



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 22 2019

Ms. Christine McDonald
Executive Director/Administrator
Friends Boarding Home of Western Quarterly Meeting
147 West State Street
Kennett Square, Pennsylvania 19348

RE: Friends Boarding Home of Western
Quarterly Meeting
License #: 140020

Dear Ms. McDonald:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 27, 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Licensing Inspection Summary

Violation Report: 14002 - 09/27/2018 - Chung, Youn Hie
 PCH Name: FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING

1. REGULATION 55 Pa.Code §2600
 2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
 Resident #1 signed their contract on 04/12/2017, but did not sign a statement acknowledging they received a copy of the resident rights and complaint procedures.

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 #1 had a signed POA contract in her medical record (see attached). From this point forward we will keep POA in business file as well.

Please see documents pertaining to resident #1 and our policy for admission paperwork

All residents record will be reviewed quarterly by the Administrator or a designee, to ensure compliance with the referenced reg. Documentation of the review shall be kept. AA

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)			Date
CHRISTINE McDONALD ^{PE Administrator}			10/20/18

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

The above plan of correction is approved as of <u>12/24/18</u> (Date)	Plan of correction implementation status as of <u>12/24/18</u> (Date)
The above plan of correction was approved by <u>AA</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

2A.

Plan of Correction:

Both the Resident Rights and the Complaint Procedures will be reviewed with every residents as well as when applicable with the resident's designated person.

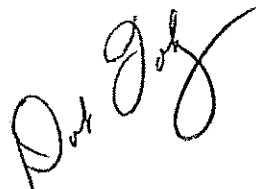
After the review, the resident and if applicable their designated person, will acknowledge the receipt of both the Resident Rights and the Complaint Procedures by signing both forms.

Should it be not possible for the resident to sign after the Resident Rights and the Complaint Procedures were reviewed with them, due to cognitive and/or physical limitations, documentation of such efforts to have them sign will be made in writing. Should the resident approve, their designated person can sign on their behalf. It will be noted that the resident asked and approved that their designated person signed on their behalf.

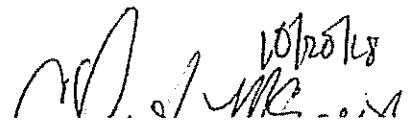
A copy of the resident's Power of Attorney will be kept in the file as well as in the medical chart.

All current residents' files will be reviewed, both Resident Rights and the Complaint Procedures will once again be reviewed with them and they all be asked to acknowledge receipt of the Resident Rights and the Complaint Procedures in writing.

Should it be not possible for the current resident to sign after the Resident Rights and the Complaint Procedures were reviewed with them, due to cognitive and/or physical limitations, documentation of such efforts to have them sign will be made in writing. Should the resident approve, their designated person can sign on their behalf. It will be noted that the resident asked and approved that their designated person signed on their behalf.



Dr. G. J. [unclear]

