



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to INSPIRIT MACUNGIE OPERATOR LLC
LEGAL ENTITY

To operate THE WILLOW, AN INSPIRIT SENIOR LIVING COMMUNITY
NAME OF FACILITY OR AGENCY

Located at 6488 ALBERTIS ROAD, MACUNGIE, PA 18062
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 67
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from May 6, 2019 until November 6, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226811**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



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DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE:

MAY 06 2019

Ms. Carolyn Tomlinson
Executive Director
Inspirit Macungie Operator LLC
6488 Albertis Road
Macungie, Pennsylvania 18062

RE: The Willow, An Inspirit Senior Living Community
Certificate #: 226811

Dear Ms. Tomlinson:

As a result of the Department’s Bureau of Human Services Licensing inspections on October 17, 2018 and April 2, 2019 of the above facility, the citations specified on the enclosed violation reports were found.

Based on the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), your current license # 226810 dated December 21, 2018 to December 21, 2019 is REVOKED. A FIRST PROVISIONAL license is being issued. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated December 21, 2018 to December 21, 2019 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
141b1	III	50	\$3	\$150	15 calendar days from mailing date of this letter
183d	III	50	\$3	\$150	15 calendar days from mailing date of this letter

Ms. Carolyn Tomlinson

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Shivani Patel, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Jacqueline L. Rowe
Director

Enclosures
License
Violation Report

Violation Report: 22681 - 10/17/2018 - Foulkes, Kimberli
 PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

The reportable incident regarding Resident #1 occurring 4-22-18 was not reported to the regional office until 4-25-18, exceeding the 24-hour timeframe for homes to report incidents.

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.

This regulation is important because timely reporting safe guards the residents.

This violation occurred prior to the arrival of the current administration. Current administration arrived 7.23.18.

Since the arrival of the current administration, all reportable incidents have been reported to the regional office within the required 24 hour period.

The homes administrator will be responsible to send all reportable incidents.

In addition to faxing the incident report, the reportable incidents will be sent via email to the regional office to avoid any delay in reporting.

The email confirmation from the regional office will be kept with the incident report.

Reportable incidents and reporting are reviewed in the orientation process. See attachment A.

All appropriate staff was in-serviced on Reportable Incidents and Reporting on 2.26.18 and 2.27.18. See Attachment B.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Carolyn Tomlinson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Carolyn Tomlinson</i>	Date <i>3/6/2019</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3-19-19
 (Date)

The above plan of correction was approved by *CT*
 (Initials)

Plan of correction implementation status as of 4-15-19
 (Date)

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

Violation Report: 22681 - 10/17/2018 - Foulkes, Kimberli
 PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 The carbon monoxide detectors located throughout the home are not dated as to when the batteries were installed as required by the Care Facilities Carbon Monoxide Standards Act.

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.

This regulation is important because it relates to the safety and well-being of the residents.

This violation occurred prior to the arrival of the current administration. Current administration arrived 7.23.18. All batteries were replaced immediately and dated.

The maintenance director will be responsible for compliance of this regulation.

The maintenance director will keep a log of when the batteries were installed and when they need replaced.

See Attachment C.

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Violation Report: 22681 - 10/17/2018 - Foulkes, Kimberli
 PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION

Resident #2 has \$3.76 remaining in the resident funds account. Resident's financial transaction log reflects that the resident has \$5.75 remaining.

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.

This violation is important because it facilitate accurate record keeping of the residents funds.

This violation occured prior to the arrival of the current administration. The current administration arrived 7.23.18.

As an immediate correction, a complete audit was conductedfor those residents keeping an account with the home.

Corrections were made to resident #2's account.

In addition a letter and copy of the resident fund transaction form was sent to each responsible party stating the balance of the funds on hand. This letter will be sent quarterly. See attachment D.

This regualtion was reviewed by the administrator and the business office manager.

The administrator with the help of the business office manager will be responsible for timely and accurate reporting of all resident funds maintained in the home.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 22681 - 10/17/2018 - Foulkes, Kimberli
 PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On 10/2/18, 51 residents were residing in the home. Only one staff member was certified in first aid and CPR from 11p-7a.

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.

This regulation is important because of the safety and well-being of the residents.

An immediate correction was made by scheduling a training for first aid and CPR. The class was held 1.11.18. See Attachment E.

Subsequent classes have been schedule on additional dates.

The business office manager will be responsible for tracking all CPR and First Aid certifications and schedule classes as needed.

The Resident Care Coordinator will be responsible for checking staff schedule for the appropriate number of trained first aid and CPR staff members per shift according to the number of resident served.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Carolyn Tomlinson</i>	Date <i>3-16-2019</i>
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 (Date)

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 (Initials)

Plan of correction implementation status as of 4-2-19 text here
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Violation Report: 22681 - 10/17/2018 - Foulkes, Kimberli
 PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 On 10-12-18 at 4:36PM, Resident #3's glucometer was used on Resident #4
 Resident #5's glucometer was used to test Resident #6's blood glucose on 10/14/18 at 5:03am.

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.

