



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 06 2018

Mr. Jeffrey S. Truhan,
Chief Executive Officer
The Shook Home
55 South Second Street
Chambersburg, Pennsylvania 17201

RE: The Quarters at the Shook
Certificate #: 355540

Dear Mr. Truhan:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on November 20, 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

License Inspection Summary
PERSONAL CARE HOMES - 55 PA.CODE CHAPTER 2600

Facility Information

Name: *QUARTERS AT THE SHOOK* License Number: *355540*
Address: *55 SOUTH SECOND STREET, CHAMBERSBURG, PA 17201*
County: *FRANKLIN* Region: *CENTRAL*

Administrator

Name: *Tracy Lawson* Phone: *7172646815* Email: *tracyl@shookhome.org*

Legal Entity

Name: *THE SHOOK HOME*
Address: *55 South Second Street, PA, 17201*

Certificate(s) of Occupancy

Type: *C-1* Date: *10/27/1994* Issued By: *PA Department of Health*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *0* Waking Staff: *32.25*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
Reason: *Renewal*

Inspection Dates and Department Representative

Date 11/20/2018	On-Site	
Lead Inspector: <i>Jason McCloskey</i>	Arrival Time: <i>9:00 AM</i>	Departure Time: <i>4:45 PM</i>
Inspector #2: <i>Michael Palermo</i>	Arrival Time: <i>9:00 AM</i>	Departure Time: <i>4:45 PM</i>

Other Details

Partial or Full Triggers: Random Indicators:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *45* Residents Served: *40*

Secure Dementia Care Unit

In Home: Area: Capacity: Residents Served:

Hospice

Current Residents: *0* Residents Past Year: *0*

Resident Demographic Data as of Inspection Dates (continued)

Number of Residents Who:

Receive Supplemental Security Income: 0

Have Mental Illness: 0

Have Mobility Need: 3

Are 60 Years of Age or Older: 39

Have Intellectual Disability: 0

Have Physical Disability: 0

Regulations

2600.183.b.

Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

A 130-count bottle of Aleve 220mg caplets was unlocked and accessible in Resident 1's bathroom. There was no cap on the bottle and 12 caplets were lying on a white washcloth on the resident's countertop. Several of the caplets were stuck to one another and to the washcloth as if splashed with liquid.

Plan of Correction (POC)

- Please see attachment

Attached 3A, 3B, 3C

JS
Jeffrey S. Truhon, CEO
12/03/18

Violation Acknowledgment

JS
Signature of Legal Entity Representative

Jeffrey S. Truhon, CEO
Printed Name and Title of Legal Entity Representative

12/03/18
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 12/4/18
(Date)

Plan of correction implementation status as of 12/4/18
(Date)

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

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

The Quarters at the Shook
Certificate #: 355540
Annual Survey Plan of Correction
Survey Ending
November 20, 2018

Regulation 55 Pa. Code 2600.183(b)

The 130-count bottle of Aleve 220 mg caplets was immediately removed from Resident 1's bathroom and returned to the resident's responsible party.

The twelve caplets stuck together on a white washcloth located on the resident's bathroom countertop were destroyed as per facility policy.

The Personal Care Home Administrator (or designee) conducted a root cause analysis of this incident and determined that although Resident 1 had a physician's order to self-administer medications, the facility was administering her medications because she was not capable of doing so, and that the facility subsequently failed to ensure she did not receive medication(s) from an outside source(s).

Based on the root cause of the incident:

Resident 1's physician order to self-administer medications was discontinued. It was then verified that the need to have the facility administer medications was accurately reflected in her Support Plan.

The Personal Care Home Administrator (or designee) will educate all Licensed Practical Nurses (LPN's), Medication Technicians, Personal Care Attendants, and ancillary staff (e.g. housekeepers, maintenance aides, transportation personnel, etc.), on the following:

1) 2600.183.b: Prescription medication, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

The aforementioned staff will also be educated to report any unsecured medication observed in a resident's room to the Personal Care Home Administrator (or designee). The Personal Care Home Administrator (or designee) will then determine whether or not the resident has a physician's order to self-administer medication and, if so, verify that the resident has a locked container to store the medication, and educate the resident on its use accordingly. If the resident does not have a physician's order to self-administer the medication (or an existing order is deemed inappropriate), it will be removed from the resident's room and either returned to the resident's responsible party or destroyed as per facility policy based on the individual circumstances. In the latter case, if an order to self-administer medication is present and deemed inappropriate, it will be discontinued.

JS

Signature of Legal Entity Representative

12/03/18

Date

The Personal Care Home Administrator (or designee) will educate all existing residents who self-administer medications as well as their responsible parties on the following:

1) 2600.183.b: Prescription medication, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

*The families of existing residents who rely on the facility to administer their medications will be educated not to provide the resident directly with medication brought in from outside sources.

The Personal Care Home Administrator (or designee) will educate all existing residents who become designated to self-administer medications as well as their responsible parties on the following:

1) 2600.183.b: Prescription medication, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

The Personal Care Home Administrator (or designee) will educate all newly admitted residents who self-administer medications and their responsible parties on the following:

1) 2600.183.b: Prescription medication, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

*The families of newly admitted residents who rely on the facility to administer their medications will be educated not to provide the resident directly with medication brought in from outside sources.

The Personal Care Home Administrator (or designee) will conduct an initial whole house audit of all resident rooms to ensure that there are no unsecured medications. If unsecured medications are observed, the Personal Care Home Administrator (or designee) will then determine whether or not the resident has a physician's order to self-administer medication and, if so, verify that the resident has a locked container to store the medication, and educate the resident on its use accordingly. If the resident does not have a physician's order to self-administer the medication (or an existing order is deemed inappropriate), it will be removed from the resident's room and either returned to the resident's responsible party or destroyed as per facility policy based on the individual circumstances. In the latter, case if an order to self-administer medication is present and deemed inappropriate, it will be discontinued.



Signature of Legal Entity Representative


12/03/15
Date

The Personal Care Home Administrator (or designee) will conduct a monthly whole house audit of all resident rooms to ensure that there are no unsecured medications. If unsecured medications are observed, the Personal Care Home Administrator (or designee) will then determine whether or not the resident has a physician's order to self-administer medication and, if so, verify that the resident has a locked container to store the medication, and educate the resident on its use accordingly. If the resident does not have a physician's order to self-administer the medication (or an existing order is deemed inappropriate), it will be removed from the resident's room and either returned to the resident's responsible party or destroyed as per facility policy based on the individual circumstances. In the latter case, if an order to self-administer medication is present and deemed inappropriate, it will be discontinued.

The Personal Care Home Administrator (or designee) will report the results of the audits to the Quality Assurance/Performance Improvement Committee monthly to ensure the solutions are sustained over time. (The Quality Assurance/Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance/Performance Improvement Committee to show it is still in compliance). The audits will continue until no longer deemed necessary by the Committee.

Self-Imposed Date of Compliance: January 31, 2019

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Signature of Legal-Entity Representative

1407/18

Date