



**MAILING DATE: May 17, 2019**

Ms. Leslie McKinney  
Administrator  
Sugar Creek Rest, Ltd.  
109 Personal Care Lane  
Worthington, Pennsylvania 16262

RE: Quality Life Services - Sugar Creek  
Certificate #: 426810

Dear Ms. McKinney:

As a result of the Department's Bureau of Human Services Licensing inspection on November 9, 2018 and November 20, 2018, of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink that reads "Suzy Quinn". The signature is written in a cursive style with a large initial "S" and a long horizontal stroke at the end.

Suzy Quinn  
Human Services Licensing Supervisor

Enclosure  
Violation Report



Violation Report: 42681 - 11/09/2018 - Garvey, Jody  
 PCH Name: QUALITY LIFE SERVICES SUGAR CREEK

**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 #1 was prescribed Furosemide 20 MG - give 1 tablet daily, which was discontinued on 9/20/18; however, on 11/9/18 the medication was still present in the home.

**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.*

11-09-18 above medication was removed from cart.


01-19 Administrator has been re-educating staff this month on importance of and how to d/c medications.

- All staff has indicated understanding.
- When staff discontinues a med, they are to pull it - they will advise admin on all d/c medications.
- Administrator will receive notice of all d/c meds and assure removal from cart on weekly basis.

Immediately, then at least monthly, a designated staff person qualified to administer medications shall audit all medications in the home to ensure no medications are discontinued.

 5/10/19


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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) leslie McKinney Date 01 17 19

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

The above plan of correction is approved as of 5/10/19 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 5/10/19 (Date)

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

Violation Report: 42681 - 11/09/2018 - Garvey, Jody  
 PCH Name: QUALITY LIFE SERVICES SUGAR CREEK

**1. REGULATION 55 Pa.Code §2600**  
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 was prescribed Humalog solution 100 units/ml (Insulin Lispro) - Inject 5 units subcutaneously one time a day plus sliding scale. The medication label indicates Humalog Kwikpen 3ml 100 units/ml- Inject 8 units under the skin before meals plus sliding scale.

Resident #5 was prescribed Clonazepam 0.25 MG tablet- take by mouth three times a day for anxiety and as needed (PRN). The medication label indicates Clonazepam 0.5 MG - take 1/2 tablet (0.25 MG) tablet my mouth 3 times a day; however, the label does not indicate that the medication should also be administered PRN.

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

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

*Resident #1 and #5 orders have been reviewed.  
 Clarification was obtained by M.O.  
 - Administrator will audit all new orders / discontinued orders weekly.  
 - Administrator and medication administration team will audit carts (2) monthly, to ensure matching order.*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Heslie McKinney* Date *1-17-19*

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The above plan of correction is approved as of 5/10/19  
 (Date)

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

Plan of correction implementation status as of 5/10/19  
 (Date)

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Violation Report: 42681 - 11/09/2018 - Garvey, Jody  
 PCH Name: QUALITY LIFE SERVICES SUGAR CREEK

**1. REGULATION 55 Pa.Code §2600**

2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

**2a. DESCRIPTION OF VIOLATION**

On 10/11/18, resident #6 was prescribed Ativan 0.5MG - 1 tablet 2 times a day plus PRN - 1 tab every 4 hours as needed. The medication was discontinued on the medication administration record (MAR) on 10/23/18. The written physician order changing the prescription to Ativan 0.5 MG - give 1 tablet daily in the morning was dated 10/25/18. The home's nurse told staff person C, the home's administrator, to discontinue the medication per a verbal order from the prescriber and the home failed to obtain written notice of the medication change.

**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.

- Staff was educated to request written orders to be faxed or obtained at facility before making changes.
- Staff indicated understanding to administrator.
- ~~Nurse/admin will be only person to receive a verbal order~~
- Medication administration staff will bring any changes to nurse/admin attention for review
- Staff will not make changes without written order.
- Staff will follow thru with order completion after obtaining correct order when received. *SE*

5/10/19

Within 30 days of receipt of the plan of correction, All staff persons qualified to administer medications shall be educated by a staff person qualified to administer medications that changes in a medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State and the homes policy and procedures for changes in medications. Documentation of education will be kept.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Heslie McKinney* Administrator

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Heslie McKinney* Date *1-17-19*

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Violation Report: 42681 - 11/09/2018 - Garvey, Jody  
 PCH Name: QUALITY LIFE SERVICES SUGAR CREEK

**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**

Multiple staff interviews indicated that staff persons A and B had not administered insulin on the days their initials indicated. Staff persons A and B would get a diabetic trained staff person who was working with him/her to take blood sugar readings and administer insulin and then that staff person would sign the MAR under staff person A's and B's name.

On 11/9/18, staff person A, hired 9/12/18, had not completed a Department-approved diabetes patient education program. Staff person A's initials were on the MAR indicating that he/she administered insulin to the following residents on multiple dates in November 2018 to include:

- \*Resident #1: November 2nd, 4th and 5th before supper
- \*Resident #3: November 3rd and 6th before supper and November 2nd and 6th before bedtime
- \*Resident #4: November 2nd, 4th, and 5th before supper

On 11/9/18, staff person B, hired 9/18/18, had not completed a Department-approved diabetes patient education program. Staff person B's initials were on the MAR indicating that he/she administered insulin to the following residents on multiple dates in November 2018 to include:

- \*Resident #3: November 3rd and 4th before bedtime and November 4th before supper
- \*Resident #4: November 3rd before supper

Resident #5 was prescribed Clonazepam 0.25 MG tablet - take by mouth three times a day for anxiety and PRN. However, the resident's MAR indicates Clonazepam 0.5 MG in the PRN section - take one tablet my mouth every six hours as needed for anxiety.

