



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Ms. Wendy Vennard
PCHA
The Fountains at Indiana, LLC
PO Box 607
Indiana, Pennsylvania 15701

RE: The Fountains at Indiana, LLC
2698 West Pike Road
Indiana, Pennsylvania 15701
License #: 448540

Dear Ms. Vennard:

As a result of the Department's Bureau of Human Services Licensing annual inspection on November 27, 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,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 44854 - 11/27/2018 - McConnell, Deb
 PCH Name: THE FOUNTAINS AT INDIANA

RECEIVED

1. REGULATION 55 Pa.Code §2600
 2600.26(a) - The home shall establish and implement a quality management plan.

MAR 01 2019

2a. DESCRIPTION OF VIOLATION
 The home did not conduct a quality management review for 2017.

WEST PENNSYLVANIA OFFICE
 Human Services Licensing

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.

a quality management review will be conducted annually. In 2017 The fountains at Indiana officially opened in October, at The end of December there were a total of 6 residents in the building. 2 staff meetings were held in November 2017 that covered reportable incidents, complaint procedures, fire response plan, and fire extinguisher training. There were no falls during October, November & December of 2017. The meeting notes are attached.

a quality management review was conducted in Dec of 2018
 Please see attached.

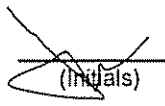
The administrator will conduct a quality management review annually with staff. all staff will sign a record of training at the time of the review

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Wendy Vennard PCHA, LPN	Date 2/28/19
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3/22/19</u> (Date)	Plan of correction implementation status as of <u>3/22/19</u> (Date)
The above plan of correction was approved by  (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

Violation Report: 44854 - 11/27/2018 - McConnell, Deb
PCH Name: THE FOUNTAINS AT INDIANA

1. REGULATION 55 Pa.Code §2600

2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Records of residents #1, #2, and #3 did not contain a statement signed by the resident upon admission acknowledging receipt of a copy of the resident rights.

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.

Upon admission all residents received resident rights forms to sign. Unfortunately, these forms did not have a place for the resident to sign, or the residents designated person to sign.

A new form has been put into place. All residents - current and new admissions will sign this form after review of resident rights.

All current residents as of December 2018 have signed the new form.

The administrator will ensure resident rights are reviewed with all new admissions. The resident or designated person along with the administrator will sign the form upon admission to the home.


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

Signature of Legal Entity Representative
(Required on EVERY Page) *Wendy Vennard*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Wendy Vennard PCHA, LPN* Date *2/28/19*

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WEST REGION FIELD OFFICE
Human Resources Services

Violation Report: 44854 - 11/27/2018 - McConnell, Deb
PCH Name: THE FOUNTAINS AT INDIANA

1. REGULATION 55 Pa.Code §2600
2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
Staff person A, the home's administrator, completed only 22.5 hours of annual training in training year 2017.

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.

The administrator miscalculated the amount of training hours for 2017.

The administrator will ensure that she has 24 hours or more each year ongoing.

During 2018 the administrator had 26 hours of training - See Attached

Training records will be calculated as the hours are obtained by the administrator

Trainings for 2019 already being scheduled
See Attached

By the 12/31/19 - The administrator will complete an 2.5 hours of annual training in addition to the 24 hours of training for training year 2019 to make up for hours missed. These training hours may be completed online. --JRW 3/22/19

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


Signature of Legal Entity Representative
(Required on EVERY Page) Wendy Kennard

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Wendy Kennard PCHA, LPN Date 2/28/19

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Violation Report: 44854 - 11/27/2018 - McConnell, Deb
PCH Name: THE FOUNTAINS AT INDIANA

WEST REGION FIELD OFFICE
Hazardous Waste Unit

1. REGULATION 55 Pa.Code §2600

2600.82(b) - Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

2a. DESCRIPTION OF VIOLATION

At approximately 10:16 a.m., a 16 ounce container of oven cleaner, with a manufacturer's label indicating "Call physician if swallowed" was stored with 3 boxes of cereal and 3 cases of Gatorade on a bottom shelf in the pantry.