This regulation is important because because of the safety and well-being of the residents.

An immediate correction was completed.

Resident #3 was provided with a new glucometer.

Resident #5 was provided with a new glucometer.

Going forward all residents will have their own glucometer that is labeled with their name on the case that contains their glucometer.

All appropriate staff was re-inserviced on February 26th and 27th. See attachment B.

The Director of Nursing will be responsible for initial and on-going inservicing of the proper use and documentation for all residents using glucometers.

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Violation Report: 22681 - 10/17/2018 - Foulkes, Kimberli
 PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The emergency telephone numbers where not posted near the telephone in Room #317.

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.

This regulation is important because in an emergency all staff and residents need immediate access to these numbers.

These emergency numbers were immediately place by the telephone in room #317.

The administrator and/or designee will be be responsible for monthly checks, using a check list, in each resident room and common areas. See attachment F.

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Violation Report: 22681 - 10/17/2018 - Foulkes, Kimberli
 PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The ceiling light in the bathroom of Room #317 was dim and made it difficult to see. The bathroom vent was covered in dust and debris.

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.

This regulation is important because of the safety and well being of each resident.

The bathroom vent and light changed immediately.

A monthly audit will be completed to check for dust in the bathroom vents. All light bulbs will be replaced as needed. See attachment F.

The Maintenance Director and/or Housekeeping staff will be responsible for maintaining this regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 22681 - 10/17/2018 - Foulkes, Kimberli
 PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The first aid Kit located in the lobby does not include adhesive tape or adhesive bandages. The first aid kit located in the 3rd floor medication room does not include scissors or adhesive tape.

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.

This regulation is important because these items may be needed in an emergency.

Adhesive tape, adhesive bandages, and scissors were replaced immediately.

The Resident Care Coordinator will be responsible for monthly checks of all first aid kits to ensure completeness.

A list of all required items will be placed in each first aid kit. See Attachment F.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 22681 - 10/17/2018 - Foulkes, Kimberli
 PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION
 The magic chef mini refrigerator located in the first-floor common area contained a cup of juice that was not labeled or dated.

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.

This regulation is important because of the safety and well-being of all residents.

The unlabeled and undated cup of juice was immediately discarded.

All food and drink items will be labeled and dated. All leftover food and drinks will be labeled and dated.

The Dietary Manager or designee will be responsible for checking all refrigerators on a routine basis for compliance. See Attachment F.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Carolyn Tomlinson</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Carolyn Tomlinson</i>	<i>3-6-2019</i>

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Violation Report: 22681 - 10/17/2018 - Foulkes, Kimberli PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY	
1. REGULATION 55 Pa.Code §2600 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.	
2a. DESCRIPTION OF VIOLATION The freezer portion of the Frigidaire freezer/refrigerator located on the second floor did not have a thermometer.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
This regualtion is important because of proper food safety. A thermometer was immediately placed in the Frididaire freezer/refrigerator located on the second floor. The Dietary Manager and/or designee will be responsible for routine checks to maintain compliance of this regulation. See Attachment F.	
Repeat Violation: No	Date(s) of Previous Violation(s):
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Violation Report: 22681 - 10/17/2018 - Foulkes, Kimberli
 PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.103(j) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
 The magic chef mini refrigerator located in the first-floor common area contained chocolate jello pudding with a best by date of 8/15/18.

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.

This regulation is important because of the safety and well-being of the residents.

The pudding was immediately discarded.

The Dietary Manager and/or designee will be responsible for routine checks of all refrigerators to ensure all food is labeled, dated, and not out of date.

See Attachment F.

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Violation Report: 22681 - 10/17/2018 - Foulkes, Kimberli
 PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

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 homes Emergency preparedness plan written January 2018 was not submitted to the local emergency management agency.

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.

This regulation is important because having an updated emergency plan ensures the safety and well-being of the residents.

An updated Emergency Plan was submitted to the Lower Macungie emergency management agency.

The administrator will be responsible to send this plan yearly. See Attachment G.

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Violation Report: 22681 - 10/17/2018 - Fouikes, Kimberli PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY	
1. REGULATION 55 Pa.Code §2600 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.	
2a. DESCRIPTION OF VIOLATION The 2nd floor door that leads to the balcony does not indicate that the door is not an exit.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> This regulation is important because residents need to know where to exit in an emergency. A sign stating "Not an Exit" was ordered immediately and installed. The administrator will be responsible to ensure the sign remains on the door. See Attachment H.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Carolyn Tomlinson</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Carolyn Tomlinson</i>	Date <i>3-6-2019</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>3-19-19</u> (Date)	Plan of correction implementation status as of <u>4-2-19</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: 22681 - 10/17/2018 - Foulkes, Kimberli
 PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION
 The notice to the fire department dated January 12, 2018 indicates the home has 5 residents with mobility needs. The home currently does not have any residents with mobility needs.

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.

This regulation is important because of the safety of the residents.

This violation occurred prior to the current administration. The current administration arrived 7.23.18.

A letter was sent to the fire department with updated information. See attachment I.

