



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 04 2018

Ms. Meredith Feher
Sr. VP Health Care Services
Waverly Heights, LTD
1400 Waverly Road
P.O. Box 179
Gladwyne, Pennsylvania 19035

RE: Waverly Heights
License #: 127820

Dear Ms. Feher:

As a result of the Department's Bureau of Human Services Licensing annual inspection on October 22, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 12782 - 10/22/2018 - Freeman, Sabrina
 PCH Name: WAVERLY HEIGHTS

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
 On 10/22/18, at approximately 2:30 p.m., the temperature in the kitchen ice cream freezer was 15 degrees fahrenheit.

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.

Regulation 2600.103 (f)

At the time of inspection, the temperature in the ice cream freezer was elevated due to routine cleaning that had taken place. During the cleaning process the ice cream is remove from the freezer and placed in an alternative location, where appropriate temperature is maintained.

Effective immediately, the ice cream will remain in the alternative location and will not be returned to the ice cream freezer until it has again reached the appropriate temperature of at or below zero degrees.

To prevent a re-occurring violation the dining staff have been in-serviced on this protocol and random checks will be conducted to ensure compliance is maintained.

Staff will check refrigerators and freezers daily to ensure proper temperatures are maintained. (SP) 11-29-18
 Audit checks to be maintained for department review

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Nicole Strouman

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

Nicole Strouman, PC Admin

Date 11/21/18

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

The above plan of correction is approved as of 11-29-18
 (Date)

Plan of correction implementation status as of 11-29-18
 (Date)

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

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

Violation Report: 12782 - 10/22/2018 - Freeman, Sabrina
 PCH Name: WAVERLY HEIGHTS

1. REGULATION 55 Pa. Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

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

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #1 does not include Tums. It was observed in the medication cart on 10/22/18.

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.

Discussions with nursing and Resident #1 revealed the Tums had been obtained from the resident, who had purchased it on her own. As she does not self-administer her medications, the Tums were placed in the cart while the nursing staff obtained a physician order for administration. A physician order was obtained on the day of survey.

Resident #1 re-educated on the importance of discussing the purchase and use of any medication with both the nursing staff and her physician.

To prevent a re-occurring violation routine medication cart audits will take place to ensure all medications in the cart have an appropriate physician order. Ongoing education for residents regarding the purchase and use of medications will continue as well. - cart audits to begin immediately

Audits will be maintained by home for Department review. (SP) 11-29-18

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nicole J. Stroman*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nicole J. Stroman, PC Admin* Date *11/21/18*

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

The above plan of correction is approved as of <u>11-29-18</u> (Date) The above plan of correction was approved by <u>SP</u> (Initials)	Plan of correction Implementation status as of <u>11-29-18</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 12782 - 10/22/2018 - Freeman, Sabrina
 PCH Name: WAVERLY HEIGHTS

1. REGULATION 65 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Azithromycin 250mg, three times per week on Monday, Wednesday and Friday. On Friday, 6/1/18, there was no documentation the medication was 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.

Regulation 2600.187(d)

At the time of this incident Resident #1 was using mail order as a way of obtaining all of her medications. The order for Azithromycin is a standing order as it is a long-term medication for the resident. The nursing staff placed a re-order timely with the mail order supplier. When the medication shipment did not arrive when expected, facility staff called to inquire and were informed by the mail order company that the shipment was delayed which resulted in the medication not being available for administration.

Following the incident, discussions were held with Resident #1 regarding the events. Resident agreed to use the facility's on-site pharmacy in a moment of need moving forward.

To prevent a re-occurring violation the nursing staff will discuss the use of the facility's in-house pharmacy with residents/families when an issue arises if an outside supplier has not provided medication timely. Utilizing the in-house pharmacy promptly in a moment of need will ensure medication is available timely for administration.

Regardless of what pharmacy residents choose to use, the home will ensure medication is ordered and available in a timely manner.

(SP) 11-29-18

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Nicole J. Stroman*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nicole J. Stroman, PC admin* | Date *11/21/18*

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