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.

This can of oven cleaner was removed immediately during the inspection.

All staff have been retrained regarding storage of poisonous materials

A locked cabinet is in place for all poisonous materials

Kitchen staff will monitor daily in the kitchen to ensure no poisonous materials are stored in the kitchen near food.

The administrator will audit all areas of the building during a daily walkthrough to ensure all poisonous materials are secured in the locked cabinet

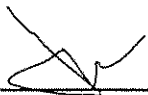
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Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Wendy Vennard PCHA, LPA* Date *2/28/19*

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Violation Report: 44854 - 11/27/2018 - McConnell, Deb
PCH Name: THE FOUNTAINS AT INDIANA

WEST REGION FIELD OFFICE
Harrisburg, PA 17110

1. REGULATION 55 Pa.Code §2600

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION

On 11/27/18, at 12:50 p.m., the temperature of the expose metal framework on the gas fireplace in the front entrance measured at least 159.9 degrees Farenheit. There were no protective guards in place to prevent residents from coming in contact with the the exposed metal framework.

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.

The fire place has protective guards in place and did at the time of inspection. The guards in place did not have a covering on top of them to prevent a resident from putting their hand down in behind the guards. The fireplace was turned off at time of inspection and remains off.
Andersons chimney service and fireplace shop was contacted and came to the home to measure the fireplace for 2 custom spark guards that will cover entire openings on each side of the fireplace to prevent any resident from touching any part of the metal framework. These guards are ordered and will be installed when received. until then the fire place will not be used. The fireplace has not been used since inspection. See Attached


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Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Wendy Kennard PCHA, LEW Date 2/28/19

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Violation Report: 44854 - 11/27/2018 - McConnell, Deb
PCH Name: THE FOUNTAINS AT INDIANA

WEST INDIAN HEALTH CARE
11000 W. 100th St., Suite 100
Indianapolis, IN 46228-1000

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

At approximately 11:48 a.m., the water temperature at the sink in bedroom #145 measured 128.3 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.

Hot water heater was turned down immediately during the inspection.

Hot water temperatures will be tested in random areas of the building to ensure all water temperatures remain under 120°F

A water temperature log will be kept so temperatures of water in random testing areas can be logged. During water temperature audits any temperature found to be over 120°F will automatically at that moment result in immediate adjustment of hot water heater settings until water temperature is below 120°F. The administrator will audit hot water temperatures throughout the building and document results weekly.

Repeat Violation: No

Date(s) of Previous Violation(s):

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(Required on EVERY Page)

Wendy Vennard

Printed Name and Title of Legal Entity Representative
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Wendy Vennard PCHA, LPA

Date 2/28/19

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(Initials)

Violation Report: 44854 - 11/27/2018 - McConnell, Deb
PCH Name: THE FOUNTAINS AT INDIANA

WEST VIRGINIA HEALTH SERVICES
1000 UNIVERSITY AVENUE
MARTINSBURG, WV 26150-3000

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephone in bedroom #145 did not have emergency services numbers posted on or nearby.

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.

This was corrected at the time of inspection with a Emergency services number listing that the resident had placed in a drawer.

Direct care staff will audit resident rooms on a daily basis while in rooms providing care services. If any room does not have Emergency Services number listings, Direct care staff will place one in room.

Extra Emergency services number listings will be kept in medication administration room for staff to obtain and post as needed

all new admissions will have an Emergency Services numbers listing posted in their rooms upon admission.

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

Signature of Legal Entity Representative
(Required on EVERY Page) Wendy Kennard

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Wendy Kennard PCHA, CA Date 2/28/19

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Violation Report: 44854 - 11/27/2018 - McConnell, Deb

PCH Name: THE FOUNTAINS AT INDIANA

MAR 01 2019

1. REGULATION 55 Pa.Code §2600

2600.103(j) - Outdated or spoiled food or dented cans may not be used

WEST REGION FIELD OFFICE
Human Services Center

2a. DESCRIPTION OF VIOLATION

At approximately 11:13 a.m., multiple unlabeled and undated foods, including a 3 lb bag of bacon bits, a container labeled lowfat cottage cheese but containing an orange food, and multiple small bags of salami, ham, and turkey lunch meat were in the freezer in the kitchenette off of the dining room.