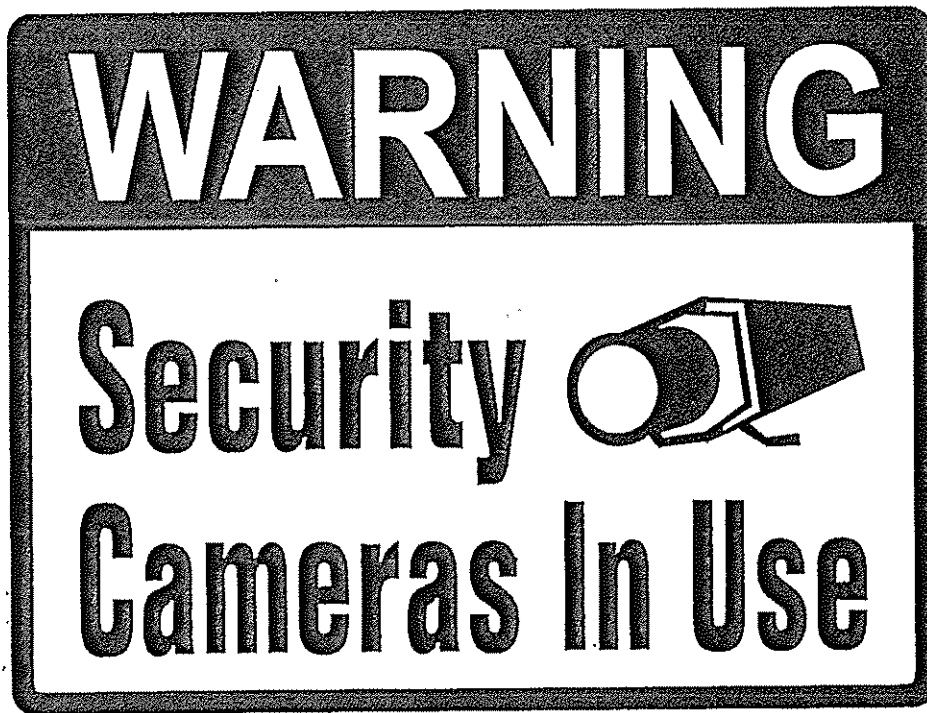


Violation Report: 14002 - 09/27/2018 - Chung, Youn Hie
 PCH Name: FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING

1. REGULATION 65 Pa.Code §2600
 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION
 There is a security camera at the main entrance of the home and also at the back door leading to the home's dumpster. The home does not have signs posted indicating that images are being recorded.

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.
 We have placed security cameras signage at all entrances of the building.



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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christine McDonald* | Date *10/20/18*

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

The above plan of correction is approved as of 12/24/18
 (Date)

Plan of correction Implementation status as of 12/24/18
 (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: 14002 - 09/27/2018 - Chung, Youn Hie
 PCH Name: FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING

1. REGULATION 55 Pa.Code §2600
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
 Staff member A was hired on 06/13/2016. The criminal background check was not requested until 06/15/2016.

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.

At the time of staff member A's hire Friends Home used a contract agency for all Human Resource duties. Since early 2017 Friends Home has a full-time Human Resource specialist. Attached you will find the present hiring process

All staff's record will be reviewed quarterly by the Administrator, to ensure compliance with the referenced reg. Documentation of the review shall be kept - AA

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)			Date
Christine McDonald			10/20/18

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

The above plan of correction is approved as of <u>12/24/18</u> (Date)	Plan of correction implementation status as of <u>12/24/18</u> (Date)
The above plan of correction was approved by <u>AA</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

Christine McDonald / Christine McDonald 10/20/18

Violation Report: 14002 - 09/27/2018 - Chung, Youn Hie
 PCH Name: FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING

1. REGULATION 55 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person B had no record of annual training in training year 2017.

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.

For 2018 calendar year we have made several changes to our education program and documentation. We have a new contract with Relius that will provide a detailed report for each employee (see attached). Relius will also allow Friends Home to record live educational courses, download them to the Relius platform and receive documentation to verify when the employee viewed the recordings.

Additionally we will manually track the inservices and educational programs each Friends Home employee attends to ensure compliance (see attached).

The review of staff's record will take place quarterly; and the same shall be documented.
 AA.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christine McDonald* Date *10/20/18*

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

The above plan of correction is approved as of <u>12/24/18</u> (Date)	Plan of correction implementation status as of <u>12/24/18</u> (Date)
The above plan of correction was approved by <u>AA</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

Christine McDonald / Christine McDonald 10/20/18

Violation Report: 14002 - 09/27/2018 - Chung, Youn Hio
 PCH Name: FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING

1. REGULATION 55 Pa.Code §2600
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
 (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 (3) Resident rights.
 (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
 (5) Falls and accident prevention.
 (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
 Direct care person B did not receive training in fire safety, emergency preparedness procedures, resident rights, Older Adult Protective Services Act, and Falls and accident prevention during training year 2017.