The administrator will be responsible to keep the fire department updated timely.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Carolyn Tomlinson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Carolyn Tomlinson</i>	Date <i>3-6-2019</i>
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Violation Report: 22681 - 10/17/2018 - Foulkes, Kimberli
 PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
 A handful of lint and a plastic bag was located behind the Maytag dryer in the second-floor laundry room, posing a possible fire hazard. A hand towel, sock and an accumulation of lint was located behind the dryers in the 3rd floor laundry room, posing a possible fire hazard.

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.

This regulation is important because of preventing a fire.

The items noted were removed immediately.

The direct care staff and housekeeping staff inserviced on keeping all combustables and flammable materials away from any heat source.

The direct care staff and/or designee including housekeeping will be responsible for daily checks to ensure no combustible or flammable materials have accumulated behind the dryers.

Audits will be conducted monthly.

See attachment F

Repeat Violation: No	Date(s) of Previous Violation(s):		
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The above plan of correction was approved by <u><i>CT</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

Violation Report: 22681 - 10/17/2018 - Foulkes, Kimberli
 PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill conducted on 11/29 does not indicate the year.

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.

This regulation is important because proper documentation ensures that all fire drills are complete and accurate.

This was corrected at the time of the inspection.

The administrator will be responsible for accurate documentation of all fire drills whether conducted by her or a designee.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/06/2017
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
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 (Initials)

Plan of correction implementation status as of 4-15-19
 (Date)

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

Violation Report: 22681 - 10/17/2018 - Fouikes, Kimberli PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY	
1. REGULATION 55 Pa.Code §2600 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)	
2a. DESCRIPTION OF VIOLATION Resident #8's DME, dated 4/30/18, does not indicate resident's body positioning.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> This regulation is important because all aspects of the residents care need to be documented. This violation occurred prior to current administration, Current administration arrived 7.23.18. Upon admission, annually, and change in condition the administrator and/or designee will check for completeness of DME. If it is not complete, administrator and/or designee will take the proper steps to get it completed.	
Repeat Violation: No	Date(s) of Previous Violation(s):
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Carolyn Tomlinson</i>	Date <i>3-6-2019</i>
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Violation Report: 22681 - 10/17/2018 - Foulkes, Kimberli	
PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY	
1. REGULATION 55 Pa.Code §2600 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.	
2a. DESCRIPTION OF VIOLATION Resident #9 did not have an annual DME completed. Resident's most recent DME was completed 9-6-17.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> This regulation is important because updated and accurate resident information is import in caring for the resident. A complete audit was done of all resident files. Any delinquent DME's have been scheduled including resident #9. The Director of Nursing will be responsible for creating a tickler file to ensure timely completion of all DME's. See Attachment J.	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 10/06/2017
Signature of Legal Entity Representative (Required on EVERY Page) Carolyn Tomlinson	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Carolyn Tomlinson	Date 3-6-2019
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Violation Report: 22681 - 10/17/2018 - Foulkes, Kimberli
 PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.171(b)(4) - If staff persons or volunteers of the home provide transportation for the residents, at least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION

Staff person A who is a driver was not trained as a direct care staff member as required.

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.

This regulation is important because of the safety and well-being of the residents.

Staff person A, no longer employed.

Going forward all staff members will be trained as a direct care staff person prior to either driving the bus/van if transporting a resident alone or accompanying a resident if the driver is not a direct care person.

See Attachment K.

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Violation Report: 22681 - 10/17/2018 - Foulkes, Kimberli
PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:
 (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
 (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
 (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
 (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
 Direct care staff member B's 2018 annual practicum only included 1 of the required 2 medication administration observations. Direct care staff member C completed the initial administration training on 6/27/17, an annual practicum for 2018 was not completed. It has been determined through resident and staff interviews that a staff member able to administer medications has poured a resident's medications and then given them to a non-trained staff member to administer the medications to the 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.

This regulation is important because proper training and follow-up ensure proper medication administration.

The annual practicum has been updated to include medication administration observations for direct care staff members B and staff member C. See Attachment B and Attachment L.

All appropriate staff were in-serviced on medication administration and training requirements on 2.26.29 and 2.27.19. See Attachment B.

The director of Nursing will be responsible ensuring that all appropriate staff are meeting their training requirements for medication administration.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Carolyn Tomlinson*

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Violation Report: 22681 - 10/17/2018 - Foulkes, Kimberli
 PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

A bottle of systane eyedrops and bauch and laumb alaway was located in room #317 unlocked and accessible.

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.

This regulation is important because of the safety and well-being of the residents.

Both eye drops in room #317 removed immediately and placed in the medication cart.

All appropriate staff were in-serviced on regulations regarding resident self administration on 2.26.19 and 2.27.29. See Attachment B.

Only those residents who are able to self-administer per physician orders and according to their assessment and support plan are permitted to keep their eye drops secured and locked in their rooms.

