



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 04 2019

Ms. Brenda Yohn  
Administrator  
Shirley Home for the Aged, Inc.  
17050 Country View Lane  
Shirleysburg, Pennsylvania 17260

RE: Shirley Home for the Aged  
Certificate #: 343970

Dear Ms. Yohn:

As a result of the Department's Bureau of Human Services Licensing annual inspection on November 5, 2018 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

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

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

Sincerely,

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

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



Violation Report: 34397 - 11/05/2018 - Cargile, Kellie  
 PCH Name: SHIRLEY HOME FOR THE AGED

**1. REGULATION 55 Pa.Code §2600**  
 2600.25(c)(10) - The contract shall include a statement that the resident is entitled to at least 30 days' advance notice, in writing, of the home's request to change the contract.

**2a. DESCRIPTION OF VIOLATION**  
 Residents #1 and #2 did not receive 30-day advanced written notices of the home's intent of a rate increase for room and board effective January 1, 2018.

**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.

All 30 day advanced written Notices will be written and signed prior to 30 days by the Administrator.

Copies of the written notices will be included as part of the residents' records.

The Administrator or designee will review the current resident records by 3/20/19 to ensure that all contracts & addendums contain the required elements. The results of the record review will be discussed at the home's next quality management review. - GE

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) Brenda J. Yohn Administrator	Date 1-3-2019
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 1/31/19  
 (Date)

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

Plan of correction implementation status as of 1/31/19  
 (Date)

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

Violation Report: 34397 - 11/05/2018 - Cargile, Kellie

PCH Name: SHIRLEY HOME FOR THE AGED

**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 #3 does not include the diagnosis or purpose for any medications on the October and November 2018 MAR's. Medications included bupropion xl 150mg, carvedilol 12.5mg, citalopram 40mg, and gabapentin 300mg.

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

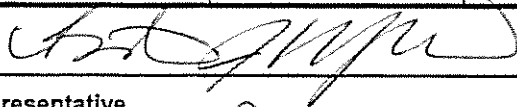
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

11/4<sup>th</sup> Diamond Pharmacy contacted regarding need for Diagnosis to be added to all medications.  
 ② Diamond Pharmacy corrected errors.  
 ③ Attached corrected Resident #3 MAR  
 Effective: 11/5/18 All prescriptions will include diagnosis. When LPN Reviews EMAR for approval will not approve until a diagnosis is added.  
 LPN's/med Tech's and escorts will remind physicians at time of appointment and renewal of prescriptions that diagnosis will need to be included.

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)

Brenda J. Yohn Administrator

Date

1-3-2019

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