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.

Direct care person B has been contacted that she will not be scheduled to work until all necessary training is completed. "B" is a PRN employee presently not working due to personal reasons. She is unable to complete training at this time but is aware that she will not be scheduled to provide care until training complete.

The previous POC for regulation 2600.65 will ensure all staff is up to date with necessary training (see attached)

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

Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Signature]</i>
--	--------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Christine McDonald	10/20/18

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

The above plan of correction is approved as of <u>12/24/18</u> (Date)	Plan of correction implementation status as of <u>12/24/18</u> (Date)
The above plan of correction was approved by <u>AA</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

[Signatures] Christine McDonald, [Signature] 10/20/18

Violation Report: 14002 - 09/27/2018 - Chung, Youn Hie
 PCH Name: FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING

1. REGULATION 55 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The home's written emergency procedures have not been submitted to the municipal emergency management agency since 2016.

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.

Friends Home emergency procedures have been reviewed, updated and submitted to the local emergency management agency. Please see attached for letter and receipt.

This will be done annually at the same time the fire letter is obtained (fall)

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christine McDonald* Date *10/20/18*

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

The above plan of correction is approved as of <u>12/24/18</u> (Date)	Plan of correction implementation status as of <u>12/24/18</u> (Date)
The above plan of correction was approved by <u>AA</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

Christine McDonald [Signature] 10/20/18

Violation Report: 14002 - 09/27/2018 - Chung, Youn Hie
 PCH Name: FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING

1. REGULATION 55 Pa.Code §2600

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 designaed evacuation time from fire safety expert is 5 minutes. The home's fire drill evacuation time for 08/23/2017 was 5 minutes and 5 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 occuning again. If steps cannot be completed immediately, include dates by which the steps will be completed.

We will retrain all staff to do a better job at meeting the 5 minute time limit.

In the event that we exceed the regulated time limit we will reschedule the fire drill to correct any mistakes.

Administrator will ensure that fire drills conducted by the home meets the recommendation of the fire safety expert. All fire drills conducted will be documented. Administrator or a designee will review all fire drills record monthly to ensure compliance with the reg. Documentation of review shall be kept. AA

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christine McDonald* | Date *10/20/18*

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

The above plan of correction is approved as of 12/24/18
 (Date)

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

Plan of correction implementation status as of 12/24/18
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress

Violation Report: 14002 - 09/27/2018 - Chung, Youn Hie
 PCH Name: FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING

1. REGULATION 55 Pa.Code §2600
 2600.132(1) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The Marshall Wing exit and office fire tower were used during the fire drills on 10/27/2017, 11/28/2017, 12/20/2017, 01/24/2018, 02/21/2018, 03/20/2018, and 04/28/2018.

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.

We will plan alternating routes in future fire drills

All maintenance staff will be educated on proper fire drill planning and documentation at next staff meeting to be held week of 10/22/18

Administrator or a designee will routinely review all fire drills record monthly for accuracy; and to ensure compliance with the regs. Documentation of such review shall be kept.
 AA

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christine McDonald | Date 10/20/18

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

The above plan of correction is approved as of 12/14/18 (Date)

Plan of correction implementation status as of 12/14/18 (Date)

The above plan of correction was approved by AA

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress

Violation Report: 14002 - 09/27/2018 - Chung, Youn Hie
PCH Name: FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following: (2) Medical diagnosis including physical or mental disabilities of the resident, if any.

2a. DESCRIPTION OF VIOLATION
The medical evaluation for resident #2, dated 05/15/2018, does not include her current medication list.

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.

Please find the corrected OME
and revised protocol attached.

