresh liquid gel 1% eye drops- instill one drop in left eye daily at bedtime. The medication was not dated when opened.

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 Page 7a OF 11

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) Gary Renwick, Executive Director

Date 1-11-19

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- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

1. **Violation Review: 2600.183(e) -**
   Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2. **Review the Citation, the violation of the Regulation:**
   - Resident #4 was prescribed Refresh liquid gel 1% eye drops – instill one drop in left eye daily at bedtime. The medication was not dated when opened.

3. **Description of the Repair of the Immediate Problem:**
   - The prescribed medication for Resident #4 was removed from the medication cart and sent back to pharmacy for destruction.
   - On 9/6/18, the medication was re-ordered from pharmacy and delivered prior to the next scheduled dose. The medication was immediately dated when opened.

4. **Detail Action Steps / System Developed to prevent future occurrence and Designated position responsible with target dates for completion:**
   - An audit was completed of medication carts on 9/7/18 to determine compliance with 2600.183(e).
   - Staff training was conducted with all Medication Assts. and Nurses on 9/26/18 by the DRCS. The training included the re-education of medications that require dating upon opening. Documentation of the training shall be kept on file.
   - All citations found in this violation to include Regulation 2600.183(e) will be reviewed as part of the monthly Quality Assurance & Safety Committee Meeting on 1/24/19. Documentation of the meeting shall be kept on file.
   - A tool will be utilized (amended RCS068, attached) by the DRCS to assist with monthly monitoring of medication administration systems to ensure that all medications that require dating upon opening are being completed according to the regulation.
   - The DRCS will monitor progress on compliance and tools.
   - Executive Director to monitor at least monthly for compliance with using the tool until such time that a routine for compliance.

Authorized Signature _____ Date: 1-11-19

Violation Report: 42346 - 09/05/2018 - Garvey, Jody
PCH Name: Newhaven Court at Clearview

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 was prescribed Novolog Flexpen 100 unit/ml- 10 units subcutaneously three times a day with meals plus sliding scale; however, the pharmacy label indicates Novolog Flexpen 100 units/ml-refer to quickmar sliding scale for coverage three times a day and does not indicate that the resident should receive a base 10 units.

Resident #5 was prescribed Ventolin HFA 90 mcg inhaler- Inhale two puffs every four hours while awake for the next five days, then four times a day as needed for wheezing; however, the pharmacy label indicates Ventolin HFA 90 mcg inhaler- Inhale two puffs by mouth every four hours while awake for five days.

Resident #6 was prescribed Novolog Flexpen 100 unit/ml- 6 units subcutaneously with meals plus sliding scale; however, the pharmacy label indicates Novolog Flexpen 100 unit/ml- refer to sliding scale calculator for coverage before meals and does not indicate that the resident should receive a base 6 units.

Resident #7 was prescribed Gabapentin 100 MG -take one capsule by mouth daily in the morning and at 2:00 PM, take two capsules (200 MG) by mouth daily at bedtime. However, the pharmacy label on the medication indicates Gabapentin 100 MG- take one capsule by mouth every morning with breakfast and take two capsules at bedtime. The label does not include the 2:00 PM medication administration.

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 Page 8 a and 8b OF 11

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/13/2017 etal		

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Gary Renwick, Executive Director

Date 1-11-19

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Plan of correction implementation status as of 4/10/19 (Date)

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- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Community Name: Newhaven Court at Clearview
License Number: 423460
Date of Visit: 9/5/18 & 9/6/18
Date of Submission:

1. **Violation Review: 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

2. **Review the Citation, the violation of the Regulation:**
   - Resident #5 was prescribed Novolog Flexpen 100 unit/ml-10 units subcutaneously three times a day with meals plus sliding scale; however, the pharmacy label indicates Novolog Flexpen 100 units/ml-refer to quickmar sliding scale for coverage three times a day and does not indicate that the resident should receive a base 10 units.
   - Resident #5 was prescribed Ventolin HFA 90 mcg inhaler-inhale two puffs every four hours while awake for the next five days, then four times a day as needed for wheezing; however, the pharmacy label indicates Ventolin HFA 90 mcg inhaler-inhale two puffs by mouth every four hours while awake for five days.
   - Resident #6 was prescribed Novolog Flexpen 100 unit/ml-6 units subcutaneously with meals plus sliding scale; however, the pharmacy label indicates Novolog Flexpen 100 unit/ml-refer to sliding scale calculator for coverage before meals and does not indicate that the resident should receive a base 6 units.
   - Resident #7 was prescribed Gabapentin 100 MG-take one capsule by mouth daily in the morning and at 2:00pm, take two capsules (200 MG) by mouth daily at bedtime. However, the pharmacy label on the medication indicates Gabapentin 100 MG-take one capsule by mouth every morning with breakfast and take two capsules at bedtime. The label does not include the 2:00pm medication.

