



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 03 2019

Ms. Ashley Creek
Administrator
Senior Care on Market St. LLC
914 West Market Street
York, Pennsylvania 17401

RE: Autumn House of York
License #: 332350

Dear Ms. Creek:

As a result of the Department's Bureau of Human Services Licensing annual inspection on December 11 and 12, 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: 33235 - 12/11/2018 - Cargile, Kellie
 PCH Name: AUTUMN HOUSE OF YORK

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for Resident #2 was not signed by the resident.

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.

2600.25 (b) – The contract shall be signed by the administrator or designee, the resident and the payer, if different from the resident, and cosigned by the resident’s designated person if any, if the resident agrees.

The contract for Resident #2 was not signed by the resident.

The administrator conducted an audit of all resident contracts to ensure compliance with this regulation. Any contract that was not signed by the resident, was reviewed with the resident again, and the resident was offered the opportunity to sign the contract.

Going forward, the Admission’s team will review the contract with the resident and the payer and ensure that it is co-signed by both the resident and the resident’s designated person. To ensure continued compliance with this regulation, the administrator will check all contracts before they are placed in the resident’s record.

Signing the contract constitutes a pledge by both parties to abide by the specified terms.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Ashtley Creek PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ashtley Creek; LPN; PCHA Administrator</i>	Date <i>2/14/2019</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3/8/19</u> (Date)	Plan of correction implementation status as of <u>3/8/19</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

Violation Report: 33235 - 12/11/2018 - Cargile, Kellie
 PCH Name: AUTUMN HOUSE OF YORK

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

Sani Cloth Germicidal wipes and a 24 oz. bottle of Rite Aid Isopropyl Alcohol, with a manufacturer's label indicating, "call poison control if ingested," were located in an unlocked nurses' office that was accessible to residents of the secure dementia care unit.

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.

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Sani Cloth Germicidal wipes and a 24 oz bottle of Rite Aid Isopropyl Alcohol, with a manufacturer's label indicating "call poison control if ingested" were located in an unlocked nurse's office that was accessible to residents of the secure dementia unit.

Resident safety is of utmost importance. This regulation protects residents who are unable to safely use or avoid poisonous materials from illness, injury, or death related to misuse of accessible poisons.

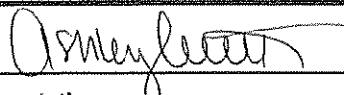
Once noted, the door was immediately locked. The lock on the nurse's station (doctor's office) door, was changed out before the end of the day (12/12/2018). By changing the lock, this will allow only management level staff to have access to that area. Management staff is aware that when not in use, the doctor's office must be shut and locked. Staff or physician's needing in that area must now see one of the management team (Administrator, Director of Nursing, Resident Care Coordinator, or Laurel Court Coordinator) for access.

Staff will be instructed to check all areas of the home for poisonous materials at least once per shift. Any poisonous materials not in use will be made locked and inaccessible to residents immediately. The Administrator will include the above measures of improvement during the home's periodic quality management reviews. - GE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

Ashley O'Neil LPN PCHN - Administrator

Date 2/14/2019

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 (Date)

Plan of correction implementation status as of 3/8/19
 (Date)

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

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

Violation Report: 33235 - 12/11/2018 - Cargile, Kellie
 PCH Name: AUTUMN HOUSE OF YORK

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 Resident #3 was admitted on 7/17/18. The resident's medical evaluation was completed on 5/7/18.

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.

2600.141(a)(1) – A resident shall have a medical evaluation by a physician, physician’s assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Resident # 3 was admitted on 7/17/2018. The resident’s medical evaluation was completed on 5/7/2018.

The administrator conducted a complete audit of all charts. Regulation requirements for new admissions was reviewed with all nursing management staff and admission staff. (See attached agenda; attachment # 1). Going forward, administrator will review DME’s for all new admissions to ensure compliance before they are placed into the charts. Admission team is now aware of this regulation requirement and will ensure that they are checking the dates on the DME before the admission, so appropriate appointments with the PCP can be made if needed.