Administrator or CI designee will review all
clients record quarterly for accuracy and to
ensure compliance with the referenced reg. Documentation
of the review shall be kept. AA.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Christine McDonald* Date *10/20/18*

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

The above plan of correction is approved as of <u><i>12/14/18</i></u> (Date)	Plan of correction implementation status as of <u><i>12/14/18</i></u> (Date)
The above plan of correction was approved by <u><i>AA</i></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

10A


1. REGULATION 55 Pa. Code §2600.141(a)(2) a resident shall have a medical evaluation by a physician, physician's assistant, or a certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following: (2) Medical diagnosis including physical or mental disabilities of the resident, if any.

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #2 dated 05/15/2018, does not include her current medication list.

PLAN OF CORRECTION

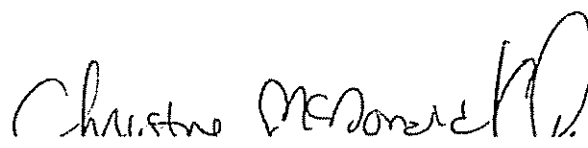
Effective with the next resident admission to Friends Boarding Home of Western Quarterly Personal Care on or after 10/20/2018, a policy has been established to insure the Document of Medication Evaluation (DME) is completed thoroughly and in compliance with the Department of Human Services (DHS) regulations prior to filing in residents chart. Upon receipt of the completed DME, Director of Personal Care will review for completeness of this document. Once form has been determined completed using attached instruction sheet as guide, Director of Personal Care will initial and date back of last page to indicate form is ready for filing into resident's chart. If form is not completed per DHS compliancy, Director of Personal Care will not initial and date back of page and will communicate with Health Center Supervisor to obtain the information imperative to meet compliancy.


Signature of Legal Entity Representative

10/20/18
Date

Dianne Goodwin LPN Director of Personal Care
Printed Name and Title of Legal Entity Representative

10/20/18
Date

 Christine McDonald
PC Admin

Violation Report: 14002 - 09/27/2018 - Chung, Youn Hie
 PCH Name: FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING

1. REGULATION 56 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
 The glucometer for resident #3 was not calibrated correctly. The date of 09/27/18 was correct but the time was off.
 Resident #4 has a prescription for Meclizine HCL 25 mg tab as a PRN. The medication was not in the home on 09/27/2018.

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.

Attached please find the POC developed by the
 Personal Care Director of Nursing

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)		Date
Christina McDonald		10/20/18

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

The above plan of correction is approved as of	<u>12/24/18</u> (Date)	Plan of correction implementation status as of	<u>12/24/18</u> (Date)
The above plan of correction was approved by	<u>AA</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	

11A

1. REGULATION 55 Pa. Code §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

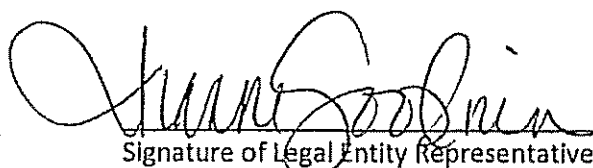
The glucometer for resident #3 was not calibrated correctly. The date of 9/27/18 was correct, but the time was off.

Resident #4 has a prescription of Meclizine HCL 25 mg tab as a PRN. The medication was not in the home on 09/27/2018.

PLAN OF CORRECTION

Effective on 10/10/2018 a policy has been established to insure glucometer time and date stamp at time of blood glucose testing is accurate, this check will be placed on the Medication Administration Record for staff to document accuracy. At time and date of prescribed blood glucose testing is performed, staff member will verify that time and date corresponds appropriately. If time and date does NOT correspond, staff member is to document on back of MAR indicating correct time and date that blood glucose testing was performed. Staff member is to forward glucometer which time and date stamp was inaccurate to Health Center supervisor for inspection. If glucometer is deemed faulty, a new glucometer (home keeps two new glucometers in stock at all times) will be issued to resident.