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.

During the inspection all of these food items were thrown away. These items were just purchased through a local butcher that did not date items. Staff from kitchen saw they were labeled but did not notice they did not have a date.

Kitchen staff pick up the items ordered at the local butcher. Kitchen staff will make sure all items are labeled and dated when brought into the building.

Kitchen staff will label and date any item placed into refrigerators or freezers.

The kitchen staff will audit daily all refrigerators and freezers to ensure all foods are labeled and dated. See Attached

Repeat Violation: No

Date(s) of Previous Violation(s):

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(Required on EVERY Page)

Wendy Vennard

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Wendy Vennard PCHA, LPN

Date

2/28/19

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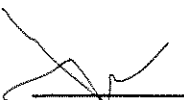
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Violation Report: 44854 - 11/27/2018 - McConnell, Deb
PCH Name: THE FOUNTAINS AT INDIANA

WEST REGION FIELD OFFICE
Mason, Ohio 45040-1000

1. REGULATION 55 Pa.Code §2600

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

The home does not have emergency diagrams posted in a conspicuous and public place in the home. The emergency diagrams are only posted in resident bedrooms.

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 resident rooms currently have evacuation diagrams posted on inside of doors

New diagrams have been placed in each hallway and in common areas

Please see Attached

The administrator will ensure all signs are in place during a daily walk through of the home.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wendy Kennard

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

Wendy Kennard PCHA, LPA

Date

2/28/19

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Violation Report: 44854 - 11/27/2018 - McConnell, Deb
PCH Name: THE FOUNTAINS AT INDIANA

WEST REGIONAL FIELD OFFICE
Harrisburg, Pennsylvania

1. REGULATION 55 Pa.Code §2600

2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The furnace was not inspected in the past year.

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.

on November 27, 2018 during the inspection the administrator obtained a letter from the furnace inspector. This letter was a letter of intent to inspect the furnace.

The furnace was inspected 12/12/18

Please see the attached invoice and statement regarding the inspection of the furnace.

The furnace passed inspection

The administrator will have the furnace inspected at least annually.

The administrator will document dates inspected and obtain a new inspection annually

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wendy Derrard

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

Wendy Derrard PCHA, CPN

Date 2/28/19

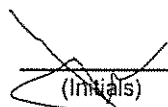
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Violation Report: 44854 - 11/27/2018 - McConnell, Deb

PCH Name: THE FOUNTAINS AT INDIANA

WEST VIRGINIA UNIVERSITY
FIRE DEPARTMENT

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record indicates 2 staff persons participated in the sleeping hours fire drills held on 6/30/18, at 2:40 a.m. and 9/27/18, at 6:35 a.m. However, staff interview indicated only 1 staff person routinely works on the 11:00 p.m.-7:00 a.m. shift.

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.

The administrator conducts the fire drills and pulls the fire alarm on all shifts.

The administrator included herself as participating during the night shift drills as she was in the building during the drills.

All fire drills from Nov 2018 the administrator will not include herself as participating.

The staff working the shifts the fire drills on will be the staff marked participating.

All documentation will reflect exact staff participating.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Wendy Kennard

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Wendy Kennard PCHA, LPN

Date

2/28/19

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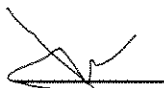
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Violation Report: 44854 - 11/27/2018 - McConnell, Deb
PCH Name: THE FOUNTAINS AT INDIANA

WEST REGION PUBLIC OFFICE
HUMAN SERVICES

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

According to the fire safety expert's letter, dated 4/25/18, the home does not have interior fire safe areas within the home. However, multiple resident and staff interviews indicate residents are not evacuated to the established outside fire safe area during fire drill, including the fire drill conducted on 11/21/18, at 4:20 p.m. Residents go to the doorway.

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 residents are evacuated to outdoor designated areas. On 11/21/2018 the temperature was cold with 10-15 mile an hour winds. The residents did not go outside.

