



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 25 2019

Ms. Lisa A. Johnson
Chief Executive Officer
Bradford Ecumenical Home, Inc.
100 St. Francis Drive
Bradford, Pennsylvania 16701

RE: Chapel Ridge
200 St. Francis Drive
Bradford, Pennsylvania 16701
Certificate #: 426420

Dear Ms. Johnson:

As a result of the Department's Bureau of Human Services Licensing annual inspection on October 16, 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,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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

PCH Name: CHAPEL RIDGE		License Number: 42842
Address: 200 ST FRANCIS DRIVE, BRADFORD, PA 16701		County: McKean
Administrator: Nichole Wells		Region: WEST
Legal Entity Name: BRADFORD ECUMENICAL HOME INC		
Legal Entity Address: 100 ST. FRANCIS DRIVE, BRADFORD, PA 16701		
Certificate(s) of Occupancy C-2 LP 09/18/1998 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 63 Waking Staff: 47		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/18/2018: Evesges, Joseph; Klein, Scott		
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: 112 ✓ Number of Residents Served: 63 ✓ Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 ✓ Number of Hospice Residents in past year: 0 ✓	Number of Residents who: Receive Supplemental Security Income: 3 ✓ Are 60 Years of Age or Older: 63 ✓ Have Mental Illness: 2 ✓ Have an Intellectual Disability: 0 ✓ Have a Mobility Need: 0 ✓ Have a Physical Disability: 0 ✓	

Violation Report: 42842 - 10/18/2018 - Eveges, Joseph
 PCH Name: CHAPEL RIDGE

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 #1 is prescribed Systane eye drops 0.4-0.3% - one drop in each eye three times daily. However, the medication label read Systane eye drops 0.4-0.3% - one drop in each eye two times daily.

Resident #1 is prescribed Novolog FlexPen insulin 100 units/ml - inject 10 units subcutaneously with dinner. Give with food. Inject 11 units subcutaneously with lunch. Give with food. Inject 8 units subcutaneously with breakfast. To be given with food. Refer to sliding scale as needed. Give sliding coverage as follows in addition to routine order at meals: 150-200= 1 unit, 201-250= 2 units, 251-300= 4 units, greater 300= 5 units. However, the medication label read as follows: Novolog FlexPen syringe - inject 8-14 and 10 units with meals and sliding scale as directed.

Resident #1 is prescribed Tylenol with codeine #3 300mg-30mg - take one tab by mouth every four hours as needed - max dose of 3 gm in 24 hours. However, the medication label read Acetaminophen - Cod #3 - take 1 tab every 4 hours as needed. The label did not include the medication dosage or max dose in 24 hours.

Resident #2 is prescribed Loperamide 2mg - give 1 capsule as needed after each loose stool. Not to exceed 8 caps (16mg) in 24 hours. However, the medication label reads: Loperamide 2mg - give 1 capsule as needed after each loose stool. Not to exceed 8mg/24hr.

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's Systane's order was confirmed with being three times daily. A change of direction sticker was immediately placed on the bottle. Pharmacy notified of correction needed for label. It was confirmed that she had been receiving medication correctly, three times daily. When new bottle arrived it was confirmed the label correctly matched the MAR and physician order.

Resident #1's pharmacy was immediately called with a request for a new Novolog label that corresponded with the MAR. The label was received before the end of the day. Please see attached label. It was confirmed that Novolog FlexPen has the new label affixed to medication.

Resident #1's pharmacy was called noting a new label was needed that had dosing information included. Please see new label attached. This was corrected immediately. An audit of all residents on Tylenol #3 was conducted to ensure that all medication labels and orders included dosing.

Resident #2's Loperamide immediately had a change of direction sticker applied to the card.

To ensure compliance moving forward cart audits are being done weekly by nursing staff on 6 residents. Please see attached audit form. Forms will be turned in to Administrator weekly for monitoring and tracking of completion. A report of findings will be reported at the next two Quarterly Quality Management Meetings.

Immediately following our survey in October, Certified Medication Assistants are now required to sign medication cards, bottles, etc. as they arrive from Pharmacy acknowledging that they verified the medication label corresponds with the medication record and includes all necessary information.

then at least monthly, a designated staff person qualified to administer medications shall audit all prescription medications to ensure they are stored in their original container and labeled in accordance with 2600.184(a). The pharmacy label and the MAR shall be compared to the prescriber's order. Any discrepancies shall be verified with the prescriber and immediately corrected.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/25/2017
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Signature of Legal Entity Representative (Required on EVERY Page)
Nicole Wells, LPN/PCA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)
 Nicole Wells
 Date: 1/14/19

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

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

SE

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

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

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

SE
4/4/19