Effective on 10/10/2018 a policy has been established to insure all prescribed PRN "as needed" medications are to be available for administration. This policy will be assigned to a designated certified medication administration staff member during the 11pm-7am shift to perform an audit weekly on Tuesday nights. This audit is a supplemental audit to insure accuracy of prescribed PRN medications stored in the medication carts. The designated staff member will compare the medication administration record (MAR) PRN medications of each resident to PRN medications in medication cart to insure PRN medications are available and unexpired. Staff member to complete WEEKLY PRN AUDIT LOG form, order missing or expired PRN medications, and communicate to licensed nurse supervisor. If PRN medication requires new script, staff member is to fax request to resident's primary care physician OR communicate with licensed nurse via written or electronic communication for that order to be processed. Licensed nurse to sign to insure medications are present via documentation on log.


Signature of Legal Entity Representative

10/20/18
Date

Dianne Goodwin LPN Director of Personal Care
Printed Name and Title of Legal Entity Representative

10/20/18
Date

Clara McNamee RN, MEd, PHN 10/20/18

Violation Report: 14002 - 09/27/2018 - Chung, Youn Hio
 PCH Name: FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING

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 #4 does not include the diagnosis for Phenytoin Sodium Extended 100 mg capsule and Bystolic 20 mg tab.

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.

Please see attached for the revised policy and procedure and the corrected MARs

Administrator or a designee will review all residents record for accuracy and to ensure compliance with the referenced reg. Doctor's prescription orders will be checked against MARs for residents. Review of MARs shall be conducted monthly - AA.

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) Christine McDonald Date 10/20/18

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

The above plan of correction is approved as of 12/24/18
 (Date)

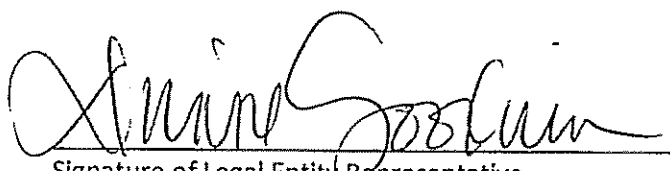
The above plan of correction was approved by AA
 (Initials)

Plan of correction implementation status as of 12/24/18
 (Date)

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

12A

1. Review physicians order for thoroughness (see above a-n) if any portions are missing or not clear, communicates with physician for a clarification order.
2. Fax order to pharmacy to insure medication will be profiled onto residents MAR for the subsequent
3. A licensed nurse or certified medication administration staff member will transcribe medication order as a new entry on the residents MAR page legibly.
4. Initial and date in the upper right corner of the order to indicate this process 1st check was completed and file in the New Order Audit Binder behind the 2nd check tab for another licensed nurse or certified medication administration staff member to verify the order was transcribed properly, reviewing a-n,
5. A third medication administration certified staff member or licensed nurse will conduct a 3rd and final check to insure order was transcribed properly.
6. After the three checks have been completed, which is indicated by three sets of staff initials and dated, the order can be filed into the residents chart.
7. During monthly MAR recaps of physician orders generated from pharmacy, each residents MAR is thoroughly checked by two (2) licensed nurses to verify order completeness.



Signature of Legal Entity Representative

10/20/18
Date

Dianne Goodwin LPN Director of Personal Care

Printed Name and Title of Legal Entity Representative

10/20/18
Date

Christine McDonald / Christine McDonald PC Admin 10/20/18

12B

1. REGULATION 55 Pa. Code §2600.187(a)-A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Residents name
2. Drug allergies
3. Name of medication
4. Strength
5. Dosage form
6. Dose
7. Route of administration
8. Administration times
9. Duration of therapy, if applicable
10. Special precautions, if applicable
11. Diagnosis or purpose for the medication, including pro re nata (PRN)
12. Date and time of medication administration
13. Name and initials of the staff person administering the medication.

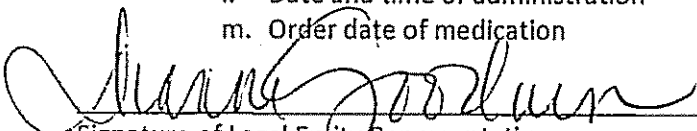
2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #4 does not include the diagnosis for Phenytoin Sodium Extended 100 mg capsule and Bystolic 20 mg tab.