**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 attached #2

See page 5a of 7

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heslie McKinny* Date: *1-17-19*

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POC p. 5

- Administrator and med-administrating team reviewed both carts to correct MARs/LAB
- Monthly Reviews will be conducted by above team
- Administrator will list this info for next QAPI meeting that is scheduled.
- Staff was re-educated on label and MAR matching
- Continued education will be conducted by administrator as needed and on going.
- A full cart audit has been started and should be completed by 02-22-19.
- Facility Pharmacy will be contacted on info for there auditing of med carts 1 + 2
- Staff will submit all new and d/c orders to administrator for review.
- All staff have been trained in DHS approved diabetic training, Staff member B will be trained at a schedule class on 2-16-19 she will be scheduled only with a trained staff member until then.

Heslie McKinney Administrator 1-17-19

Heslie McKinney

Immediately: Only staff persons who have successfully completed the Department-approved medications administration course, as well as successfully completed a Department-approved diabetes education program within the past 12 months, shall be permitted to perform blood glucose testing and administer insulin injections in accordance with 2600.190(b).

SE 5/10/19

Within 30 days of receipt of the plan of correction: All staff persons qualified to administer medication shall be reeducated on proper procedure for documentation of medication administration, to include not signing off as administered, medications that have been administered by another direct care staff member, in accordance with 2600.187(a),(b).

SE 5/10/19

Violation Report: 42681 - 11/09/2018 - Garvey, Jody  
 PCH Name: QUALITY LIFE SERVICES SUGAR CREEK

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

2a. DESCRIPTION OF VIOLATION

Resident #1 was prescribed Furosemide 40 MG - give 1 tablet by mouth in the morning. The resident's MAR indicates Furosemide 40 MG - give 2 tablets by mouth in the morning. The resident was administered 2 tablets (80 MG) of Furosemide 40 MG on multiple dates to include 11/1/18 - 11/8/18.

Resident #1 was prescribed Omeprazole 40 MG - give 1 capsule by mouth in the morning. The medication label indicated Omeprazole 20 MG with a directions change sticker indicating "directions change refer to MAR." The directions on the MAR are to administer 1 capsule by mouth in the morning. The resident was administered 20 MG instead of 40 MG as prescribed on multiple dates to include 11/1/18 - 11/8/18.

Resident #1 was prescribed Cyanocobalamin tablet 2500 mcg - give 1 tablet by mouth in the morning. The medication label indicates Vitamin B 12 5000 mcg with a directions change sticker indicating "directions change refer to MAR." The directions on the MAR are to administer 1 tablet by mouth in morning. The resident was administered 5000 mcg instead of 2500 mcg as prescribed on multiple dates to include 11/1/18 - 11/9/18.

Resident #1 was prescribed Humalog 100 unit/ml - inject 5 units subcutaneously 1 time a day on 11/7/18. The medication was not added to the MAR until 11/8/18 and the medication was not administered on 11/8/18.

Resident #1 was prescribed Levalbuterol HCL nebulization solution - 1 vial inhale orally three times a day. On 11/6/18, 11/7/18, 11/10/18 and 11/12/18 the medication was not administered to the resident.

On 10/31/18, resident #7 was prescribed Prednisone 10 MG -give 1 tablet daily for three days, then every other day for three more doses, then stop. The resident's November 2018 MAR indicates Prednisone 10 MG-give 1 tablet by mouth 2 times a day for treatment as of 10/30/18. The medication was administered continuously 2 times a day from 10/31/2018-11/7/18 and one time on 10/30/18 and 11/8/18.

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.

- All above orders have been corrected
- Staff along with administrator reviewed all above and re-educated on importance of orders.

See attachment #2 this correction applies here also. Admin will conduct reviews monthly to ensure the MAR matches the prescribers orders and the medication labels match the MAR.

SE 5/10/19

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heslie McKinney* Date *1-17-19*

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**1. REGULATION 55 Pa.Code §2600**

2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

**2a. DESCRIPTION OF VIOLATION**

Staff person D's most recent Department-approved diabetes patient education program was completed on 10/23/17; however, the staff person administered insulin to multiple residents in the home in November 2018 to include:

- \*Resident #1: November 3rd and 4th before breakfast
- \*Resident #2: November 3rd and 4th upon awakening and before lunch
- \*Resident #3: November 3rd, 4th, 6th, 7th, 8th and 9th upon awakening and before breakfast
- \*Resident #4: November 3rd and 4th upon awakening

**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 staff have completed approved DHS diabetic training. See attachments ABCD
- Staff B is scheduled for training 2-16-19 she will only be scheduled with a trained staff member who will address all diabetic needs of residents.
- Future staff will only be scheduled with a trained DHS approved certified staff member.
- Administrator has audited all employee charts Reg. DHS Required training, and will continue with annual auditing.
- Staff member C is no longer employed

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heslie McKinney* Date *01-17-19*

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