The Director of Nursing and/or designee will be responsible for routine checks of resident rooms to ensure medications including prescription medications, OTC medications, CAM and syringes if permitted for self-administration are locked and not accessible to others.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative
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 (Initials)

Plan of correction implementation status as of 4-2-19
 (Date)

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

Violation Report: 22681 - 10/17/2018 - Foulkes, Kimberli
 PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #4's Lantus and NovoLog flex pens did not include the date the pen was opened.
 Resident #4's omeprazole 20mg was in the medication cart but is not a current order.
 Resident #10's ibuprofen, furosemide, and meclizine was in the medication cart but is not a current order.
 A bottle of sustane eye drops located in room #317 expired 5/2018 & 3/2018. A bottle of bauch and laumb alaway expired 12/2014.

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.

This regulation is important because of the safety and well-being of the residents.

All appropriate staff were in-serviced on regulations regarding expired medications, medications requiring a current order, and the documentation of dating insulin pens when opened.

This training was completed 2.26.19 and 2.27.19. See Attachment B.

The Director of Nursing will be responsible for on-going checks to ensure all medication ar current with orders and not expired as well as checking dates in inulin pens.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/06/2017
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 (Required on EVERY Page) *Carolyn Tomlinson*

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22681 - 10/17/2018 - Foulkes, Kimberli PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY	
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's Lantus and NovoLog flex pens did not include the residents name or the initials of the staff member who opened the pen.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> This regulation is important because of the safety and well-being of the residents. All staff were in-serviced on proper labeling of insulin pens. This included staff initials who opened pen. In-service took place on February 26th and 27th. See Attachment B. The Director of Nursing will be responsible for on-going compliance.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Carolyn Tomlinson</i>	
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Violation Report: 22681 - 10/17/2018 - Foulkes, Kimberli
 PCH Name: THE WILLOW AN INSPIRIT 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 #4's aspirin, docusil, ferrous sulfate and Vitamin D3 do not include the residents 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.

This regulation is important because of the safety and well-being of the residents.

All OTC medications and CAM belonging to the resident will be identified with the residents name. All appropriate staff were in-serviced on this regulation 2.26.19 and 2.27.19. See Attachment B.

The Director of Nursing will be responsible for on-going compliance of this regulation with periodic checks of medications carts and resident rooms for those identified as being able to self-medicate.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 22681 - 10/17/2018 - Foulkes, Kimberli
 PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 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 homes medication policy notes the controlled count sheet should be signed by every shift indicating the count is correct. The off going 3p-11p staff did not sign the count sheet on 10/12/18.
 Resident #4's PRN glucagon kit was not available at the time of the inspection.

On 10/7/18 at 4:38AM, Resident #3's glucometer has a blood sugar reading of 58. Resident's MAR has a blood sugar reading of 78 recorded.

Resident #3's MAR has a blood sugar reading of 206 logged on 10-8-18 at 12:48PM. This reading was not found in the resident's glucometer.

Resident #9's MAR has a blood sugar reading of 227 logged on 10-7-18 at 4:37PM. This reading was not found in the resident's glucometer.

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.

This regulation is important because of the safety and well-being of the residents.

The controlled medication count sheet will be maintained per facility policy. Each shift will document the the results of the controlled medication count.

All prescribed PRN medications will be available at all times.

All appropriate staff was in-serviced on the proper procedure for reading and recording all blood sugar readings. This in-service took place 2.26.29 and 2.27.19. See Attachment B.

The Director of Nursing will be responsible for compliance of this regulation with routine checks of the PRN medications, controlled count sheets, and proper documentation of glucometer readings.

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

Plan of correction implementation status as of 4-2-19
 (Date)

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

Violation Report: 22681 - 10/17/2018 - Foulkes, Kimberli
 PCH Name: THE WILLOW AN INSPIRIT 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.

2a. DESCRIPTION OF VIOLATION

Resident #4's MAR notes celcoxib 200mg 1 tablet daily, the bottle to the medication has 100mg tablets.

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.

This regulation is important because of the safety and well-being of the residents.

All appropriate staff were in-serviced on reading the medication label and and order on MAR to ensure accuracy. Any medication having a discrepancy in orders will not be given and pharmacy and physician notified.

In-service took place 2.26.19 and 2.27.19. See Attachment B.

The Director of Nursing will be responsible for compliance of this regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 22681 - 10/17/2018 - Foulkes, Kimberli PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY	
1. REGULATION 55 Pa.Code §2600 2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.	
2a. DESCRIPTION OF VIOLATION Resident #11 refused artificial tears on 10/3, 10/6, 10/7, 10/9 and 10/10/18, the doctor was not notified regarding the refusals.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> This regulation is important because of the safety and well-being of the residents. All staff in-serviced 2.26.19 and 2.27.19 on proper procedure if a resident refuses medication. All refusal will be reported to the physician within 24 hours unless otherwise instructed by the prescriber. See Attachment B. The Director of Nursing will be responsible for compliance of this regulation.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Carolyn Tomlinson</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Carolyn Tomlinson</i>	Date <i>3-6-2019</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>3-19-19</u> (Date)	Plan of correction implementation status as of <u>4-2-19</u> (Date)
The above plan of correction was approved by <u><i>AG</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

