



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 20 2018

Mr. Eric Roadman
Administrator
Presbyterian Homes, Inc.
1155 Indian Springs Road
Indiana, Pennsylvania 15701

RE: The Village House
License #: 427290

Dear Mr. Roadman:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 21, 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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report 42729 – 09/21/2018-McConnell, Deb
 PCH Name: The Village House

1. Regulation 55 Pa.Code 2600
 2600.123(b) Copies of the emergency procedures as specified in 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION
 The homes emergency procedures are not posted in a conspicuous and public place in the home. The procedures are kept in the nurse's office.

3. PLAN OF CORRECTION (POC)
 Change made:
 A copy of the emergency operating procedures immediately moved to a public location 9/21/18, and will remain displayed in this public place at all times.

Responsible Person
 Personal Care Administrator, Environmental Services Manager

Date/when will the change be made
 Moved permanently on 9/21/18

How will the change be made
 Maintenance staff placed a bin to hold and display the emergency operating procedure binder in this public location 9/21.

System implemented to make sure the same violation will not occur again.
 Will develop a checklist of postings for public display for Personal Care Aides to monitor and audit monthly to ensure ongoing compliance.

Training provided
 Education provided to review process, regulation and location at staff meeting on 10/8/18

Eric Roadman

Eric Roadman — PC Admin- 12-7-18 Eric Roadman

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>12/12/18</u> (Date)	Plan of correction implementation status as of <u>12/12/18</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 42729 - 09/21/2018 - McConnell, Deb
 PCH Name: THE VILLAGE HOUSE

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

2a. DESCRIPTION OF VIOLATION
 The medical evaluations, dated 3/7/18 for resident #1, and dated 7/31/18, for resident #2, do not include a list of the residents medications. The medical evaluations indicate "see attached med list"; however the medication lists are not attached.

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.

RECEIVED
 DEC 7 2018
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 Human Services Licensing

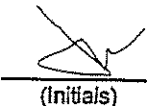
See Page 3A of 9

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) Eric Roadman PC Administrator	Date 12-7-18
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Violation Report 42729 – 09/21/2018-McConnell, Deb

PCH Name: The Village House

1. Regulation 55 Pa.Code 2600

141b1 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

The medical evaluations, dated 3.7.18 for resident # 1, and dated 7.31.18, for resident #2 does not include a list of the residents medications the medical evaluations indicate "see attached med list" however the medication lists are not attached.

3. PLAN OF CORRECTION (POC)

Change made:

Resident #1- A copy of the March 7, 2018 medication list was obtained from the physician and attached to DME. The DME for Resident #2 was obtained from the thinned medical record and attached to the DME by 10/1/18. Complete and signed copies of Medication lists will be filed in Resident charts with all DMEs.

Responsible Person

Personal Care LPN; PC Aides

Date/when will the change be made

Full resident Chart Audit was completed by LPN on 10/6/18 to ensure compliance for all current residents. System fully implemented on 11/28/18 to ensure ongoing compliance. .

How will the change be made

All staff have been educated to follow process established by LPN & Administrator to ensure a complete and orderly medical record is maintained for all residents, at all times.


System implemented to make sure the same violation will not occur again.


Instituted a chart filing system to ensure items were not separated including placing all new paperwork into a basket on LPN desk who will review for accuracy and file. Also posted chart filing directions above resident charts. Staff are to use the basket on LPN desk to ensure they are filed correctly. Also added Chart order instructions just above resident charts. Administrator or designee will conduct a regular audit to confirm signed med list is attached to DME.

Training provided

The Personal Care Aide were educated during a monthly staff meeting on 11/28/18, which included not separate documents in the resident charts on 11/28/18 and to follow new process for the filing of paperwork in the residents' medical records



Eric Roadman PC Administrator  12-7-18

 12/12/18

Violation Report: 42729 - 09/21/2018 - McConnell, Deb
 PCH Name: THE VILLAGE HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

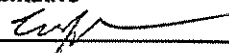
2a. DESCRIPTION OF VIOLATION
 There were no eye coverings in the first aid kit in the van used to transport residents.

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.