PLAN OF CORRECTION

Effective on and thereafter 10/10/2018 a process has been established to insure the transcription of new orders onto the Medication Administration Record (MAR) are complete, accurate and have all components in place to be compliant with Department of Human Services. Prescribed medication orders from the resident's licensed medical professional can be transcribed onto the MAR by a staff licensed nurse or a staff certified medication administrator technician. Information of medication order will include the following information to record as a new entry on the MAR of the resident:

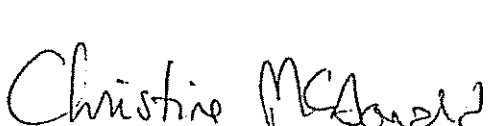
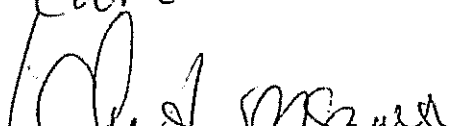
- a. Resident's name
- b. Allergies
- c. Medication name
- d. Medication dose
- e. Medication strength
- f. Route of administration
- g. Frequency of administration
- h. Administration times
- i. Duration of administration (if applicable)
- j. Special precautions (if applicable)
- k. Diagnosis or purpose for the medication
- l. Date and time of administration
- m. Order date of medication


Signature of Legal Entity Representative

10/20/18
Date

Dianne Goodwin LPN Director of Personal Care
Printed Name and Title of Legal Entity Representative

10/20/18
Date

 /  PCRN 10/20/18

Violation Report: 14002 - 09/27/2018 - Chung, Youn Hie
PCH Name: FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING

1. REGULATION 55 Pa.Code §2600
2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
Resident #1 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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 #1 has significant dementia and her daughter is her POA. Attached is the contract and residents rights

When a resident refuses medication it is documented on the reverse side of MARS why and what action was taken. In Resident 1 the action would be to contact the daughter.

Attached is documentation on MARS

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Christine McDonald Date 10/20/18

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

The above plan of correction is approved as of 12/4/18
(Date)

Plan of correction Implementation status as of 12/4/18
(Date)

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

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

Violation Report: 14002 - 09/27/2018 - Chung, Youn Hio
 PCH Name: FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING

1. REGULATION 55 Pa.Code §2600
 2600.224(c) - The preadmission screening shall be completed by the administrator or designee.

2a. DESCRIPTION OF VIOLATION
 The preadmission screening dated 01/10/2018, for resident #4, admitted 01/16/2018, was completed by staff C. Her title, signature, and the name of admitting personal care home were not completed.

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 corrected preadmission screen is attached.
 Please find the revised protocol developed by
 the PC Director of Nursing also attached

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Christine McDonald* Date *10/20/18*

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

The above plan of correction is approved as of <u>12/24/18</u> (Date) The above plan of correction was approved by <u>AA</u> (Initials)	Plan of correction implementation status as of <u>12/24/18</u> (Date) <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: 14002 - 09/27/2018 - Chung, Youn Hie
 PCH Name: FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING

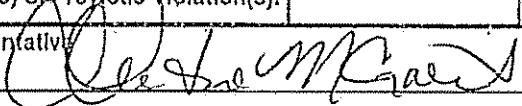
1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 Resident #2 participated in the development of her support plan on 09/04/2017 and 09/10/2018. The resident signed but did not date the support plan.

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 support plan has been dated (please see attached)
 Going forward the administrator will ensure all forms signed are also dated by both parties
 Administrator will review all residents record quarterly for accuracy and to ensure compliance with the applicable regs. Documentation of the review shall be kept.
 AA

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)	Date
Christine McDonald	10/20/18

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

The above plan of correction is approved as of 12/24/18
 (Date)

Plan of correction implementation status as of 12/24/18
 (Date)

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

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