Violation Report: 22681 - 10/17/2018 - Foulkes, Kimberli PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY	
1. REGULATION 55 Pa.Code §2600 2600.187(d) - The home shall follow the directions of the prescriber.	
2a. DESCRIPTION OF VIOLATION A blood sugar reading was not completed for Resident #3 on 10-8-18 at 12PM, Resident #9 on 10-7-18 at 4:00PM, Resident #12 on 10/8/18 and Resident # 5 on 10/7/18.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> This regulation is important because of the safety and well-being of the residents. All blood sugar readings will be completed and documented per physician orders. The Director of Nursing will be responsible for compliance of this regulation with routine checks of MAR to ensure blood sugar reading are being completed and documented.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Carolyn Tomlinson</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Carolyn Tomlinson</i>	Date <i>3-6-2019</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
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The above plan of correction was approved by <u><i>AG</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

Violation Report: 22681 - 10/17/2018 - Foulkes, Kimberli
 PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #7, date of admission 8-18-18, did not have an initial assessment 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.

This regulation is important because of the safety and well-being of the residents.

Resident #7 initial assessment was completed but not within the first 15 days of admission.

Going forward, the administrator and/or director of nursing will ensure all initial assessments are completed timely and within 15 days of admission.

See Attachment J.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Carolyn Tomlinson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Carolyn Tomlinson</i>	Date <i>3-6-2019</i>
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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: 22681 - 10/17/2018 - Foulkes, Kimberli
 PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Residents #13 and #9 did not have annual assessments completed. The most recent assessment for Resident #13 was completed 9-20-17. The most recent assessment for Resident #9 was completed 9-8-17.

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

This regulation is important because having accurate and up to date information on the resident is important in meeting their needs.

This violation occurred prior to the current administration. The current administration arrived 7.23.18.

Going forward all resident requiring either a annual assessment, or one due to change in condition, or at the request of the Department shall be completed timely.

The Administrator and/or designee will be responsible for timely completion of this assessment. A tickler file will be created to ensure compliance. See Attachment J.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Carolyn Tomlinson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Carolyn Tomlinson</i>	Date <i>3-6-2019</i>
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 (Date)

Plan of correction implementation status as of 4-2-19
 (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: 22681 - 04/02/2019 - Novak, Ryan
 PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 Resident #1 did not receive the prescribed mometasone furoate cream daily from 3/23/19 - 3/31/19 at 8pm. The home did not submit an incident report to the Department regarding the 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.

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Carolyn Tomlinson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Carolyn Tomlinson</i>	Date <i>4/12/19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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 (Date)

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

Plan of correction implementation status as of 4-15-19
 (Date)

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

Reply to inspection Page 2 of 17

This regulation is important because it holds homes accountable to the Department of Human Services and therefore provides protection to the safety and well-being of the residents.

On 3/23 staff members were unable to give Resident #1 the medication mometasone furoate cream because the cream had run out, had been reordered but had not been delivered. Staff continued to ask the pharmacy for the reorder over the next couple of days.

West End pharmacy would not refill the mometasone furoate cream because they informed us that they did not have a current order. The physician's office did not provide a new order to the pharmacy. At this time our staff was made to understand that this medication was no longer prescribed to the resident.

In this case a reportable incident was not sent because to our fullest understanding Resident #1 did not have a current order for the cream and it was not a missed med.

We have asked the physician's office to send to us in writing a confirmation that this medication has been discontinued.

Please see attached communication from the physician's office.

The Administrator will ensure that within 15 days of the receipt of this licensing document, all staff will be trained in all 19 events that warrant an incident to be reported to the Northeastern Regional Office (NERO). In addition, the method of reporting will be addressed so that the home has in place a system that ensures Reportable Incidents are reported timely-w/i 24 hours-to the NERO. This includes a plan to submit reports on weekends and holidays. Sign in Sheets and a summary of the topics presented will be retained by the home. 4-15-19

AG

Violation Report: 22681 - 04/02/2019 - Novak, Ryan PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY	
1. REGULATION 55 Pa.Code §2600 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.	
2a. DESCRIPTION OF VIOLATION A blanket folded in half was located outside the shower on the floor in the bathroom of Room # 320. The blanket poses a possible slip, trip or fall hazard.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
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Reply to inspection Page 3 of 17

This regulation is important for the safety and well-being of the residents.

The blanket was removed from the floor in the resident's bathroom.

Staff use the bath blankets when assisting residents with their shower to soak up any water that spill out from the shower in order to prevent the residents from slipping on a wet tile floor. This bath blanket unintentionally was left by a staff member after the shower and should have been removed to the laundry room with the towels.

Moving forward, the Resident Care Coordinator will remind all care aids to remove wet towels, wash cloths and bath blankets at the end of every shower so that they do not present a tripping hazard.

The Administrator will ensure that there is a system in place to oversee the safe condition of floors throughout the building and that periodic monitoring by the Administrator will enhance complinace. 4-15-19

A handwritten signature consisting of the letters 'A' and 'G' in a cursive, stylized font.

