



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 04 2018

Mr. Matthew Jahraus
Authorized Representative
McCullough AID OPCO, LLC
500 Cheney Oak Drive
Johnstown, Pennsylvania 15905

RE: McCullough Place
Certificate #: 330640

Dear Mr. Jahraus:

As a result of the Department's Bureau of Human Services Licensing annual inspection on October 10, 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 33064 - 10/10/2018 - Hoover, Douglas
 PCH Name: MCCULLOUGH PLACE

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
 The prescription medication, *Clobetasol Propionate Ointment 0.05%* for Resident #1, did not have a pharmacy label. The ointment in the medication cart was labeled "113" for Resident #1's room.

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 medicated ointment for resident #1 was removed immediately from the med cart.

Care Service Manager will educate current Medication Techs on the regulation that OTC medications should have a label that includes: The resident's name, the name of the medication, the date of the prescription was issued, the prescribed dosage and instructions for administration and the name and title of the prescriber by November 1st 2018. Care service Manager will audit the med cart weekly x 12 weeks cart to ensure that sample medications and OTC's are labeled appropriately. Monitoring will be ongoing.

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)	Date
Tracy Murphy	11/1/18

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

The above plan of correction is approved as of <u>11/27/18</u> (Date)	Plan of correction implementation status as of <u>11/27/18</u> (Date)
The above plan of correction was approved by <u>GE</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: 33064 - 10/10/2018 - Hoover, Douglas
 PCH Name: MCCULLOUGH PLACE

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 October 2018 medication administration record did not include the prescription medication, *Clobetasol Propionate Ointment 0.05%*, for Resident #1.

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.

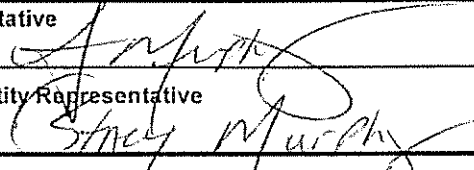
Ointment for resident # 1 was removed from the cart.

Care service Manager will educate current Medication Techs on the requirement for including prescribed medications on the MAR by November 1st 2018. The Care service Manager will audit medication changes weekly x 12 weeks and the MARs monthly x 3 months to ensure the required information is documented appropriately. Monitoring will be ongoing.

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)

Stacy Murphy

Date 11/1/18

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 (Date)

Plan of correction implementation status as of 11/27/18
 (Date)

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

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

Violation Report: 33064 - 10/10/2018 - Hoover, Douglas

PCH Name: MCCULLOUGH PLACE

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

The initial support plan, dated 5/5/17 for Resident #2, was not signed by the home.

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

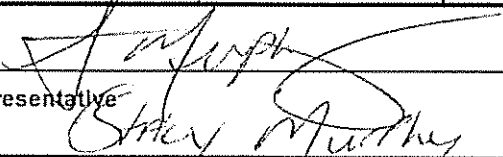
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A copy of a signed initial RASP for resident #2 was forwarded it to the department on 10/15/2018. Going forward, individuals who participate in the development of an initial support plan will sign and date the document. Executive Director and/or Care Service Manager will review initial RASP's within three days of completion to ensure that the required individuals have signed and dated the document. Monitoring will be ongoing.

Repeat Violation: No

Date(s) of Previous Violation(s):

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(Required on EVERY Page)



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