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See Page 4A of 9

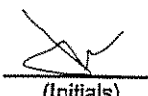
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Printed Name and Title of Legal Entity Representative
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Date 12-7-18

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Violation Report 42729 – 09/21/2018-McConnell, Deb
PCH Name: The Village House

1. Regulation 55 Pa.Code 2600
2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

There were no eye coverings in the first aid kit in the van used to transport residents.

3. PLAN OF CORRECTION (POC)

Change made:

This was immediately resolved on 9.21.18 by returning the eye coverings to the first aid kit.
Eye coverings will be maintained in the van first aid kit at all times.

Responsible Person

Transportation Coordinator will ensure that all required contents are present in the first at all times.

Date/when will the change be made

10/1/2018

How will the change be made

Transportation coordinator will conduct regular audit of the first aid kit to confirm all required items are present.

System implemented to make sure the same violation will not occur again.

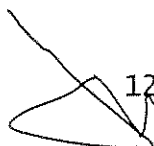
First aid kit will be audited each day the van is used.

Training provided

Education has been provided to the transportation coordinator and all Environmental Service Staff on 09.21.18 to accurately conduct audits to confirm that all contents listed on the checklist are in place.



Eric Roadman PC Administrator

 12-1-18 12/12/18

Violation Report: 42729 - 09/21/2018 - McConnell, Deb
 PCH Name: THE VILLAGE HOUSE

1. REGULATION 55 Pa.Code §2600

2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

2a. DESCRIPTION OF VIOLATION

Resident #3 self administers medications and stores medications in their room. On 9/21/18, at approximately 11:00 a.m., the unlocked metal lock box containing prescribed medications was on a stand in the bathroom of the unlocked bedroom.

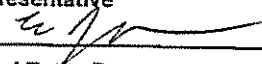
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Eric Roadman PC Administrator Date 12-7-18

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 (Initials)

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

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- Partially Implemented - Adequate Progress
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Violation Report 42729 – 09/21/2018-McConnell, Deb
PCH Name: The Village House

1. Regulation 55 Pa.Code 2600

2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

2a. DESCRIPTION OF VIOLATION

Resident #3 self-administers medications and stores medication in their room. On 9/21/18, at approximately 11:00am, the unlocked metal lock box containing prescribed medications was on a stand in the bathroom of the unlocked bedroom.

3. PLAN OF CORRECTION (POC)

Change made:

This issue was immediately resolved by locking the box in the room of resident #3.

Responsible Person

Personal Care Administrator.; Personal Care LPN; PC aides

Date/when will the change be made

10/1/2018

How will the change be made

LPN will complete audits to ensure the medication storage lock boxes will be locked at all times for residents who self-administer their own medications.

System implemented to make sure the same violation will not occur again.

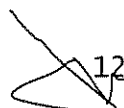
The electronic medication administration computer system has been scheduled to alert the staff to conduct Monthly Audits to ensure complaint storage of medications. If a box is found to be unlocked, it will be documented in Matrix care and reported to Personal Care LPN and Personal Care Administrator. Resident will be re-educated and if behavior does not change we will move toward removing box.

Training provided

Education was provided to Personal Care staff at monthly staff meeting on 10/31/2018, and education was provided to residents on 10/10/18 at resident association meeting.



Eric Roadman PC Administrator

 12-7-18 12/12/18

Violation Report: 42729 - 09/21/2018 - McConnell, Deb
 PCH Name: THE VILLAGE HOUSE

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 #4 is prescribed Humalog Kwikpen insulin, 100units/ml, 4 times a day, per a sliding scale. The medication label does not include the sliding scale.

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.

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See Page 6A of 9

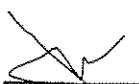
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Eric Roadman P.C Administrator Date 12-7-18

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Violation Report 42729 – 09/21/2018-McConnell, Deb

PCH Name: The Village House

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- (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 #4 is prescribed Humalog Kwikpen insulin 100units/ml, 4 times a day, per sliding scale. The medication label does not include the sliding scale.

3. PLAN OF CORRECTION (POC)

Change made:

9/27/18 Personal Care LPN obtained new label from pharmacy for the resident in question. Labels will match medications and complete order for all medications.

Responsible Person

Personal Care LPN; PC Aides; Pharmacy Consultant

Date/when will the change be made

Med cart audit was conducted internally by Personal Care LPN on 10/6/18. Pharmacy Consultant also completed a separate, complete medication cart audit in November to ensure all labels were accurate.

