



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 04 2019

Ms. Samantha Roos-Meiser
Executive Director
Presbyterian Homes, Inc.
ATTN: Kirkland Village PCH
One Trinity Drive East, Suite 201
Dillsburg, Pennsylvania 17019

RE: Kirkland Village
1 Kirkland Village Circle
Bethlehem, Pennsylvania 18017
License #: 220500

Dear Ms. Ross-Meiser:

As a result of the Department's Bureau of Human Services Licensing annual inspection on December 11, 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, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 22050 - 12/11/2018 - DeVries, Kristin
 PCH Name: KIRKLAND VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 The home failed to post regulatory violation summaries that resulted from on site investigations that were conducted on 04-17-18 and 08-14-18.

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.

Administrator aware of most current violations. As of 1-14-19 violation report is posted within public view of the personal care home. Weekly walk-throughs to ensure violations stay posted.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Chiron h Davis

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Chiron Davis</u>	Date <u>1-18-19</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1-23-19</u> (Date)	Plan of correction implementation status as of <u>1-23-19</u> (Date)
The above plan of correction was approved by <u>MM</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

Violation Report: 22050 - 12/11/2018 - DeVries, Kristin

PCH Name: KIRKLAND VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, date of hire 10-18-16, did not receive annual training in Medication Self-Administration 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.

1. Effective 1-2-19 a course entitled "Assisting with Self Administration of medications - Guidelines" was added to the annual training plan. All employees have been assigned to complete the module in February 2019.
2. Education was provide on RASP, Pre Admission screening, DME & meeting needs of residents on 12/17/18. An admission staff now utilize the evaluation on first day along with admission process. See Attachment A
3. Team members worked together 12/17/18 and 12/18/18 to audit RASP to ensure residents needs are being met.

The administrator shall monitor and be responsible for on-going compliance. 1-23-19

MM

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Charon Davis

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

Charon Davis

Date 1-19-18

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The above plan of correction is approved as of 1-23-19
(Date)

Plan of correction implementation status as of 1-23-19
(Date)

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

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

Violation Report: 22050 - 12/11/2018 - DeVries, Kristin
 PCH Name: KIRKLAND VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #1's annual DME was due to be completed on or about 05-09-17 and was not completed until 10-22-18. This was over the allowable time frame.

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.

Administration went through each residents chart and developing a tracking system to assure medical evaluations are completed per Regulation. Steps were taken to contact each provider to make appointments for each resident, Education on DME provided to staff on 12-17-18
 See Attachment B.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Charion Davis</i>	Date <i>1-18-19</i>
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Violation Report: 22050 - 12/11/2018 - DeVries, Kristin
 PCH Name: KIRKLAND VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.171(b)(4) - If staff persons or volunteers of the home provide transportation for the residents, at least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION

Through interviews with the home's transportation staff and administrator, it was determined that residents are transferred to appointments alone at times and the transportation staff are not direct care trained.

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.

Administrator contacted director of transportation to inform her of all employees needing to complete "Direct care staff training course and competency." All staff transporting residents have completed exam. Education provided on 1/2/18 to Human Resources and Transportation Director to complete upon employment. See Attachment C

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Cherion Davis

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

Cherion Davis

Date

1-18-19

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 (Initials)

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Violation Report: 22050 - 12/11/2018 - DeVries, Kristln
 PCH Name: KIRKLAND VILLAGE

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
 The first aid kit located in the home's black Cadillac sedan vehicle did not contain a pair of pair of goggles for eye protection.

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.

Transportation Director made aware on 12-11-18.
 Goggles were immediately added to First Aid Kit at the time of survey. Transportation Director will provide a monthly audit on all vehicles.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cherbon Davis*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cherbon Davis* Date *1-18-19*

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Violation Report: 22050 - 12/11/2018 - DeVries, Kristin

PCH Name: KIRKLAND VILLAGE

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 #2 is prescribed Fluticasone Prop 50 mcg spray, to be sprayed 2 times into each nostril daily. The medication is to be discarded 30 days after it is opened. The medication had an open date of 11-8-18, and was expired.

