



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 01 2019

Ms. Laura Fitzgibbon
Personal Care Administrator
Morningstar Senior Living Inc.
175 West North Street
Nazareth, Pennsylvania 18064

RE: Moravian Hall Square
Personal Care Residences
License: 226280

Dear Ms. Fitzgibbon:

As a result of the Department's Bureau of Human Services Licensing annual inspection on December 18, 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: 22628 - 12/18/2018 - Foulkes, Kimberli
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

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 #1 is prescribed Loratadine Tablet 10 mg. The name of the medication was not listed on the resident's medication packaging. The medication was listed as Allergy 10 mg.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Upon discovery medication returned and medication verified by Wegmans pharmacy (the dispensing pharmacy) to request correct medication label as ordered by physician. Current medication with updated label to match physician order attached [attachment #1]

To ensure future compliance, nursing staff or med tech receiving pharmacy delivery are to check that medication delivered matches physician order on MAR upon signing for receipt of medications.

PCH Administrator or designee to perform randomized medication and MAR audits to monitor for compliance and report findings to Quality Assurance Performance Improvement team.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Laura Fitzgibbon PCH Administrator* Date *3/25/19*

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

The above plan of correction is approved as of <u>4-9-19</u> (Date)	Plan of correction implementation status as of <u>4-9-19</u> (Date)
The above plan of correction was approved by <u>AG</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: 22628 - 12/18/2018 - Foulkes, Kimberli
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Loratadine Tablet 10 mg. The name of the medication was not listed on the medication label. The medication was labeled as Allergy 10 mg.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Upon discovery medication returned and medication verified by Wegmans pharmacy (the dispensing pharmacy) to request correct medication label as ordered by physician. Current medication with updated label to match physician order attached [attachment #1]

To ensure future compliance, nursing staff or med tech receiving pharmacy delivery are to check that medication delivered matches physician order on MAR upon signing for receipt of medications.

PCH Administrator or designee to perform randomized medication and MAR audits to monitor for compliance and report findings to Quality Assurance Performance Improvement team.

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Violation Report: 22628 - 12/18/2018 - Foulkes, Kimberli
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #2's label instructions for Mirtazapine Tablet 15 mg state to take one-half tablet by mouth every day. On resident's Medical Administration Record it states to give 1 7.5 mg tablet by mouth. The label does not match the MAR.
 Resident #2's label instructions for Omeprazole Capsule 20 mg state to take one capsule by mouth twice a day. On resident's MAR it states to give 20 mg by mouth one time a day.
 Resident #2's label instructions for Pred Forte Suspension 1% state to instill one drop in left eye every morning. On resident's MAR it states to instill 1 drop in left eye 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

Stickers indicating "order changed, refer to chart" was placed on the Mirtazipine and Omeprazole labels as a corrective action at time of survey.
 Mirtazapine order was reviewed and order has changed. See attached current order and medication packaging for compliance [attachment #2]
 Omeprazole and Pred Forte Suspension orders were reviewed and are now discontinued.
 To ensure future compliance, nursing staff or med tech receiving pharmacy delivery or any order changes from physician are to check that medication supply matches physician order and MAR and send medication back to pharmacy for verification and relabeling.
 PCH Administrator or designee to perform randomized medication and MAR audits to monitor for compliance and report findings to QAPI team.

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Signature of Legal Entity Representative (Required on EVERY Page) *Laura Fitzgibbon*

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