How will the change be made

Personal Care LPN will be completing internal audits of medication labels on the medication cart including disposing of and reordering medications as prescribed from the physician.

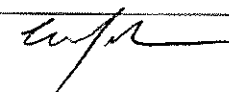
System implemented to make sure the same violation will not occur again.


Our pharmacy has revised the way printing occurs on packaging labels so they are complete and accurate. Pharmacy consultant is also providing medication cart audits to ensure safe storage and accuracy of orders as compared to stock medications.

Training provided

Education was completed with staff at monthly staff meeting on 10/5/18 to review medication labels to ensure they were accurate and contained complete information.



Eric Roadman PC Administrator  12-7-18

 12/12/18

Violation Report: 42729 - 09/21/2018 - McConnell, Deb
 PCH Name: THE VILLAGE HOUSE

1. REGULATION 55 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 for resident #4, dated 1/30/18, does not indicate if the resident can safely use or avoid poisonous materials.

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.

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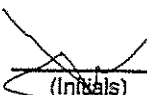
Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Eric Roadman PC Administrator Date 12-7-18

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Violation Report 42729 – 09/21/2018-McConnell, Deb

PCH Name: The Village House

1. Regulation 55 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 for resident #4, dated 1/30/18, does not indicate if the resident can safely use or avoid poisonous materials.

3. PLAN OF CORRECTION (POC)

Change made:

PC LPN re-assessed resident for ability to safely use poisonous materials and confirmed she continues to be capable of maintaining safe use.

Prescreen assessments will be completed fully and accurately

Responsible Person

Personal Care Administrator / Personal Care LPN

Date/when will the change be made

This instance was corrected on 9/21/18, and will continue on an ongoing basis for all future assessments.

How will the change be made

Personal Care LPN will complete all assessments, and will ensure that the pre-admission screening indicates whether the resident can use or must avoid poisonous materials.

System implemented to make sure the same violation will not occur again.

Personal Care LPN will review all forms for completion prior to initial or annual MD Medical Evaluation and following completion of annual / initial Medical evaluation. Administrator will complete final review of Prescreen and DME to ensure completion.

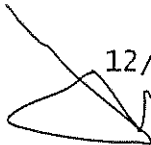
Training provided

Personal Care LPN and Administrator attended training on 11/2/18 to receive comprehensive education regarding more individualized interventions on the RASP.



Eric Roadman PC Administrator

 12-7-18

 12/12/18

Violation Report: 42729 - 09/21/2018 - McConnell, Deb
 PCH Name: THE VILLAGE HOUSE

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

The support plans for multiple residents, including resident #4, dated 1/15/18, do not address how the home will meet the needs for the resident's medical diagnoses. The support plans indicate "diagnosis and medication managed by MD".

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.

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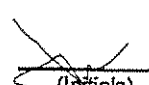
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1. Regulation 55 Pa.Code 2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

The support plans for multiple residents, including resident #4, dated 1/15/18, do not address how the home will meet the needs for residents medical diagnoses. The support plans indicate "diagnosis and Medication managed by MD"

3. PLAN OF CORRECTION (POC)

Change made:

The PC LPN reviewed the identified support plans for areas of improvement and revised it immediately by adding individualized interventions to address needs.

Responsible Person

Personal Care Administrator; Personal Care LPN

Date/when will the change be made

Immediately for identified support plans and 12/31/2018 for all residents

How will the change be made

PC LPN and PC Administrator will implement changes as they review and revise support plans, and ensure we develop a more comprehensive and individualized Resident Assessment Support Plan

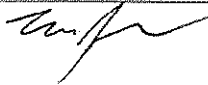
System implemented to make sure the same violation will not occur again.


All resident support plans will be reviewed to ensure individual and thorough interventions when they are due. Any RASP that fails to include enough person-centered specific interventions will be revised by 12/31/18.

Training provided

Personal Care LPN and Administrator attended training on 11/2/18 to receive additional education regarding the development of comprehensive RASPs.



Eric Roadman PC Administrator  12-7-18

 12/12/18

Violation Report: 42729 - 09/21/2018 - McConnell, Deb
 PCH Name: THE VILLAGE HOUSE

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The support plan for resident #1, dated 6/20/18, does not address the resident's use of a bedrail and how the home will assess the resident's safety.