All fire drills performed from the date of inspection onward, all resident are evacuated outside regardless of weather. This will be documented on all fire reports

The administrator will ensure all residents are evacuated to outdoors for each fire drill.

all residents are reminded each fire drill they must go outside

Immediately - All staff persons will be reeducated on fire evacuation procedures, including evacuation outside of the building to the designated meeting area for every fire drill. Documentation will be kept. --JRW 3/22/19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wendy Pennard


Printed Name and Title of Legal Entity Representative
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Wendy Pennard PCHA, LPA

Date 2/28/19

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Violation Report: 44854 - 11/27/2018 - McConnell, Deb

PCH Name: THE FOUNTAINS AT INDIANA

WEST MICHIGAN FIELD OFFICE

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The home did not have the menu for the upcoming week menu posted. Only the current menu was posted.

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.

This was corrected at the time of inspection. 2 weeks of menu's were placed in menu holders on each dining room table. See Attached holders dietary staff will place 2 weeks of menu's in the holders. They will replace at the end of the first week with a new menu for the 3rd week. The administrator will ensure that 2 weeks of menu's are in the holders on the tables during the daily walkthrough of the home

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Wendy Kennard

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Wendy Kennard PCHA, LPN

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Violation Report: 44854 - 11/27/2018 - McConnell, Deb
PCH Name: THE FOUNTAINS AT INDIANA

WEST VIRGINIA POLICE
FIRE/EMS

1. REGULATION 55 Pa.Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

There were no eye coverings in the first aid kit for the vehicle used to transport residents.

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.

Eye coverings have been placed in the first Aid Kit for the transport vehicle.

An audit sheet has been placed inside the Kit.

Direct care Staff will audit the first Aid Kit weekly to ensure all the required contents are in the Kit if something is taken and used from the Kit Direct care Staff will replace the item.

The administrator will audit the first Aid Kits monthly to ensure all required contents are in the Kits and that Staff are auditing weekly
See Attached

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Wendy Kennard*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Wendy Kennard PCHA, LPA* Date *2/28/19*

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

The above plan of correction is approved as of 3/22/19
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

Plan of correction implementation status as of 3/22/19
(Date)

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

Violation Report: 44854 - 11/27/2018 - McConnell, Deb
PCH Name: THE FOUNTAINS AT INDIANA

WEST REGION HAS DROPPED
NORTH REGION HAS DROPPED

1. REGULATION 55 Pa.Code §2600
2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
On 11/27/18, resident #3's Lantus was labeled as opened on 11/30/18.

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.

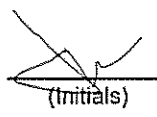
all staff have new stickers to place on any medication they open.
The home has switched to a new pharmacy provider
this pharmacy places or provides date opened stickers that are brightly colored.
all staff have been reeducated to place the actual date opened on all items they open.
The medication cart will be monitored by the administrator daily to ensure proper dating of opened items
The new pharmacy will also provide quarterly checks on the medication administration cart.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Wendy Kennard*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Wendy Kennard RHA, LPS* Date *2/28/19*

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

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(Date)
The above plan of correction was approved by 
(Initials)
Plan of correction implementation status as of 3/22/19
(Date)
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 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 44854 - 11/27/2018 - McConnell, Deb
PCH Name: THE FOUNTAINS AT INDIANA

WEST REGION- PCH D OFFICE
Murray, Spencer, J, Director

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

The label for resident 3's Humalog 100U/ML insulin, a sliding scale before meals and bedtime does not include the complete scale coverage; the label is missing 261-300=4 units.

- 70-140=0 units
- 141-180=1 unit
- 181-220=2 units
- 221-260=3 units
- 260-300=4 units
- 301-340=5 units
- 341-400=6 units

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.

A new label was requested and received from the pharmacy and placed on the insulin container. This resident discharged to home Dec 1st, 2018

Since the inspection the home has switched to a new pharmacy provider to prevent further violation. all medications will have pharmacy labels that include the residents name, the name of the medication, the date of the prescription issued, the prescribed dosage and instructions for administration, and the name of the prescriber and their title.

