



**Sent via e-mail bmzeta76@gmail.com
June 6, 2019**

Ms. Barbara Martinez
Administrator
Glencrest Manor, Inc.
P.O. Box 1204
Coatesville, PA 19320

RE: Glencrest Manor
115 Glencrest Road
Coatesville, PA 19320
License #: 197801

Dear Ms. Martinez:

As a result of the Department's Bureau of Human Services Licensing inspection on December 13, 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.

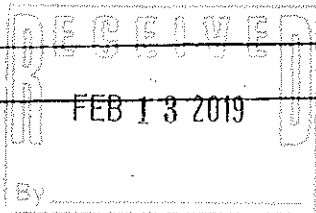
Sincerely,

Shawn Parker

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: GLENCREST MANOR		License Number: 19780
Address: 115 GLENCREST ROAD, COATESVILLE, PA 19320		County: Chester
Administrator: Barbara Martinez		Region: SOUTHEAST
Legal Entity Name: GLENCREST MANOR INC		
Legal Entity Address: P.O. BOX 1204, COATESVILLE, PA 19320		
Certificate(s) of Occupancy R-4 10/18/1996 Township of Valley		
Staffing Hours Resident Support: 0	Total Daily Staff: 16	Working Staff: 12
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Provisional, Monitoring		
On-Site Inspections Dates and Department Representatives On-Site 12/13/2018: Swisher, Michele		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 13 Number of Residents Served: 13 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 7 Have Mental Illness: 12 Have an Intellectual Disability: 0 Have a Mobility Need: 3 Have a Physical Disability: 0	

Violation Report: 19780 - 12/13/2018 - Swisher, Michele
 PCH Name: GLENCREST MANOR

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
 On 12/13/18 the home's current license was not posted in a conspicuous and public place in the home.

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 12/13/18, the previous license was posted on the wall in an open and public place. Due to a misunderstanding the current license was not replaced and posted with the provisional license.
 If this situation ever occurs in the future, I will learn by error and review all the documentation that is sent to Glencrest to ensure everything is posted properly.
 As of 12/13/18 the provisional license was posted in a public place.
 Administrator will ensure current license is posted in a public and conspicuous place at all times.
 SP 04-09-19

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

Signature of Legal Entity Representative (Required on EVERY Page) *Barbara Martinez*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Barbara Martinez Administrator* Date *3-26-19*

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

The above plan of correction is approved as of <u>04-09-19</u> (Date)	Plan of correction implementation status as of <u>04-09-19</u> (Date)
The above plan of correction was approved by <u>SP</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: 19780 - 12/13/2018 - Swisher, Michele
 PCH Name: GLENCREST MANOR

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(4) - The contract shall specify the party responsible for payment.

2a. DESCRIPTION OF VIOLATION
 The contract for resident 1 does not specify the party responsible for payment.

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.

Since December 13, 2018, Inspection, Resident #1's contract has been fully completed with all required information filled out. To avoid information on the contract being missed in the future, the contract will be filled out in full with the incoming resident and will be checked by the administrator and then re-checked each month when chart checks are being done and logged on the checklist (see attached)

Administrator or designee will ensure contract is filled out completely and party responsible for payment is specified.
 SP 04-09-19

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 (Required on EVERY Page) *Barbara Martinez*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Barbara Martinez, Administrator* Date *2/13/19*

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Violation Report: 19780 - 12/13/2018 - Swisher, Michele
 PCH Name: GLENCREST MANOR

1. REGULATION 55 Pa.Code §2600
 2600.25(d) SOPa - The resident-home contract is to include whether or not the home collects a portion of a resident's rebate under § 2600.25(d) (relating to resident-home contract).

2a. DESCRIPTION OF VIOLATION
 The resident-home contract for Resident 2 does not indicate whether the home collects a portion of the resident's rent rebate.