The support plan for resident #2, dated 5/8/18, does not address the resident's use of a wanderguard.

The support plan for resident #4, dated 1/15/18, does not address the resident's use of a wanderguard and the need for ted hose, ordered on 9/13/18.

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.

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PCH Name: The Village House

1. Regulation 55 Pa.Code 2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the costs of these medical and behavioral care services.

2a. DESCRIPTION OF VIOLATION

The support plan for Resident #1 dated 6/20/18, does not address the resident's use of a bed rail and how the home will assess the resident's safety.

3. PLAN OF CORRECTION (POC)

Change made:

Bed rail was immediately removed as resident did not use the bedrail.

Bed rails will only be used to address resident needs as care planned and ordered by MD.

Responsible Person

PC Admin/ PC LPN

Date/when will the change be made

9/21/2018

How will the change be made

Rail was immediately removed. If a need is identified LPN will evaluate for necessity and obtain appropriate orders based on resident need and be included in RASP


System implemented to make sure the same violation will not occur again.

For all new move-ins, change of furniture staff will inspect for bed rails.

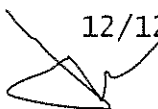
Training provided

Review with staff that no enabler bar / bed rail will be permitted unless ordered by MD.



 Eric Roadman PC Administrator 12-7-18

12/12/18



Violation Report 42729 – 09/21/2018-McConnell, Deb
PCH Name: The Village House

1. Regulation 55 Pa.Code 2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the costs of these medical and behavioral care services.

2a. DESCRIPTION OF VIOLATION

The support plan for resident #2, dated 5/8/18, does not address the resident's use of wander guard.

3. PLAN OF CORRECTION (POC)

Change made:

An order was obtained for wander guard for Resident #2 on 9/24/18, and the support plan was updated. The Medical Record for all residents using wander guard will have MD orders and RASP will indicate need and relevant care plan interventions

Responsible Person

Personal Care LPN & Personal Care Administrator

Date/when will the change be made

10/2/2018

How will the change be made


Personal Care LPN will obtain orders for each resident with a wanderguard and will include in RASP.

System implemented to make sure the same violation will not occur again.

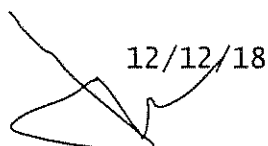
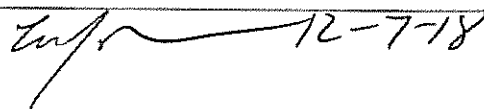
Personal Care LPN and Administrator will audit and review all RASPs for residents with wander guard to ensure accuracy and completeness

Training provided

Personal Care LPN and Administrator attended training on 11/2/18 to receive additional education on providing individualized interventions on RASP



Eric Roadman PC Administrator



Violation Report 42729 – 09/21/2018-McConnell, Deb

PCH Name: The Village House

1. Regulation 55 Pa.Code 2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the costs of these medical and behavioral care services.

2a. DESCRIPTION OF VIOLATION

The support plan for resident #4, dated 1/15/18, does not address the resident's use of wander guard and the need for ted hose, ordered on 9/13/18.

3. PLAN OF CORRECTION (POC)

Change made:

Received orders for wander guard obtained on 9/24/18, and an order for TED hose dated 9/13/18 were both added to RASP on 10.2.18 for Resident #4. Interventions were added to the RASP on 10/2/18 for affected residents.

Responsible Person

Personal Care LPN & Personal Care Administrator

Date/when will the change be made

10/2/2018

How will the change be made

Personal Care LPN will obtain orders for each resident with a wander guard and TED hose and will include in RASP.

System implemented to make sure the same violation will not occur again.

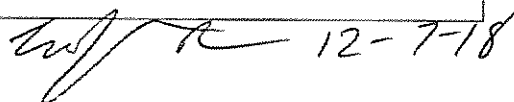
Personal Care LPN and Administrator will audit and review all RASPs for residents with wander guards and TED hose for accuracy and completeness. This will occur for all new residents, or new orders for current and future RASPs to ensure they include needs and interventions for wander guard & TED Hose.

Training provided

LPN/Administrator attended training on 11/2/18 to provide more individualized interventions on RASP



Eric Roadman PC Administrator



12/12/18