Violation Report: 22681 - 04/02/2019 - Novak, Ryan
 PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 The emergency telephone numbers were not posted on or near the telephone in Room #'s 101 & 108.

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.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Cardyn Tomlinson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cardyn Tomlinson</i>	Date <i>4/12/19</i>
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The above plan of correction was approved by <u><i>AG</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

Reply to inspection Page 4 of 17

This regulation is important for the safety of the residents so that they always have emergency telephone numbers near their phones in case of an emergency.

The emergency telephone number lists for rooms 101 and 108 have been attached to the walls with a screw above the telephone jack in each room.

Due to the increasing use of portable phones and cell phones and the common practice of residents using their own furniture or moving furniture around, our home is changing our practice of trying to attach the numbers on the phones and will instead attach the list of numbers permanently to the walls above the telephone jacks.

Our maintenance director is responsible for this project and completion target date is May 12th, 2019.

4-15-19

AG

Violation Report: 22681 - 04/02/2019 - Novak, Ryan PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY	
1. REGULATION 55 Pa.Code §2600 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	
2a. DESCRIPTION OF VIOLATION The home's first aid kit, located in the cabinet near the main entrance, did not contain nonporous gloves, a thermometer, scissors, breathing shield, eye coverings, or tweezers. The items not located in the first aid kit were located on the shelves of the cabinet. The cabinet cannot be moved in the event of an emergency.	
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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Reply to inspection Page 5 of 17

This regulation is important for the safety and well-being of the residents and staff members.

Prior to this current administration, the first aid box on the first floor outside of the office was a wooden cabinet attached to the wall. All of the required elements were located in the cabinet. The home considered this entire wooden cabinet to be the first aid kit and had all the required elements available inside and located on labeled shelves.

We have been advised that our first aide kit must be portable. This is not stated in the original regulation but it is stated in the RCG and is good advice.

We have removed the "First Aid" sign from the cabinet, due to the cabinet being attached to the wall and not portable.

The home has purchased a portable plastic box and moved all of the required items to the portable box. The box is labeled "First Aid Kit" and will be placed on top of the cabinet.

The Administrator will oversee that the First Aid Kit continues to be located in the designated location and contains all of the required elements on a periodic basis to ensure ongoing compliance. 4-15-19

AG

Violation Report: 22681 - 04/02/2019 - Novak, Ryan
 PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

The Magic Chef mini fridge in the home's 1st floor common area did not contain a thermometer in order to measure its temperature.

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.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Carolyn Tomlinson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Carolyn Tomlinson</i>	Date <i>4/12/19</i>
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The above plan of correction is approved as of 4-15-19
 (Date)

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

Plan of correction implementation status as of 4-15-19
 (Date)

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

Reply to inspection Page 6 of 17

This regulation is important for the health of the residents.

The Magic Chef mini fridge in the first-floor common room has been removed. There is now no common refrigerator located in the common rooms on the first floor.

The Administrator will ensure that all refrigerators in the home have thermometers and maintain a temperature at or below 40 degrees. 4-15-19

AG

Violation Report: 22681 - 04/02/2019 - Novak, Ryan PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY	
1. REGULATION 55 Pa.Code §2600 2600.132(a) - An unannounced fire drill shall be held at least once a month.	
2a. DESCRIPTION OF VIOLATION The home did not have documentation to show that fire drills were conducted in December 2018 or February 2019.	
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.	
See Page 7 A of 17	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Carolyn Tomlinson</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Carolyn Tomlinson</i>	Date <i>4/12/19</i>
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Reply to inspection Page 7 of 17

This regulation is important to document fire drills for the safety of the residents and the staff.

I believe this violation is incorrect because the fire drill log was completed, but the administrator was not present in the home on the day of this inspection and the designee did not see the updated log in the state book.

Attached you will find the correct fire drill log that was created in response to the original inspection. The fire drill log was updated to include a place to correctly document the year, which had been missed at the last inspection. The fire drill log is kept in the official state inspection book under the tab "Fire Drill Log" and not in a separate folder.

Moving forward, the administrator will make sure that the designees and other management team members know exactly where the DHS inspection book is located and that they are familiar with all of the contents within. This will be done at our next department head meeting.

4-16-19

AG

Violation Report: 22681 - 04/02/2019 - Novak, Ryan
 PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The home's fire drill log for the drill conducted on 3-26-19 at 1:26PM did not include evacuation time, exit routes used, number of residents in the home, number of residents evacuated, number of staff participating in the fire drill, and any problems encountered during the fire drill.

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.

See Page 8 A of 17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/06/2017
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Carolyn Tomlinson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Carolyn Tomlinson</i>	Date <i>4/12/19</i>
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Reply to inspection Page 8 of 17

This regulation is important in order to document fire drills for the safety of the residents and the staff.

I believe this violation is incorrect because the fire drill log was completed, but the administrator was not present in the home on the day of this inspection and the designee did not see the updated log in the state book.

Attached you will find the correct fire drill log that was created in response to the original inspection. The fire drill log was updated to include a place to correctly document the year, which had been missed at the last inspection. The fire drill log is kept in the official state inspection book under the tab "Fire Drill Log" and not in a separate folder.

