



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 03 2019

Ms. Loriann Putzier
President & Chief Operating Officer
Tithonus Chambersburg LP
C/O Integracare Corporation
6600 Brooktree Court, Suite 1000
Wexford, Pennsylvania 15090

RE: Magnolias of Chambersburg – Building 2
745 Norland Avenue
Chambersburg, Pennsylvania 17201
Certificate: 307690

Dear Ms. Putzier:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 3, 2019 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: 30769 - 01/03/2019 - Cargile, Kellie
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2

1. REGULATION 55 Pa.Code §2600
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION
 On 12/23/18, from 6 am to 2:30 pm, 22 residents were present in the home. During this time, no staff persons were present in the home who were certified in first aid.
 On 12/24/18 and 12/25/18, from 10 pm to 6:30 am, 22 residents were present in the home. During this time, no staff persons were present in the home who were certified in first aid.

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.

See "POC" pg 3 Page 2A of 9
 See "Attachments" pgs. 4 and 5
 #1 & #2

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Tressia Day

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

Tressia Day, Executive Director

Date 2-8-19

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

The above plan of correction is approved as of 3/11/19
 (Date)

Plan of correction implementation status as of 3/11/19
 (Date)

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

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

PLAN OF CORRECTION

Community Name: Magnolias of Chambersburg- Bldg 2

License Number: 307690

Date of Visit: January 3, 2019

Date of Submission: February 8, 2019

1. Violation Review:

On 12/23/18, from 6am to 2:30 pm, 22 residents were present in the home. During this time, no staff persons were present in the home who were certified in first aid.

On 12/24/18, and 12/25/18, from 10pm to 6:30am, 22 residents were present in the home. During this time, no staff persons were present in the home who were certified in first aid.

2. Violation Interpretative Statement:

2600.63 (a)- At least one staff person for every 50 resident who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

3. Review the benefit of the Regulation, per RCG:

Ensures that staff are appropriately trained to respond to an emergency, and that there are sufficient numbers of qualified staff to respond to simultaneous emergency situation (for example, if one resident is choking while another resident experiences cardiac arrest).

4. Description of the Repair of the Immediate Problem:

All resident care staff will be trained in First Aid on 2/15/19. The Tickler system was updated by DRCS of First Aid and CPR training status on 1/9/19.

5. Determine / document the Root Cause of the Violation:

CPR training did not include First Aid training per regulation 2600.63 (a).

6. Detail Action Steps / System Developed to prevent future occurrence:

The DRCS and ED will monitor\review Outside Providers credentials for CPR/First Aid Training prior schedule training to ensure appropriate training is being provided per regulation. The Director of Resident Care will continue to be responsible for keeping tickler system for all team members CPR and First Aid Status. The ED will monitor the tickler system monthly to assure all direct care staff members are compliant per regulation monthly a calendar notification ED's Outlook Calendar. (Attachment #1 and #2)

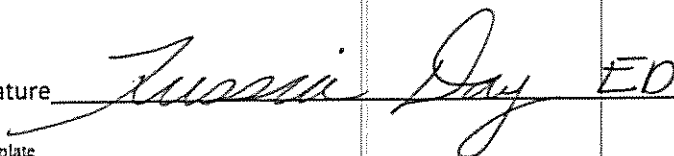
Staff training needs will be addressed at the home's periodic quality management reviews. - GE

7. Designated position responsible and specify target date for correction.

First Aid Training- Outside Provider by 2/15/19

DRCS/ED-tickler system update and monitoring on-going

Authorized Signature

 ED

Date:

2-8-19

Violation Report: 30769 - 01/03/2019 - Cargile, Kellie
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2

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
 An 8 oz. bottle of nail polish remover, with a manufacturer's label indicating "in case of accidental ingestion, give fluids and consult with local poison control," was unlocked and accessible to residents in the club room. Residents of the home, including Resident #1, have not been assessed capable of recognizing and using poisons safely.