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 rent rebate section on the contract for resident #2 was completed on 12/13/18.
 The inspector educated undersign, that if the resident does not apply for a rebate or the home does not receive a percentage of the rebate, that the form still needs to be completed. When admitting a new resident all paperwork will be completed at the time of admission. The administrator will then check all paperwork after admission is complete, and sign off on the contract. All charts will be checked during monthly chart checks and logged on the sheet.

Administrator or designee will ensure contracts specify if home will collect a portion of the rent rebate.
 SP 04-09-19

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

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 (Required on EVERY Page) *Barbara Martinez*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Barbara Martinez Administrator* Date *2/13/19*

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Violation Report: 10790 - 12/12/2018 - Suicher, Michela

PCH Name: GLENCREST MANOR

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F.
 Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

The home maintains a weekly log of refrigerator and freezer temperatures. The log for the Viking Freezer located in the kitchen consistently had temperatures logged above 0 degrees farenheit. Log has been kept since June 2017 to December 2018. All readings recorded on log have a temperature above 0 degrees except on dates 8/8/18, 9/25/18, 10/9/18 and 11/20/18 when the temperature was logged as 0 degrees farenheit for each date.

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 Viking freezer was serviced recently to ensure all the temps were in the correct range. The thermometer has since than been moved to the back of the refrigerator and freezer so the temps stay consistent all the time. The Viking is being serviced again on 2/12/19 to make sure all temps are corrected. All refrigerator and freezer temps are logged weekly in a folder. After the service on 2/12/19 the appliance company discovered the seal that shuts the fridge/freezer was worn, a new rubber seal has been ordered and will be replaced as soon as possible.

Refrigerator and freezer temperature logs to be made available for Department review. SP 04-09-19

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Barbara Martinez, Administrator* Date *2-13-19*

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Violation Report: 19780 - 12/13/2018 - Swisher, Michele
 PCH Name: GLENCREST MANOR

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

Four plastic clam shell type containers with 4 muffins in each container were located in a chest freezer in the basement. The containers were broken and the lids were caved in and therefore unsealed and improperly stored.

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 food items located in the freezer that were not properly sealed or in a closed container have been discarded. Glencrest will no longer buy or accept any items that are not stored in a proper container and if any items are not properly packaged in the correct way, staff will transfer them to a sealed closed container. All items in food areas will be checked weekly for proper dates and storage by kitchen staff.

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

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 (Required on EVERY Page) *Barbara Martinez*

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) *Barbara Martinez, Administrator* *2-13-19*

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Violation Report: 19780 - 12/13/2018 - Swisher, Michele
 PCH Name: GLENCREST MANOR

1. REGULATION 55 Pa. Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
 On 12/13/18 the following outdated items were present in the freezers located in the basement:
 A large plastic bag of breaded chicken tenders with a date of 4/27/18,
 A bag of mini hash browns with a date of 7/22/17,
 A bag of petite peas with pearl onions with a best if used by date of 11/7/17.
 Two jars of mayonnaise with a best if used by date of 1/10/18 were present on the storage shelving in the basement.

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 items that were outdated in the freezer and food pantry area have been discarded. The rest of the freezer and pantry area was checked for outdated items. The administrator has than since stopped going to certain food stores and now checks all dates on food before purchasing. Dry food items purchased will be rotated on the shelf and put existing items towards the front of the shelf. The same will be done with the frozen foods. Selected staff will check all food areas weekly/monthly for outdated and properly packaged items.
 Please see attached.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/13/2018	05/23/2018
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 (Required on EVERY Page) *Barbara Martinez*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Barbara Martinez, Administrator* Date *2-13-19*

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Violation Report: 19780 - 12/13/2018 - Swisher, Michele
 PCH Name: GLENCREST MANOR

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 for the drill conducted on 11/29/2017 at 11:25 does not indicate if it was done in AM or PM.
 The fire drill record for the drill conducted on 5/10/18 at 4:45 does not indicate if it was done in AM or PM.

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.

