



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JAN 10 2019

Ms. Paula Sagan-Hahn  
Executive Director  
Lakewood Senior Living-Drums LLC  
159 South Old Turnpike Road  
Drums, Pennsylvania 18222

RE: Fritzingertown Senior Living Community  
License #: 201660

Dear Ms. Sagan-Hahn:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 12, 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,

  
Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 20166 - 09/12/2018 - Harvey, Jason  
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

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 hot water temperature measured 127.7 degrees in resident room #61.

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.

A mixing valve was applied to prevent water temperature from rising above 120° Fahrenheit.

Maintenance Director/Staff were re-inserviced in the requirement of this regulation.

Maintenance Director/Staff will monitor water temperatures weekly to ensure resident comfort and safety as well and compliance to this requirement.

Executive Director will monitor water temperature logs monthly to ensure ongoing compliance to this regulation.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 09/19/2017

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)      Date 10/19/2018

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

The above plan of correction is approved as of <u>11-7-18</u> (Date)	Plan of correction implementation status as of <u>11-7-18</u> (Date)
The above plan of correction was approved by <u>AG</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20166 - 09/12/2018 - Harvey, Jason  
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600  
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed bacitracin to be applied to applied to skin tear during the 7a.m. to 3 p.m. and 3p.m. to 11 p.m. shifts. The bacitracin bottle was not labeled with the resident's name.

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.

OTC container was immediately marked with resident name.

An audit of all OTC was performed to ensure compliance to this regulation.

Licensed Nursing Staff/Med Techs were re-inserviced in the requirement of this regulation.

Director of Nursing will monitor weekly for compliance.

The Administrator will oversee to ensure ongoing compliance. 11-7-18 *AG*

Repeat Violation: Yes

Date(s) of Previous Violation(s):

09/19/2017

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Paula Sugar*

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

*Paula Sugar RN - Exec. Director*

Date

*10/19/18*

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

The above plan of correction is approved as of

11-7-18

(Date)

Plan of correction implementation status as of

11-7-18

(Date)

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

The above plan of correction was approved by

*AG*

(Initials)

Violation Report: 20166 - 09/12/2018 - Harvey, Jason  
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

**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.

**Za. DESCRIPTION OF VIOLATION**

Resident #2 is prescribed Lorazepam 1 tab by mouth 3x daily as needed. On 9/8/18 the resident received the appropriate dosage however, " the results "were not indicated on the opposite side of the mediation administration page.  
 On 9/9/18 at 7pm, the blood glucose reading of resident #3 was 253. Per the prescribed sliding scale insulin parameters, the resident should have received 6 units of insulin. Staff did not document the resident's blood glucose reading or the number of units of insulin required on the resident's Medication Administration Record or the home's Insulin 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.*

Nursing Staff and Med Techs were re-inserviced in the need for accurate documentation an all medication records and accucheck records. This practice will also promote comfort and safety of residents.

Licensed Nursing Staff and Med Techs were re-inserviced on the requirements to this regulation.

Director of Nursing will monitor weekly for compliance.

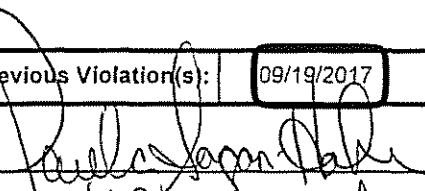
Executive Director will monitor monthly to ensure ongoing compliance to this regulation.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

09/19/2017

Signature of Legal Entity Representative  
 (Required on EVERY Page)



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

Paul A. Sagan, Exec. Director

Date

10/18/18

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The above plan of correction is approved as of 11-7-18  
 (Date)

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

Plan of correction implementation status as of 11-7-18  
 (Date)

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