3. **Description of the Repair of the Immediate Problem:**
   - The Novolog Flexpen 100unit/ml-10 units for Resident #5 order that is posted to the MAR is accurate and does contain an order for the Novolog 10 units. DRCS has instructed community pharmacy to issue new labels for the Novolog Flexpen that accurately reflect the current order.
   - The Ventolin HFA 90 mcg inhaler for Resident #5 was immediately corrected by applying a "Direction Change-Refer to MAR" notation on the medication.
   - The Novolog Flexpen 100unit/ml-6 units for Resident #6 was immediately corrected by applying a "Direction Change-Refer to MAR" notation on the medication. Resident #6 is no longer a resident at the home. CTB on 11/13/18.

Authorized Signature _____ Date: 1-11-19

- The Gabapentin 100 MG for Resident #7 was immediately corrected by applying a "Direction Change-Refer to MAR" notation on the medication.

4. **Detail Action Steps / System Developed to prevent future occurrence and Designated position responsible with target dates for completion:**
   - A current audit was completed of medication carts by 9/7/18 to determine compliance with 2600.184(a).
   - Staff training was conducted with all Medication Assts. and Nurses on 9/26/18 by the DRCS. The training included the re-education of current medications and the procedure for identifying and ensuring the label on all medications including insulins are accurate. Documentation of the training shall be kept on file. DRCS will educate and instruct Medication Assistants to create an end of shift medication report.
   - All citations found in this violation to include Regulation 2600.184(a) will reviewed as part of the monthly Quality Assurance & Safety Committee Meeting on 1/24/19. Documentation of the meeting shall be kept on file.
   - DRCS will monitor end of shift medication report and re-ordered medication is communicated electronically and can be provided for validation.
   - DRCS currently monitors random medication pass at change of shift for any alerts related to missed medications and responds accordingly. This audit includes medications that are scheduled to be reordered and any medications that have been reordered on that day by resident care staff. The DRCS will monitor progress on compliance and tools.
   - Executive Director to monitor at least monthly for compliance with using the tool until such time that a routine for compliance.

Authorized Signature _____ Date: 1-11-19

Violation Report: 42346 - 09/05/2018 - Garvey, Jody
PCH Name: Newhaven Court at Clearview

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 #1 was prescribed Hydrocodone -APAP 5-325 MG- take one tablet by mouth every four hours as needed for pain, however, on 9/6/18 the medication was not available in the home for administration.

Resident #4 was prescribed Morphine 10 MG/0.5 ML- give 10 MG (0.5 ML) by mouth or under the tongue every two hours as needed for respirations > 24 or shortness of breath/pain; however, on 9/6/18 the medication was not available in the home for administration.

Resident #4 was prescribed Lorazepam 0.5 MG- take one half tablet (0.25 MG) by mouth every six hours as needed for anxiety; however, on 9/6/18 the medication was not available in the home for administration.

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 Page 9a OF 11

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

Signature of Legal Entity Representative (Required on EVERY Page) Gary R...

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Gary Renwick, Executive Director

Date 1-11-19

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The above plan of correction is approved as of 4/10/19 (Date)

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

Plan of correction implementation status as of 4/10/19 (Date)

- [ ] Fully Implemented
- [X] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Community Name: Newhaven Court at Clearview
License Number: 423460
Date of Visit: 9/5/18 & 9/6/18
Date of Submission:

1. **Violation Review: 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.

2. **Review the Citation, the violation of the Regulation:**
   - Resident #1 was prescribed Hydrocodone-APAP 5-325 MG – take one tablet by mouth every four hours as needed for pain; however, on 9/6/18 the medication was not available in the home for administration.
   - Resident #4 was prescribed Morphine 10 MG/0.5 ML – give 10 MG (0.5 ML) by mouth or under the tongue every two hours as needed for respirations > 24 or shortness of breath/pain; however, on 9/6/18 the medication was not available in the home for administration.
   - Resident #4 was prescribed Lorazepam 0.5 MG-take one half tablet (0.25 MG) by mouth every six hours as needed for anxiety; however, on 9/6/18 the medication was not available in the home for administration.

3. **Description of the Repair of the Immediate Problem:**
   - A recent medication cart audit was completed, and discontinued medications were disposed of and immediately reordered.

4. **Detail Action Steps / System Developed to prevent future occurrence and Designated position responsible with target dates for completion:**
   - A current audit was completed of medication carts by 9/7/18 to determine compliance with 2600.185(a).
   - Staff training was conducted with all Medication Assts. and Nurses on 9/26/18 by the DRCS. The training included the re-education of current medications and the procedure for identifying and discarding of D/C medications. Documentation of the training shall be kept on file.
   - All citations found in this violation to include Regulation 2600.185(a) will reviewed as part of the monthly Quality Assurance & Safety Committee Meeting on 1/24/19. Documentation of the meeting shall be kept on file.
   - DRCS currently monitors random medication pass at change of shift for any alerts related to missed medications and responds accordingly. This audit includes medications that are scheduled to be reordered and any medications that have been reordered on that day by resident care staff. Re-ordered medication is communicated electronically and can be provided for validation.
   - A tool will be utilized (amended RCS068, attached) to assist with monthly monitoring of medication administration systems and this tool will be assigned to the Director of Resident Care Services for compliance.
   - The DRCS will monitor progress on compliance and tools.
   - Executive Director to monitor at least monthly for compliance with using the tool until such time that a routine for compliance.