Times on the fire drill log were corrected on 12/13/18 to indicate Am or PM. Fire drills are done monthly and at different times of the day are chosen every month. Fire drill logs will be double checked monthly by selected staff to ensure that drills are being done and times of the day are at different times each month. The administrator will double check all fire drill logs each month and sign off for accuracy.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Barbara Martinez

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

Barbara Martinez, Administrator

Date

2-13-19

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- Fully Implemented
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- Not Implemented

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 (Initials)

Violation Report: 19780 - 12/13/2018 - Swisher, Michele
 PCH Name: GLENCREST MANOR

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
 The home does not have a designated evacuation time from a fire safety expert. The home's fire drill evacuation times exceeded 2 minutes and 30 seconds on the following dates:
 6/25/18 4 minutes 30 seconds
 8/20/18 2 minutes 37 seconds

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 home does have a evacuation time by an expert that was conducted on 8/20/18 (see attached). The fire expert that conducted the fire drill informed staff that the 2 min and 37 sec time was under the time frame that is for a fire drill. The fire drill done on 6/25/18 was redone the next day on 6/26/18 with a time of 2 min 28 sec, to train the staff member that did the 6/25/18 drill on how to do a drill in the proper time to get the residents out safely. The home gets a fire inspection and fire training yearly with a trained professional. The home conducts fire drills monthly under the appropriate time frame and they will be logged. Please see attached.

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 (Required on EVERY Page) *Barbara Martinez*

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 (Required on EVERY Page) *Barbara Martinez Administrator* Date *2-13-19*

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Violation Report: 19780 - 12/13/2018 - Swisher, Michele
 PCH Name: GLENCREST MANOR

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION
 The front door exit was used during the fire drills on 1/19/18, 3/30/18, 4/15/18, 6/25/18, 7/19/18, 8/20/18, 9/23/18, 10/19/18, and 11/25/18.
 The office door exit was used during the fire drills on 1/19/18, 2/15/18, 3/30/18, 4/15/18, 5/10/18, 7/19/18, 8/20/18, 9/23/18, 10/19/18, and 11/25/18.

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.

I disagree with this violation. During previous inspections the home was told to use different exits during a fire drill and that we needed to use the office door as an exit, which now that has been done. The home is using multiple exits during fire drills (see attached).
 The home will continue to do fire drills monthly and log them and use each exit each different times of the drill.
 The home must start alternating fire drill exits. The home should utilize the front door, office door, back door and all fire exits, but not at the same time. Residents should be instructed to evacuate through a specific exit during fire drills. Home will start alternating exits. Fire logs to be kept for department review.
 SP 04-09-19

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/13/2018

Signature of Legal Entity Representative
 (Required on EVERY Page) *Barbara Martinez*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Barbara Martinez, Administrator* Date *2-13-19*

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Violation Report: 19780 - 12/13/2018 - Swisher, Michele
 PGH Name: GLENCREST MANOR

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - 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. The evaluation must include the following: (4) Special health or dietary needs of the resident.

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for resident 2, dated 6/2/18, does not include special health or dietary needs needs of 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.

The medical evaluation for resident #2 was completed with the Dietary information corrected on 12/14/18, all medical evaluations will be double checked when coming back from their health care provider and if the information is missing it will be sent back for the doctor to fully complete. Designated staff will check all evaluations when brought to the home and will be checked at monthly chart checks

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

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 (Required on EVERY Page) *Barbara Martinez*

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 (Required on EVERY Page) *Barbara Martinez Administrator* Date *2-13-19*

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Violation Report: 19780 - 12/13/2018 - Swisher, Michele
 PCH Name: GLENCREST MANOR

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 # 3's medication evaluation was completed on 4/30/18. The previous medical evaluation was completed on 7/5/16. There was no medical evaluation completed in 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.

There was no medical evaluation done for resident # 3 for the year 2017. 2018 + 2019 have been completed. There will be monthly chart checks so that this mistake does not occur again and there is a list of due dates for all residents for all yearly evaluations. The administrator will then check and sign off monthly.