This regulation ensure that we have up to date and accurate medical information, which helps us decide whether a resident’s needs can be met at the home. It also helps the home develop accurate assessments and support plans, and it ensures that the resident’s medical needs will be met.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/27/2017		
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ashley Creech RN PCHN - Administrator	Date 2/14/2019
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Violation Report: 33235 - 12/11/2018 - Cargile, Kellie
 PCH Name: AUTUMN HOUSE OF YORK

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for Resident #5, dated 8/27/18, does not include blood pressure, height, weight, pulse rate or temperature.
 The medical evaluation for Resident #6, dated 4/9/18, does not include the resident's level of cognitive functioning.

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.

2600.141(a)(2) – The medical evaluation must include the following: (1) through (10).

The medical evaluation for Resident #5, dated 8/27/2018, does not include blood pressure, height, weight, pulse rate, or temperature.

The medical evaluation for Resident #6, dated 4/9/2018 does not include the resident's level of cognitive functioning.

The missing information was obtained, and the medical evaluations were completed. The administrator conducted a complete audit of all medical evaluations to ensure they were all completed entirely. Regulation requirements for medical evaluations were reviewed with all nursing management staff and admission staff. Going forward, the administrator will review all new medical evaluations before they are placed in the charts to ensure compliance with this regulation. Admission team and nursing management team is now aware of this regulation requirement and will ensure that they are checking all medical evaluations for completion.

This regulation ensure that we have up to date and accurate medical information, which helps us decide whether a resident's needs can be met at the home. It also helps the home develop accurate assessments and support plans, and it ensures that the resident's medical needs will be met.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ashley Creek LPA PCHA - Administrator	Date 2/14/2019
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Violation Report: 33235 - 12/11/2018 - Cargile, Kellie
 PCH Name: AUTUMN HOUSE OF YORK

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 #7's last medical evaluation was completed on 10/27/17.

The most recent medical evaluation for Resident #8 was completed on 11/12/18. The previous evaluation was completed on 3/2/17.

The most recent medical evaluation for Resident #9 was completed on 10/25/18. The previous evaluation was completed on 8/14/17.

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.

2600.141(b)(1) – A resident shall have a medical evaluation at least annually.

Resident # 7's last medical evaluation was completed on 10/27/2017.

The most recent medical evaluation for Resident # 8 was completed on 11/12/2018. The previous evaluation was completed on 3/2/2017.

The most recent medical evaluation for Resident # 9 was completed on 10/25/2018. The previous evaluation was completed on 8/14/2017.

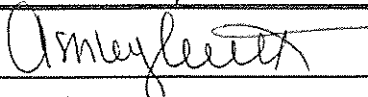
The administrator conducted a complete audit of all medical evaluations to ensure that we have a current and up to date medical evaluation on all residents. For any Resident who did not have a current medical evaluation, facility contacted their PCP's for an appointment for the medical evaluation. Administrator started a tracking system for all medical evaluations to ensure we are having them completed by the PCP at least annually. Regulation requirements for medical evaluations were reviewed with all nursing management staff and admission staff.

This regulation ensure that we have up to date and accurate medical information, which helps us decide whether a resident's needs can be met at the home. It also helps the home develop accurate assessments and support plans, and it ensures that the resident's medical needs will be met.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
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Ashley Creek LPN PCH - Administrator

Date 2/14/2019

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- Not Implemented

Violation Report: 33235 - 12/11/2018 - Cargile, Kellie
 PCH Name: AUTUMN HOUSE OF YORK

1. REGULATION 55 Pa.Code §2600
 2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

2a. DESCRIPTION OF VIOLATION
 Resident #11 self-administers medications and stores medications in their room. On 12/12/18, Alendronate 70 mg, Vitamin D3 1000 mg, and Miralax powder were unlocked in the sitting area of the room. Resident #11 shares a bedroom with a spouse who is not capable of self-administering medications.

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.