Moving forward, the administrator will make sure that the designees and other management team members know exactly where the DHS inspection book is located and that they are familiar with all of the contents within. This will be done at our next department head meeting.

4-16-19



Violation Report: 22681 - 04/02/2019 - Novak, Ryan
 PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - 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.

2a. DESCRIPTION OF VIOLATION

The medical evaluation (DME) for Resident #2 was completed by the physician 12-12-18, and the DME for Resident #3 was completed 1-21-19. After the physicians completed these forms, it appears that Resident #2's DME was marked with pencil, and Resident #3's DME was marked with purple pen. The home did not gain authorization from the residents' physicians to make changes to these forms, as required by this regulation.

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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 (Initials)

Plan of correction implementation status as of 4-15-19
 (Date)

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

Reply to inspection Page 9 of 17

This regulation is important so that the home can have proper documentation of the medical evaluation of each resident in order to provide the correct medical care.

If at any time the medical evaluation is returned to the home incomplete or inaccurate, the home is required to inform the physician's office. The physician's office may choose to redo the DME or they may choose to give authorization to a licensed nurse to make that change. Any changes to the DME authorized by the physician must include documentation of the date, time and person spoken to on the DME next to the correction.

This home neglected to document the date, time and person spoken to on the DME next to the correction. Moving forward, the Director of Nursing will audit all DME's to ensure that any changes to the DME are properly documented as having been authorized by the physician.

4-15-19

AG

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Violation Report: 22681 - 04/02/2019 - Novak, Ryan
 PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.171(b)(4) - If staff persons or volunteers of the home provide transportation for the residents, at least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION

Ancillary staff member A who transports the residents did not receive the required training which includes a demonstration of job duties followed by supervised practice under regulation (65d).

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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Signature of Legal Entity Representative
 (Required on EVERY Page) *Carolyn Tomlinson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Carolyn Tomlinson</i>	Date <i>4/12/19</i>
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 (Initials)

Plan of correction implementation status as of 4-15-19
 (Date)

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

Reply to inspection Page 10 of 17

Ancillary staff member A has completed the required training today, 4/12/2019. The training lessons were completed by the administrator, the demonstration of job duties and supervised practice were conducted by an experience direct care worker.

See documentation attached.

4-15-19

A handwritten signature in black ink, consisting of the letters 'A' and 'G' in a cursive, stylized font.

Violation Report: 22681 - 04/02/2019 - Novak, Ryan PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY	
1. REGULATION 55 Pa.Code §2600 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home	
2a. DESCRIPTION OF VIOLATION Resident #4's basaglar was not dated when the medication was opened. Resident #5's biscolax suppository was located in the refrigerator, the resident no longer lives at the home.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 10/06/2017
Signature of Legal Entity Representative (Required on EVERY Page) <i>Carolyn Tomlinson</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Carolyn Tomlinson</i>	Date <i>4/12/19</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>4-15-19</u> (Date)	Plan of correction implementation status as of <u>4-15-19</u> (Date)
The above plan of correction was approved by <u><i>AG</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Resident #4's basaglar was dated on day of discovery. Resident # 5's medication was discarded properly.

On April 6 and 7 the administrator did an audit of every medication on the medication carts, checked for "date opened" documentation; for resident's names on every medication including tubes or containers that were inside labeled boxes; for any expired medications; and any medication belonging to residents who no longer lived in the home. This was a thorough audit over a 2-day time period.

Moving forward the DON will oversee and assign monthly audits of the med carts to check for accurate dates, resident names and medications.

4-15-19

AG

Violation Report: 22681 - 04/02/2019 - Novak, Ryan PCH Name: THE WILLOW AN INSPIRIT 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 #6's A & D ointment did not include the residents name. Resident #7's lotrimin ultra did not include the residents 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.	
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Resident #6's A&D ointment was identified with the resident's name on day of discovery. Resident # 7's lotrimin ultra was identified with the resident's name on day of discovery.

On April 6 and 7 the administrator did an audit of every medication on the medication carts, checked for "date opened" documentation; for resident's names on every medication including tubes or containers that were inside labeled boxes; for any expired medications; and any medication belonging to residents who no longer lived in the home. This was a thorough audit over a 2-day time period.

Moving forward the DON will oversee and assign monthly audits of the med carts to check for accurate dates, resident names and medications.

4-15-19

AG

Violation Report: 22681 - 04/02/2019 - Novak, Ryan
 PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 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

Resident #1 has an order for blood glucose readings 4 times daily. On 4/1/19 at 5:30pm the MAR noted a reading of 173, the glucometer noted a reading of 187.

Resident #8 has an order for blood glucose readings 4 times daily. On 3/31/19 at 7:30am the MAR noted a reading of 213, the glucometer noted a reading of 231.

Resident #1's PRN biscolax, enema twin pack and glucagon kit were not available at the time of the inspection.