Administrator or designee will ensure all DME's are completed annually. SP 04-09-19

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

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 (Required on EVERY Page) *Barbara Martinez*

Printed Name and Title of Legal Entity Representative
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Violation Report: 19780 - 12/13/2018 - Swisher, Michele
 PCH Name: GLENCREST MANOR

1. REGULATION 55 Pa.Code §2600
 2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:
 (1) Identify the correct resident.
 (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
 (3) Remove the medication from the original container.
 (4) Crush or split the medication as ordered by the prescriber.
 (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
 (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
 (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION
 On 7/2/18, staff person A administered medications to resident 2 that were prescribed for a different 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.

Staff person A did give out wrong medication to resident. After error was established staff person A contacted administrator to inform her of the error. An incident report was filled out and sent to DHS right after. Family and Doctor was called and notified along with documenting in the residents chart.
 Staff person A was re-trained on the routes of med administration. Staff person A was retrained on all the checks that need done before medication can be administered. Staff since then resigned.

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

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 (Required on EVERY Page) *Barbara Martinez*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Barbara Martinez Administrator* Date *2-13-19*

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Violation Report: 19780 - 12/13/2018 - Swisher, Michele
 PCH Name: GLENGREST MANOR

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 12/13/18, a bottle of Latanoprost 0.005% Sol. prescribed for resident 4, that has a yellow warning label indicating REFRIGERATE BEFORE OPENING, was stored in the medication cart at room temperature.

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 12/13/18 there was an unopened bottle of Latanoprost eye drop in the med cart that should have been refrigerated. Pharmacy was called and pharmacist stated since the medication was never refrigerated prior or never opened that the eye drops would still be okay to use. Med trained staff will coordinate with the pharmacy with any special instructions any meds or treatments may have. Med trainer for the home will do a cart check each month to ensure all meds are being stored properly, there will be a monthly check to log into. A letter, that was faxed over, was given to inspector from pharmacist stating the eyedrop does not need discarded that it was okay to use.

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Violation Report: 19780 - 12/13/2018 - Swisher, Michele
 PCH Name: GLENCREST MANOR

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
 On 12/13/18 an opened bottle of Latanoprost 0.005% sol. prescribed for resident 4 was found in the medication cart. The bottle does not indicate the date it was opened. The storage instructions indicate that once a bottle is opened for use it is to be stored at room temperature for up to 6 weeks.

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 bottle of Latanoprost was not yet opened. The box to the eye drop was open, but the seal on the actual bottle was still on. The bottle was not expired. When a eye drop or Medication comes that requires a open date, All dates will be written on them when opened. Checks for the medication cart will be done monthly by the med trainer and anything that is not correctly marked or dated will be done.

Home will develop and implement procedures for safe storage and usage of medication and medical equipment. Staff will be trained on procedures and make sure they are following doctors and pharmacy orders.
 SP 04-09-19

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Barbara Martinez*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Barbara Martinez, Administrator* Date *2-13-19*

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

The above plan of correction is approved as of 04-09-19
 (Date)

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

Plan of correction implementation status as of 04-09-19
 (Date)

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

Violation Report: 19780 - 12/13/2018 - Swisher, Michele
 PCH Name: GLENCREST MANOR

1. REGULATION 55 Pa.Code §2600
 2600.186(a) - Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

2a. DESCRIPTION OF VIOLATION
 The home does not have a written order in record for resident 3's Hydralazine 25mg. The written order was requested to compare prescribers orders with instructions on the residents MAR. The home could not locate a written order for this 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.

The script for the hydralazine 25mg is attached. The inspector asked for the script and than never copied or noted that it was available. All orders are kept in a folder for the residents. Glencrest always requires orders from the doctors for any medication changes or discontinued orders.

Home will keep current prescription orders for all residents. SP 04-09-19

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Barbara Martinez*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Barbara Martinez, Administrator* Date *2-13-19*

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Violation Report: 19780 - 12/13/2018 - Swisher, Michele
 PCH Name: GLENCREST MANOR

1. REGULATION 55 Pa.Code §2600
 2600.186(b) - Prescription medications shall be used only by the resident for whom the prescription was prescribed.

