



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
Mailing Date: December 7, 2018

Ms. Judith O. Yanacek
President & CEO
Tri-County Respite, Inc.
5201 St. Joseph Road, PO Box 1001
Limeport, Pennsylvania 18060

RE: Mt. Trexler Manor
License # 216630

Dear Ms. Yanacek:

As a result of the Department's Bureau of Human Services Licensing inspection on October 18, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 21663 - 10/18/2018 - DeVries, Kristin
PCH Name: MT TREXLER MANOR

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

2a. DESCRIPTION OF VIOLATION

The home reported that on 10-9-18, Staff person A used Resident #1's glucometer on Resident #2.

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.

While staff were conducting their glucometer audits it was discovered that a sharing event had occurred. The residents were sent for the required blood work. The staff member in question was remediated to the event.

To prevent recurrence the following occurred:

1. Med Tech staff received retraining (see attached):
 2. Pictures were added to the storage bag for the glucometers and the cabinet was relabeled (see attached)
- The administrator or designee will insure compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) David Rush, Administrator	Date 11/19/18
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11-30-18</u> (Date)	Plan of correction implementation status as of <u>11-30-18</u> (Date)
The above plan of correction was approved by <u>MM</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: 21663 - 10/18/2018 - DeVries, Kristin

PCH Name: MT TREXLER MANOR

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 #3 is prescribed Gabapentin 100mg, take one tablet by mouth 3 times per day. On 10-16-18 at 2:00PM, staff did not initial the MAR to indicate that this medication was administered.

Resident #2 receives insulin coverage according to a sliding scale. Staff are initialing the MAR that they are administering sliding scale insulin, but are not documenting how much insulin they are administering.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

The staff member indicated that they administered the medication but did not complete the MAR. The insulin administration was not properly set up in the eMAR (corrected).

To prevent recurrence, med tech staff were retrained on several procedures (see attached).

The administrator or designee will insure compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

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

David Rush, Administrator

Date

11/19/18

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(Date)Plan of correction implementation status as of 11-30-18
(Date)

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

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

Violation Report: 21663 - 10/18/2018 - DeVries, Kristin
PCH Name: MT TREXLER MANOR

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

2a. DESCRIPTION OF VIOLATION

Resident #4 receives insulin coverage according to a sliding scale. On the following dates and times, the incorrect amount of insulin coverage was administered:

- 10-15-18 at 8:30AM: Resident's blood glucose reading was 258, requiring and additional 3 units of insulin; 15 were administered
- 10-14-18 at 8:30AM: Resident's blood glucose reading was 244, requiring and additional 2 units of insulin; 14 were administered

10-14-18 at 12:00PM: Resident's blood glucose reading of 249, requiring an additional 2 units of insulin; 16 units were 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.

The above statements are not accurate. The sliding scale calculator is set up to instruct the Med Tech to administer the total dose of insulin (standing order plus sliding scale coverage). When documenting the sliding scale coverage the med tech staff were entering in the total amount of insulin that was given and not the sliding scale coverage. The correct amount of insulin was order per doctor's orders, but it was recorded incorrectly. Med Tech staff were instructed on the proper procedure for documentation.

Med Tech staff were retrained on several med room procedures (see attached).

The administrator or designee will insure compliance.

**The home shall clarify straight amounts of insulin verses amounts of insulin administered to residents according to their sliding scale(s). The administrator shall monitor and be responsible for on-going compliance. 11-30-18

MM

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) David Rush, Administrator	Date 11/19/18
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