2600.181(d) – If the resident does not need assistance with medication, medication may be stored in a resident’s room for self-administration. Medication stored in the resident’s room shall be kept locked in a safe and secure location to protect against contamination, spillage, and theft.

Resident #11 self-administers medications and stores medications in their room. On 12/12/2018, Alendronate 70mg, Vitamin D# 1000mg, and Miralax powder were unlocked in the sitting area of the room. Resident #11 shares a bedroom with a spouse who is not capable of self-administering medications.

Resident #11 is aware of this regulation and was able to show the locked box that he is supposed to keep the medication in. Resident stated that the box is heavy, and it is hard for him to lift it and open it or get down to it to open it. Administrator reviewed with Resident the importance of medication safety and the regulations. Administrator offered to have a cabinet with a lock installed in his bathroom, so that he does not have to lift anything heavy or bend down to get anything. Resident was in agreement with this and the cabinet with a lock was installed. Resident is now using the new cabinet. Weekly checks of the resident’s room by staff are ensuring that compliance with this regulation continues.

The primary benefit of this regulation is to allow residents to self-administer medications while minimizing the risk of damage to the medications or misuse of the medication by others.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ashley Creek LPA PCHA - Administrator	Date 2/14/2019
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Violation Report: 33235 - 12/11/2018 - Cargile, Kellie
PCH Name: AUTUMN HOUSE OF YORK

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 home has not implemented procedures for the safe use of medical equipment as evidenced by blood sugar readings recorded on the residents' medication administration records (MARs) not matching the readings in the residents' glucometers.

Discrepancies for Resident #12 included:

On 12/6/18, at 7:00 am, a reading of 157 was recorded on the MAR. There was no reading on Resident #12's glucometer for that corresponding date and time.

On 12/5/18, at 11:30 am, a reading of 137 was recorded on the MAR, but there was no reading on the glucometer for that corresponding date and time.

On 11/24/18, at 7:00 am, a reading of 177 was found on Resident #12's glucometer, but was not recorded on the MAR.

On 11/24/18, at 8:00 pm, a reading of 222 was recorded on the MAR, but there was no reading on the glucometer for that corresponding date and time.

Discrepancies for Resident #4 included:

On 12/9/18, at 4:00 pm, a reading of 157 was recorded on the MAR. There was no reading on Resident #4's glucometer for that corresponding date and time.

On 12/8/18, at 4:00 pm, a reading of 147 was recorded on the MAR, but there was no reading on the glucometer for that corresponding date and time.

On 12/5/18, at 4:00 pm, a reading of 145 was recorded on the MAR, but there was no reading on the glucometer for that corresponding date and time.

On 12/4/18, at 4:00 pm, a reading of 147 was recorded on the MAR, but there was no reading on the glucometer for that corresponding date and time.

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.

Please see page # 8A. of 13

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/30/2018	12/27/2018
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Signature of Legal Entity Representative
(Required on EVERY Page) *Ashley Creek*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Ashley Creek, PA PCHA - Administrator* Date *2/14/2019*

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(Date)

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(Initials)

Violation Report: 33235 – 12/11/2018

Autumn House of York - 332350

Page # 8 A

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

The home has not implemented procedures for the safe use of medical equipment as evidenced by blood sugar readings recorded on the residents' medication administration records (MARs) not matching the readings in the residents' glucometers.

Discrepancies for Resident #12 included:

On 12/6/18, at 7:00 am, a reading of 157 was recorded on the MAR. There was no reading on Resident #12's glucometer for that corresponding date and time.

On 12/5/18, at 11:30 am, a reading of 137 was recorded on the MAR, but there was no reading on the glucometer for that corresponding date and time.

On 11/24/18, at 7:00 am, a reading of 177 was found on Resident #12's glucometer, but was not recorded on the MAR.

On 11/24/18, at 8:00 pm, a reading of 222 was recorded on the MAR, but there was no reading on the glucometer for that corresponding date and time.

Discrepancies for Resident #4 included:

On 12/9/18, at 4:00 pm, a reading of 157 was recorded on the MAR. There was no reading on Resident #4's glucometer for that corresponding date and time.

