



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 30 2019

Ms. Anissa Rosemas
Ms. Karrey Brooks
Personal Care Administrators
Hollidaysburg Veterans' Home
P.O. Box 319
Hollidaysburg, Pennsylvania 16648

RE: Hollidaysburg Veterans' Home
Certificate #: 343600

Dear Ms. Rosemas and Ms. Brooks:

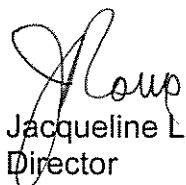
As a result of the Department's Bureau of Human Services Licensing annual inspection on November 14 and 15, 2018 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

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.

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
Violation Report

Violation Report: 34360 - 11/14/2018 - Hoover, Douglas
 PCH Name: HOLLIDAYSBURG VETERANS HOME

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION
 The contract, dated 3/8/18, for Resident #1 does not include a fee schedule of actual amounts charged for available services.

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

Page 2A of 4. - GE

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Amissa Rosemas, PCHA and KIMMY BROOKS, PCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Amissa Rosemas PCHA and KIMMY BROOKS, PCHA* Date *1-7-2019*

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

The above plan of correction is approved as of <u>1/25/19</u> (Date)	Plan of correction implementation status as of <u>1/25/19</u> (Date)
The above plan of correction was approved by <u>GE</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Hollidaysburg Veterans Home

License # 343600

Page: 1

, 25(c)(2)

Regulation Cited: 2600.- The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

How was the regulation violated: The contract dated 3/8/18, for resident #1 does not include a fee schedule of actual amounts charged for available services.

Benefit of the regulation: Ensures the residents understand the home's charges for specific services.

Action plan to fix right away and prevent in the future: The room and board rate was inadvertently not documented on the resident home contract upon admission. Once the error was found the rate was obtained immediately and documented in the resident's contract.

An audit of 113 charts was completed to ensure that every contract has the required rates. As a result, there were no additional contracts missing the rate only this one contract. The contracts will be monitored for completion upon every admission moving forward to ensure compliance of this regulation.

Who is responsible for preventing a future violation: Social Services

Date corrected by: 11/14/2018

Administrator Signature: *Cristin Rosemas*

Date: *1-7-2019*

Administrator Signature: *Wendy Brown*

Date: *01.07.2019*

Violation Report: 34360 - 11/14/2018 - Hoover, Douglas
 PCH Name: HOLLIDAYSBURG VETERANS HOME

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 following glucometer readings did not match the medication administration record (MAR) for Resident #3:
 On 11/7/18 at 8:47 pm, the glucometer reading was 444 and recorded on the MAR as 334;
 On 11/9/18 at 5:10 pm, the glucometer reading was 81 and recorded on the MAR as 227;
 On 11/14/18 at 5:18 pm, the glucometer reading was 333 and recorded on the MAR as 104.

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

Page 3A of 4. - GE

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/14/2017
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative
 (Required on EVERY Page) *Missa Rosemas, RCHA and KARRY BROOKS, RCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Missa Rosemas RCHA, KARRY BROOKS, RCHA* Date *1-7-2019*

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

The above plan of correction is approved as of <u>1/25/19</u> (Date)	Plan of correction implementation status as of <u>1/25/19</u> (Date)
The above plan of correction was approved by <u>GE</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

Hollidaysburg Veterans Home
License # 343600
Page: 2

Regulation Cited: 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.

How was the regulation violated: The following glucometer readings did not match the medication administration record (MAR) for Resident #3:

On 11/7/18 at 8:47 pm, the glucometer reading was 444 and recorded on the MAR as 334;

On 11/9/18 at 5:10 pm, the glucometer reading was 81 and recorded on the MAR as 227;

On 11/14/18 at 5:18 pm, the glucometer reading was 333 and recorded on the MAR as 104.

Benefit of the regulation: Reduces the risk that medications and medical equipment will be misplaced, lost, or misused.

Action plan to fix right away and prevent in the future: Registered Nurse Supervisor will complete random weekly audits on glucometers/MARS. When any discrepancy is noted, RNS will address with licensed nurse, sending for remediation for any issues. This will be an ongoing process to ensure compliance of this regulation.

The findings of the audits will be addressed at the home's next Quality Management Review. -GE


Who is responsible for preventing a future violation: Registered/Licensed Nursing Staff

All staff conducting blood sugar testing will be re-educated on the use of glucometers/documenting accurate information on MARs.

Date corrected by: 1/7/2019

Administrator Signature: 

Date: 1-7-2019

Administrator Signature: 

Date: 01-07-2019

Violation Report: 34360 - 11/14/2018 - Hoover, Douglas
 PCH Name: HOLLIDAYSBURG VETERANS HOME

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 MAR for Resident #3 did not document units of insulin given on 11/13/18 at 12:00 pm.
 The November 2018 MAR for Resident #4 did not include strength, frequency of administration and administration times for "Z-Pack," use "as directed."

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

Page 4A of 4 - GE

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Missa Rosemer PCHA and KARRI BROOKS PCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Missa Rosemer PCHA and KARRI BROOKS PCHA* Date *1-7-2019*

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

The above plan of correction is approved as of <u>1/25/19</u> (Date)	Plan of correction implementation status as of <u>1/25/19</u> (Date)
The above plan of correction was approved by <u>GE</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

Hollidaysburg Veterans Home

License # 343600

Page: 3

Regulation Cited: 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.

How was the regulation violated: The MAR for Resident #3 did not document units of insulin given on 11/13/18 at 12:00 pm.

The November 2018 MAR for Resident #4 did not include strength, frequency of administration and administration times for "Z-Pack," use "as directed."

Benefit of the regulation: The home's staff persons will be able to track all medications a resident receives and to ensure all medications are administered as prescribed.

Action plan to fix right away and prevent in the future: The licensed nurse on third shift will audit physician's orders and MAR's nightly for new orders to ensure they are written/transcribed to include medication name, dose, route, frequency and time. This process will be ongoing to ensure compliance of this regulation.

Training of staff persons regarding missing information will be conducted. - GE

Who is responsible for preventing a future violation: Registered/Licensed Nursing Staff

Date corrected by: 1/7/2019

Administrator Signature: *Christa Roseman*

Date: 1-7-2019

Administrator Signature: *Wendy Brooks*

Date: 01-07-2019