2a. DESCRIPTION OF VIOLATION
 On 7/2/18, resident 2 was administered medications prescribed for and belonging to a different 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.

Staff person A did give out the wrong medication to resident. After error was established staff person A, contacted the administrator to inform her of the error. An incident report was filled out and sent to DHS, family and Doctor were contacted immediately, along with documenting in the resident's charts.

Staff person A was re-trained on the routes of medication administration. Staff person A was also re-trained on all the proper checks that need done before medication can be administered. Staff person A has since then resigned. Home will ensure residents are only given their own medications. All direct care staff who pass meds will be trained in medication administration immediately. SP 04-09-19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Barbara Martinez, Administrator</i>	Date <i>2-13-19</i>
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Violation Report: 19780 - 12/15/2016 - Swisher, Michele
 PGH Name: GLENCREST MANOR

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 administration record for resident 4 does not include a diagnosis for :
 Blink Tears
 Timolol MAL 0.5%
 Brimonidine 0.2%
 Polymyxin B/Trimet Sol.
 Bacitracin 500unit/Oint.
 Prednisolone OP 1% Susp.
 Ofloxacin OP 0.3%
 Latanoprost 0.005%
 Vitamin C 1000mg Tab

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 list of medications that did not have diagnosis codes were all eye drops. They were all marked "eye drops", since 12/14/19 all eye drops have a diagnosis on them in the MAR. When new MAR's come in for the month, med trainer will write all information required on them. All med trained staff will check daily and trainer will do monthly MAR checks.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Barbara Martinez*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Barbara Martinez, Administrator* Date *2-13-19*

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

Violation Report: 19780 - 12/13/2018 - Swisher, Michele
 PCH Name: GLENCREST MANOR

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident 2 is prescribed Hydralazine 25mg Take one by mouth 3 times daily. The directions on the pharmacy label and the MAR indicate to take the medication at 6am, 2pm and 8pm. The MAR administration time of 2pm is crossed out and 5pm is hand written beneath it. The MAR is initialed as administered in the 5pm space on dates 12/1/18 through 12/12/18. The MAR is not initialed as administered for any date from 12/1/18 to 12/12/18 for the 8pm dose.

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 Hydralazine 25mg has been clarified through the pharmacy to be given at 6am, 2pm + 8pm. All initials have been documented since 12/13/18. To avoid missing initials in the future, the home requires all medication trained staff to double check the MAR after each med pass. Trainings will be held every couple months to go over what is required and what information need documented. Med Administrators must take their training annually to be able to pass meds in the home.

The home will follow the orders of the prescriber: SP 04-09-19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Barbara Martinez

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

Barbara Martinez, Administrator

Date

2-13-19

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Violation Report: 19780 - 12/13/2018 - Swisher, Michele
 PCH Name: GLENCREST MANOR

1. REGULATION 55 Pa.Code §2600
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
 The RASP for resident 1 identifies that the resident has a behavioral cognitive need for short term memory. The RASP does not list a description of need or plan to meet the need for resident.
 Resident 2's RASP lists medical diagnoses however the responsible party to meet the need is not identified.
 The RASP for resident 3 identifies that the resident needs assistance with toileting, bladder management, bowel management, personal hygiene, turning and positioning, and obtaining seasonal clothing. The resident's support plan does not clearly address how the home will assist the resident in meeting these needs.
 The medical diagnoses identified on Resident 4's 11/27/17 medical evaluation are not listed in the RASP dated 12/7/17. The resident's support plan does not address how the home will assist the resident in meeting these medical needs.

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 required information in the residents charts has been completed as of 2/14/18. All charts will be checked monthly for chart checks and logged in the folder. All required paperwork will be checked when residents return from the doctor. The administrator will then double check all charts monthly.

All RASP will be updated and filled out completely. RASP will identify the residents needs and how they will be met. SP 04-09-19

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

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 (Required on EVERY Page) *Barbara Martinez*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Barbara Martinez, Administrator* Date *2-13-19*

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