Authorized Signature _____ Date: 1-11-19

Violation Report: 42346 - 09/05/2018 - Garvey, Jody
PCH Name: Newhaven Court at Clearview

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
On 9/5/18 at 8:15 PM, resident #5's blood glucose level was 142; however, the resident's September 2018 medication administration record (MAR) indicated that the resident's blood glucose level was 146.

On 9/4/18 at 10:58 AM, resident #5's blood glucose level was 163; however, the resident's September 2018 MAR indicates the resident's blood glucose level was 167.

On 9/3/18 at 9:39 AM, resident #6's blood glucose level was 205; however, the resident's September 2018 MAR indicates the resident's blood glucose level was 203.

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 Page 10a OF 11

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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) Gary Renwick, Executive Director

Date 1-11-19

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1. **Violation Review: 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.

2. **Review the Citation, the violation of the Regulation:**
   - On 9/5/18 at 8:15pm, resident #5's blood glucose level was 142; however, the resident's September 2018 medication administration record (MAR) indicated that the resident's blood glucose level was 146.
   - On 9/4/18 at 10:58am, resident #5's blood glucose level was 163; however, the resident's September 2018 medication administration record (MAR) indicated that the resident's blood glucose level was 167.
   - On 9/3/18 at 9:39am, resident #6's blood glucose level was 205; however, the resident's September 2018 medication administration record (MAR) indicated that the resident's blood glucose level was 203.

3. **Description of the Repair of the Immediate Problem:**
   - The home is unable to correct glucometer readings on the MAR that were previously recorded.

4. **Detail Action Steps / System Developed to prevent future occurrence and Designated position responsible with target dates for completion:**
   - A current audit was completed of medication carts by 9/7/18 to determine compliance with 2600.185(a).
   - Staff training was conducted with all Medication Assts. and Nurses on 9/26/18 by the DRCS. The training included the re-education of staff on the documentation of PRN order as it relates to glucometer checks. Documentation of the training shall be kept on file.
   - Glucometer calibration is conducted weekly to ensure that date/time/readings are accurate. Included in resident's orders on MAR as a nursing measure.
   - All citations found in this violation to include Regulation 2600.185(a) will reviewed as part of the monthly Quality Assurance & Safety Committee Meeting on 1/24/19. Documentation of the meeting shall be kept on file.
   - DRCS will continue to monitor weekly glucometer readings for accuracy and reconciliation of MAR and glucometer.
   - Executive Director to monitor at monthly for compliance with using the tool until such time that a routine for compliance.

Authorized Signature _____ Date: 1-11-19

Violation Report: 42346 - 09/05/2018 - Garvey, Jody
PCH Name: Newhaven Court at Clearview

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

2a. DESCRIPTION OF VIOLATION
Resident #7 is prescribed Melatonin 5 MG tablet- take one tablet by mouth daily at bedtime. From 9/1/18-9/5/18, Melatonin 3 MG tablet was administered to resident #7 at 7:00 PM.

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 Page 11a OF 11

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) Gary Renwick, Executive Director

Date 1-11-19

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

The above plan of correction is approved as of 4/10/19 (Date)

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

Plan of correction implementation status as of 4/10/19 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

1. **Violation Review: 2600.187(d) -**
   The home shall follow the directions of the prescriber.

2. **Review the Citation, the violation of the Regulation:**
   - Resident #7 is prescribed Melatonin 5 MG tablet – take one tablet by mouth daily at bedtime. From 9/1/18-9/5/18, Melatonin 3 MG tablet was administered to resident #7 at 7:00pm.

3. **Description of the Repair of the Immediate Problem:**
   - The prescribed medication for Resident #7 was immediately removed from the medication cart prior to receiving clarification from the physician.
   - New order received from Resident #7's physician indicating Melatonin 3 MG – take 1 tablet (by mouth) once daily at bedtime.
   - Late medication error report submitted to DHS from 9/5/18 & 9/6/18 inspection on 1/9/19.

4. **Detail Action Steps / System Developed to prevent future occurrence and Designated position responsible with target dates for completion:**
   - A current audit was completed of medication carts by 9/7/18 to determine compliance with 2600.187(d).
   - Staff training was will be conducted with all Medication Assts. and Nurses on 1/30/19 by the DRCS. The training will include the re-education of staff on 5 rights of medication administration to ensure correct dosage, drug, frequency and route is followed as prescribed by the physician. Documentation of the training shall be kept on file.
   - All citations found in this violation to include Regulation 2600.187(d) will reviewed as part of the monthly Quality Assurance & Safety Committee Meeting on 1/24/19. Documentation of the meeting shall be kept on file.
   - A tool will be utilized (amended RCS068, attached) to assist with monthly monitoring of medication administration systems and this tool will be assigned to the DRCS for compliance.
   - The DRCS will monitor progress on compliance and tools.
   - Executive Director to monitor at least monthly for compliance with using the tool until such time that a routine for compliance.

Authorized Signature _____ Date: 1-11-19