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.

12-12-18 Cards were audited with staff. Staff will complete daily audits for a period of four weeks, when regular compliance is determined staff will complete an ongoing weekly audit 11-7 shift. All shifts were educated on 12-17-18. See attachment D

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Chiron Davis

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

Chiron Davis

Date

1-18-19

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(Initials)

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- Not Implemented

Violation Report: 22050 - 12/11/2018 - DeVries, Kristin
 PCH Name: KIRKLAND VILLAGE

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
 Resident #2's PRN glucagon, glucose 40% gel, and milk of magnesia were not available in the medication cart at time of inspection.
 Resident #2 receives blood glucose tests 4 times per day, before and after breakfast, after lunch, and after supper. On the following dates and times, no blood sugar reading was recorded on the resident's medication record (MAR):
 12-1-18 at 2:30pm
 12-2-18 at 2:30pm
 12-6-18 at 10:01am
 12-8-18 at 10:01am
 The home incorrectly transcribing the blood glucose test results in Resident #2. On 12-4-18 at 1:55pm; reading in glucometer was 205, but transcribed as 210. On 12-9-18 at 9:42am: reading in glucometer was 240, but transcribed as 231.

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.

Education provided to all staff on 12-17-18.
 Education on Glucometer, use, controls, accuracy and compliance within time frame. Staff provided teachback.
 Audit created and all glucagon, glucose, MOM obtained. Education provided on recording meds. Staff will complete weekly audits. See attachment D. See attachment E.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Chiron Davis* Date *1-18-19*

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Violation Report: 22050 - 12/11/2018 - DeVries, Kristin

PCH Name: KIRKLAND VILLAGE

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 record (MAR) for resident #2 is missing diagnoses/purposes for the following prescribed medications: Calcium 500 + Vit D3 200 MG tab; Compression stockings/tee; Escitalopram 20 MG tablet; Fluticasone Prop 50 mcg spray; Melatonin 3 mg tablet; Metformin HCL 500 mg tablet; Mirtazapine 15 mg tablet; Moisturize skin; Scrotal elevation encouraged; Tamsulosin HCL 0.4 mg capsule; Torsemide 20 mg tablet; Tubigrip; Vitamin B-1 100 mg tablet; Vitamin D3 1000 unit chew tab.

The medication record (MAR) for resident #3 is missing diagnoses/purposes for the following prescribed medications: Benadryl Itch Stopping Crm (1%-0.1%); Betamethasone DP 0.05% Crm; Gold Bond Ullima Eczima Rif Crm (2%); Guaifenesin 200 mg/10 ml Soln (100mg/5ml); Incentive Spirometer; Mighty Shake; OneTouch Ultra Blue-Test Strip; ProSource; Vitamin D2 2000 IU Cap; Prolio 60 mg/ml Syringe.

Resident #3 is prescribed Benadryl Itch Stopping Cream (1%-0.1%), to be applied to irritated areas two times daily for seven days. The resident's medication record (MAR) has a discontinue date for this prescription as 12-11-18. The prescription label on the medication has a discontinue date of 12-9-18. Per the start date of 12-5-18 for this medication, the correct discontinue date for this medication is 12-11-18.

Resident #2 is prescribed Ropinirole HCL .25 mg tablet. The medication record (MAR) states to take 1 tablet in the morning, 1 tablet in the afternoon, and 2 tablets at night for restlessness. However, the label on the prescription states to take 1 tablet by mouth two times a day.

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.

Diagnoses Audit of Each Resident has been completed. All staff members were educated. Nurses will now double check each other to make sure orders for the day are made Dx. Moving forward a monthly Audit is now in place. Education has been provided to all staff. All Labels have been matched with MAR. Cost Audits moving forward will include all steps to checking in meds. Regulation 55 has been reviewed with staff.

See attachment D

Violation Report: 22050 - 12/11/2018 - DeVries, Kristin
 PCH Name: KIRKLAND VILLAGE

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.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Chaeon Davis</i>	Date <i>1-18-19</i>
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