On 12/8/18, at 4:00 pm, a reading of 147 was recorded on the MAR, but there was no reading on the glucometer for that corresponding date and time.

On 12/5/18, at 4:00 pm, a reading of 145 was recorded on the MAR, but there was no reading on the glucometer for that corresponding date and time.

On 12/4/18, at 4:00 pm, a reading of 147 was recorded on the MAR, but there was no reading on the glucometer for that corresponding date and time.

Ensuring accurate and detailed documentation is extremely important, especially for our diabetic residents. Staff working those days were interviewed and educated.

With Resident #12, staff interviewed, reported completing the blood sugar as required when resident allowed. Staff voiced that resident at times, especially in the morning, will refuse to have her blood sugar checked. They give her some time, and then they reproach within allowable time frame, and at times, she will allow them to take it. Staff educated on importance of correct and accurate documentation as well as ensuring that they are documenting any result immediately after completion.

With Resident #4, during the investigation, it was found that when employee was inserting strip into machine and taking the blood sample, a number came up, then an error code. Employee thought that the number coming up was the result and that is what she documented. Use of the machine and error codes were reviewed with the employee. All staff have been instructed on machine use and the need to contact a supervisor if they receive any type of error code while doing a blood sugar. Weekly audits of glucometers and MAR's will be completed by the 3rd shift nursing team to compare logs and machines. Any discrepancies will be immediately reported to nursing management and the administrator.


Ashley Creek WNP/CHA - Administrator

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

2/14/2019

Violation Report: 33235 - 12/11/2018 - Cargile, Kellie
 PCH Name: AUTUMN HOUSE OF YORK

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The preadmission screening form for Resident #1, admitted 9/7/18, did not include the primary language spoken, name of admitting personal care home, or medical, physical and behavioral diagnoses.

The preadmission screening form for Resident #6, admitted 5/1/18, did not include the resident's medical, physical and behavioral diagnoses.

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.

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

The preadmission screening form for Resident #1, admitted 9/7/18, did not include the primary language spoken, name of admitting personal care home, or medical, physical and behavioral diagnoses.

The preadmission screening form for Resident #6, admitted 5/1/18, did not include the resident's medical, physical and behavioral diagnoses.

The administrator conducted an audit of all current resident's Prescreens to ensure completion. The administrator had the employee who completed the Pre-Screen's for Resident #1 and Resident #6 complete the form. Regulation requirements for new admissions was reviewed with all nursing management staff and admission staff. Going forward, administrator will review all Pre-Screens, before the admission, ensure compliance before they are placed into the charts. Admission team is now aware of this regulation requirement and will ensure that they are completing this form entirely as required.

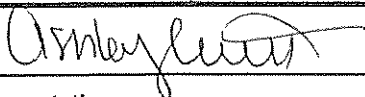
This regulation ensures that the home can safely meet a resident's needs prior to admission.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

12/27/2017

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

Ashley Cress upon PCHA - Administrator

Date

2/14/2019

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 (Date)

Plan of correction implementation status as of 3/8/19
 (Date)

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- Not Implemented

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 (Initials)

Violation Report: 33235 - 12/11/2018 - Cargile, Kellie
 PCH Name: AUTUMN HOUSE OF YORK

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The home has not completed an initial assessment for Resident #10, admitted 8/13/18.

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.

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

The home has not completed an initial assessment for Resident #10, admitted 8/13/18.

The administrator conducted a complete audit of all resident charts to determine if we had a completed initial assessment for new admissions. Any resident who did not have an initial assessment completed, will have one completed by administrator or nursing management team. Regulation requirements for initial assessments were reviewed with all nursing management staff.

Going forward, administrator will track all new admissions and follow up with nursing management team within 15 days of admission to ensure that the initial assessment was completed.

This regulation allows homes to create a comprehensive profile of a resident's needs and serves as the basis for the plan to meet those needs.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/27/2017		
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ashley Creet UPN PCHA - Administrator Date 2/14/2019

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Violation Report: 33235 - 12/11/2018 - Cargile, Kellie
PCH Name: AUTUMN HOUSE OF YORK

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for Resident #7 was completed on 11/1/17.