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.

See "POC" pg 7 Page 3A of 9

See "Attachment #3" pg 8

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Tressia Day

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

Tressia Day, Executive Director

Date 2-8-19

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 (Date)

Plan of correction implementation status as of 3/11/19
 (Date)

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

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

PLAN OF CORRECTION

Community Name: Magnolias of Chambersburg- Bldg 2

License Number: 307690

Date of Visit: January 3, 2019

Date of Submission: February 8, 2019

1. Violation Review:

An 8oz bottle of nail polish remover, with a manufacturer's label indicating, "in case of accidental ingestion, give fluids and consult with local poison control," was unlocked and accessible to residents in the club room. Residents of the home, including Resident #1, have not been assessed capable of recognizing and using poisons safely.

2. Violation Interpretative Statement:

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

3. Review the benefit of the Regulation, per RCG:

Minimizes the possibility that a resident or staff person will mistake a poisonous substance for a harmless substance.

4. Description of the Repair of the Immediate Problem:

An inspection was completed of all closets in Building 2 Pub room by ED to make sure no other items were found of a poison substance. Nothing further was found during this inspection. DCS was education on placing personal belongings in cupboards immediately by the ED on 1/3/19 and ED will review again during monthly staff meeting for all staff on 2/13/19.

5. Determine / document the Root Cause of the Violation:

DCS failed to review label on poisonous and it was placed in a non-secure area away from resident accessibility.

6. Detail Action Steps / System Developed to prevent future occurrence:

DCS will be continued to be educated by DRCS and ED will monitor/check all closets weekly upon walk through of building noting audit on Daily stand up form for documentation effective 2/5/19. (Attachment # 3)

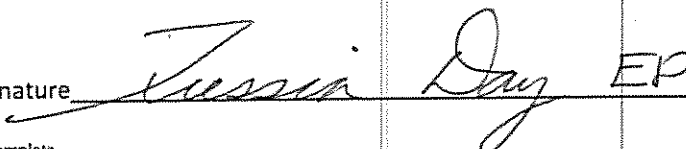
Any poisonous materials not in use will be made locked and inaccessible to residents immediately. - GE

7. Designated position responsible and specify target date for correction.

DCS daily check effective 2/5/19 and ongoing.

DRCS/ED monitor check list weekly and walk through effective 2/5/19 and on-going.

Authorized Signature



Date:

2-8-19

Violation Report: 30769 - 01/03/2019 - Cargile, Kellie
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2

1. REGULATION 55 Pa.Code §2600
 2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION
 There were two common bars of soap in the tub room across from Bedroom #18. Neither bar was labeled or marked.

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.

See "POC" pg 10 Page 4A of 9
 See "attachments #4 #5 #6"
 pgs 11, 12, & 13

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Tressia Day*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tressia Day, Executive Director* Date *2-8-19*

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

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The above plan of correction was approved by <u>GE</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

PLAN OF CORRECTION

Community Name: Magnolias of Chambersburg- Bldg 2
 License Number: 307690
 Date of Visit: January 3, 2019
 Date of Submission: February 8, 2019

1. Violation Review:
There were two common bars of soap in the tub room across from Bedroom #18. Neither bar was labeled or marked.
2. Violation Interpretative Statement:
2600.102(i)- A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.
3. Review the benefit of the Regulation, per RCG:
Ensures that personal hygiene is maintained.
4. Description of the Repair of the Immediate Problem:
Soap was immediately removed from bathroom 1/3/19 and discarded.
5. Determine / document the Root Cause of the Violation:
DCS failed to remove soap in common bathroom after a shower was given.
6. Detail Action Steps / System Developed to prevent future occurrence:
DCS will complete an additional check of each bathroom after ever shower is completed daily. DCS was educated on 2/13/19, during a staff meeting about checking bathroom for bar soap a review of the infection control policy was also completed at this time. DCS will circle back and recheck all common bathroom showers every shift a check off was added to daily assignment sheet. (Attached Assignment Sheet each shift) (Attachment # 4, #5, and #6) DRCS will monitor check off sheet and monitor weekly for compliance effective immediately.
7. Designated position responsible and specify target date for correction.
Direct care staff education on 2/13/19
DRCS weekly check and monitor 2/5/19