The administrator and direct care staff will audit the medication cart daily and the pharmacy will audit the med cart quarterly

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/02/2018

Signature of Legal Entity Representative
(Required on EVERY Page) Wendy Bernard

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Wendy Bernard PCHA, LPA Date 2/28/19

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The above plan of correction is approved as of 3/22/19
(Date)

Plan of correction implementation status as of 3/22/19
(Date)

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

The above plan of correction was approved by [Signature]
(Initials)

Violation Report: 44854 - 11/27/2018 - McConnell, Deb

PCH Name: THE FOUNTAINS AT INDIANA

WEST BROWARD COUNTY OFFICE

CHIEF OF COUNTY DEPARTMENT

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

Resident #1 is prescribed Pantaprazole, 40 mg at 7:00 a.m. However, the November 2018 medication administration record (MAR) indicates at bedtime.

Resident #1 is prescribed Albuterol, 0.083% four times a day as needed. However, the MAR also indicates, Albuterol, 0.083% every 3 hours as needed.

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.

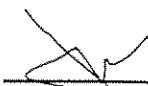
The MAR was corrected by the pharmacy to match the prescribers instructions for both medications. Since the inspection the home has switched to a new pharmacy provider to prevent violations the Administrator and direct care staff will compare physicians orders to the MAR when new orders are received. The direct care staff have been assigned 4 residents each to compare physicians orders to MAR monthly. The new pharmacy will enter prescribers orders and the administrator will compare against prescribers orders.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Wendy Vennard*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Wendy Vennard PCHA, LPA* Date *2/28/19*

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The above plan of correction was approved by  (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

Violation Report: 44854 - 11/27/2018 - McConnell, Deb
 PCH Name: THE FOUNTAINS AT INDIANA

WEST BUCKINGHAM HEALTH CARE
 Nursing Home, Inc. 1000 North...

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #1 self-administers her prescribed medication Hydrocort 1% cream. However, staff initialed the November 2018 MAR as administered by staff.

Resident #2 is prescribed Amlodipine, 5 ML daily and Propranolol, 120 MG ER, daily, hold for heart rate less than 50. However, the staff person who administered the medications on 11/1/18, at 9:00 a.m., did not document the resident's heart rate as ordered.

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 been re-educated on documentation in mar. The administrator is working with new pharmacy provider to ensure when an order is for self administration there is not a place provided in electronic MAR for staff to initial. The administrator is also working with new pharmacy provider so that a place to document BP, pulse, heart rate etc is on the electronic MAR for staff to document and that staff can not proceed in electronic MAR unless these are documented. The administrator will review electronic MARs daily to ensure proper documentation is done and recorded. Any staff not documenting correctly will be immediately removed from medication administration and retrained.

Immediately - All staff will be reeducated on documenting medication administration, checking blood pressure before administering medication. Documentation will be kept. -- JRW 3/22/19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/06/2017	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Wendy Kennard*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Wendy Kennard PCHA, LPN* Date *2/28/19*

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Violation Report: 44854 - 11/27/2018 - McConnell, Deb
PCH Name: THE FOUNTAINS AT INDIANA

WEST VIRGINIA HEALTH SERVICES
1000 University Blvd
Martinsburg, WV 26150

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

The records of residents #1, #2 and #3 did not contain a statement signed by the resident acknowledging education on the resident's right to refuse medication if the resident believes that there may be a medication error.

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.

out the time of inspection
The resident rights in use did not specify a statement acknowledging education on the resident's right to refuse medication if the resident believes there may be a medication error.
A new resident rights form with the statement acknowledging education on the resident's right to refuse medication if the resident believes there may be a medication error is in place.
The administrator reviews the form with all new admissions and the resident and they the administrator sign the form.
Any resident admitted before the 11/27/18 inspection has been given the new resident rights form to review with the administrator and both the administrator and resident have signed the form.


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

Signature of Legal Entity Representative (Required on EVERY Page) *Wendy Henning*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy Henning PCH, LPN* Date *2/28/19*

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