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.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Carolyn Tomlinson

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

Carolyn Tomlinson

Date *4/12/19*

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 (Date)

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 Partially Implemented - Adequate Progress
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The above plan of correction was approved by *AG*
 (Initials)

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This regulation is important to ensure accuracy in documentation for the health and safety of the residents.

This home is very aware of the importance of accurate documentation of blood glucose readings. Although we believe that an incorrect entry of the BG number is unintentional, accurate entries are extremely important for the monitoring of the resident's health.

Moving forward the med techs will double check their numbers at each shift, and report to their supervisor if they entered the wrong number by accident or had a missed keystroke. In these instances, the error can be documented and corrected.

Resident #1's PRN orders for biscolax, enema twin pack and glucagon kit have been discontinued by her physician.

MD's d/c order dated 4-12-19.

A handwritten signature in black ink, consisting of the letters 'A' and 'G' in a cursive, stylized font.

Violation Report: 22681 - 04/02/2019 - Novak, Ryan
 PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 Resident #1's mometasone furoate cream daily was initiated as administered on the MAR from 3/23/19 - 4/1/19, the medication was not administered.

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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 (Required on EVERY Page) *Carolyn Tomlinson*

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Accurate documentation is important for the health and well-being of the residents.

On our EMAR system our staff were not correctly documenting a missed med due to the medication not being available from the pharmacy. Med techs were taught by the previous administration that the medication should be checked and a note written that we are waiting for the pharmacy to deliver the med.

There is a correct way to document this scenario in which the medication is marked as "not given" with a note that it is not available from the pharmacy.

In this particular case the medication should not have been administered at all because the physician had discontinued the order, so it was incorrectly documented as having been administered.

If a medication is not given because it is not available, it should be marked as "not administered" and reported as a missed med.

Moving forward, our med techs will be instructed on the correct way to mark in the EMAR when a medication is not given for any reason at all.

MD's d/c order dated 4-12-19. 4-15-19



Violation Report: 22681 - 04/02/2019 - Novak, Ryan
 PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #1 did not receive the prescribed mometasone furoate cream daily from 3/23/19 - 4/01/19 at 8pm.

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) *Carolyn Tomlinson* Date *4/12/19*

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This regulation is important for the health and well-being of the residents.

On 3/23 staff members were unable to give Resident #1 the medication mometasone furoate cream because the cream had run out, had been reordered but had not been delivered. Staff continued to ask the pharmacy for the reorder over the next couple of days.

West End pharmacy would not refill the mometasone furoate cream because they informed us that they did not have a current order. The physician's office did not provide a new order to the pharmacy. At this time our staff was made to understand that this medication was no longer prescribed to the resident.

To our fullest understanding Resident #1 did not have a current order for the cream and it was not a missed med.

We have asked the physician's office to send to us in writing a confirmation that this medication has been discontinued.

Please see attached communication from the physician's office.

MD's d/c order dated 4-12-19. 4-15-19

Going forward, the home will obtain d/c orders that are timely. 4-15-19



Violation Report: 22681 - 04/02/2019 - Novak, Ryan
 PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 did not receive the prescribed mometasone furoate cream daily from 3/23/19 - 3/31/19 at 8pm, the prescriber was not notified regarding the medication error.

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

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Reply to inspection Page 16 of 17

This regulation is important for the health and well-being of the residents.

On 3/23 staff members were unable to give Resident #1 the medication mometasone furoate cream because the cream had run out, had been reordered but had not been delivered. Staff continued to ask the pharmacy for the reorder over the next couple of days.

West End pharmacy would not refill the mometasone furoate cream because they informed us that they did not have a current order. The physician's office did not provide a new order to the pharmacy. At this time our staff was made to understand from the pharmacy that this medication was no longer prescribed to the resident.

To our fullest understanding Resident #1 did not have a current order for the cream and it was not a missed med. Our staff understood this as having come from the physician, and therefore did not notify the physician that it had not been given.

We have asked the physician's office to send to us in writing a confirmation that this medication has been discontinued.

Please see attached communication from the physician's office.

MD's d/c order dated 4-12-19.

4-15-19

AG

Violation Report: 22681 - 04/02/2019 - Novak, Ryan
 PCH Name: THE WILLOW AN INSPIRIT SENIOR LIVING COMMUNITY

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 Preadmission Screening for Resident #8, dated 12-4-18, did not include information regarding the following required assessments: needs of activities of daily living, needs of instrumental activities of daily living, sensory needs, history of problematic behavior, whether or not the resident can safely use/avoid poisonous materials, and the determination of the home as to whether or not it can meet the needs of the resident based on these assessments.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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 (Required on EVERY Page) *Carolyn Tomlinson*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Carolyn Tomlinson* Date *4/12/19*

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- Plan of correction implementation status as of 4-15-19
 (Date)
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 - Not Implemented

Reply to inspection Page 17 of 17

This regulation is important because it provides the home with the first basic knowledge of the resident's care needs, mobility needs other vital information.

The second page of the preadmission screen was completed on day of inspection.

Moving forward, the Admissions Director will conduct an audit after each admission to determine if all of the required paperwork has been successfully completed.

4-15-19 *AG*