The most recent assessment for Resident #8 was completed on 7/23/17.

The most recent assessment for Resident #9 was completed on 8/14/17.

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.

2600.225(c) - The resident shall have additional assessments as follows: (1) Annually.

(2) If the condition of the resident significantly changes prior to the annual assessment.

(3) At the request of the Department upon cause to believe that an update is required.

The most recent assessment for Resident #7 was completed on 11/1/17.

The most recent assessment for Resident #8 was completed on 7/23/17.

The most recent assessment for Resident #9 was completed on 8/14/17.

The administrator conducted a complete audit of all resident charts to determine which residents needed to have an annual assessment completed. Any resident who did not have an annual assessment completed, will have one completed by administrator or nursing management team. Regulation requirements for annual assessments were reviewed with all nursing management staff.

Administrator developed a tracking system for annual assessments and will ensure that the nursing management team is aware of which residents are due for annual assessments. Administrator will ensure that annual assessments are getting completed as required.

This regulation allows homes to create a comprehensive profile of a resident's needs and serves as the basis for the plan to meet those needs.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



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

Ashley Creek - Administrator

Date

2/14/2019

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

The above plan of correction is approved as of 3/8/19
(Date)

Plan of correction implementation status as of 3/8/19
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

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

Violation Report: 33235 - 12/11/2018 - Cargile, Kellie
PCH Name: AUTUMN HOUSE OF YORK

1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted to the Secure Dementia Care Unit on 12/3/18. The screening did not include a determination that the resident required secured care.

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.

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Resident #3 was admitted to the Secure Dementia Care Unit on 12/3/18. The screening did not include a determination that the resident required secured care.

Administrator conducted an audit of all SDU paperwork to ensure that we have, on file, a completed cognitive screen for any resident admitted to the secured dementia unit.

Resident #3 was seen by her PCP on 12/3/2018 and had the secure dementia paperwork completed on 12/5/2018. Resident was not admitted to the secure dementia unit until the afternoon of 12/5/2018, after we received the completed DME and written cognitive pre-admission screen from the PCP.

Regulation requirements for an admission to a secured dementia unit were reviewed with the nursing management team and admission teams. Administrator will check all paperwork for new admissions to the SDU before admission to ensure continued compliance with the regulation.

The benefit of this regulation helps both the resident and the home establish what kinds of services the resident needs.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Ashley Wark

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

Ashley Wark LPN PCHS - Administrator

Date

2/14/2019

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

The above plan of correction is approved as of 3/8/19
(Date)

Plan of correction implementation status as of 3/8/19
(Date)

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

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

Violation Report: 33235 - 12/11/2018 - Cargile, Kellie
 PCH Name: AUTUMN HOUSE OF YORK

1. REGULATION 55 Pa.Code §2600

2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the SDCU on 9/7/18. The home has no documentation that the resident's designated person has not objected to the admission.

Resident #4 was admitted to the SDCU on 5/3/18. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

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.

2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Resident #1 was admitted to the SDCU on 9/7/18. The home has no documentation that the resident's designated person has not objected to the admission.

Resident #4 was admitted to the SDCU on 5/3/18. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

The administrator conducted an audit of all Laurel Court (SDU) resident charts to ensure that both the resident and the resident's designated person have consented to admission to a secured unit. Any resident who did not have documentation that both the resident and the designated person have consented, were contacted to have the documentation completed.

Regulation requirements for an admission to a secured dementia unit were reviewed with the nursing management team and admission teams. Administrator will check all paperwork for new admissions to the SDU before admission to ensure continued compliance with the regulation.

This regulation ensure that the resident and their designated person have chosen a secured care setting.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ashley Creek LPN PCHS - Administrator Date 2/14/2019

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

The above plan of correction is approved as of 3/8/19 (Date)

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

Plan of correction implementation status as of 3/8/19 (Date)

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