Authorized Signature

Jessie Day, ED

Date:

2-8-19

Violation Report: 30769 - 01/03/2019 - Cargile, Kellie
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2

1. REGULATION 55 Pa.Code §2600
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
 The home did not have a fire drill between the hours of 4:01pm and 5:05am for calendar year 2018.

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.

See "POC" pg 15 Page 5A of 9
 See "attachments #7, #8, & #9"
 pgs 16, 17, 18

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Tressia Day*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tressia Day, Executive Director* Date *2-8-19*

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PLAN OF CORRECTION

Community Name: Magnolias of Chambersburg- Bldg 2

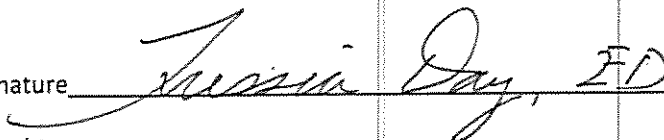
License Number: 307690

Date of Visit: January 3, 2019

Date of Submission: February 8, 2019

1. Violation Review:
The home did not have a fire drill between the hours of 4:01pm and 5:05 am for calendar year 2018.
2. Violation Interpretative Statement:
2600.132 (g)- Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.
3. Review the benefit of the Regulation, per RCG:
Staggering drill dates and times ensures that staff and residents are prepared to respond to different fire scenarios, and that staff on all shifts are properly trained in evacuation procedures.
4. Description of the Repair of the Immediate Problem:
Environmental Service Director will schedule a drill for February between hours of 4 pm and 5am. 4 of 12 Fire Drills had been conducted for the benefit of training and practice for the shift that works between 2p and 10p.
5. Determine / document the Root Cause of the Violation:
ESD failed to complete a drill between the hours of 4 pm and 5am for the Senior Living Building for the entire calendar year of 2018.
6. Detail Action Steps / System Developed to prevent future occurrence:
A drill was schedule for week of 2/4/19-2/7/19 between the hours of 4 pm and 5am. Please see attached results of drill performed during these hours. Ongoing monitoring by ED of Fire Drill time will reviewed monthly during our Quality Assurance and Safety Committee Meeting, next meeting to be held on 2/6/19. (Attachment #7, #8 and #9)
7. Designated position responsible and specify target date for correction.
Environmental Services Director, Executive Director and Safety Committee team 2/6/19 and ESD on 2/7/19.

Authorized Signature



Date:

2-8-19

Violation Report: 30769 - 01/03/2019 - Cargile, Kellie
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2

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 #1, dated 8/27/18, does not include weight, pulse rate, temperature and blood pressure.

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.

See "POC" pg 20 Page 6A of 9
 See "attachment #10"
 pg 21

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Tressia Day*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Tressia Day, Executive Director Date 2-8-19

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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

PLAN OF CORRECTION

Community Name: Magnolias of Chambersburg- Bldg 2

License Number: 307690

Date of Visit: January 3, 2019

Date of Submission: February 8, 2019

1. Violation Review:

The medical evaluation for Resident #1, dated 8/27/18, does not include weight, pulse rate, temperature and blood pressure.

2. Violation Interpretative Statement:

2600.141 (a)(2)- The medical evaluation must include the following (1) through (10)

3. Review the benefit of the Regulation, per RCG:

Accurate medical information helps homes decide whether a resident's needs can be met at the home, helps the home develop accurate assessments and support plans, and ensures that residents' medical needs will be met.

4. Description of the Repair of the Immediate Problem:

On, 1/3/19 the weight, pulse rate, temperature and blood pressure were added to the DME for Resident #1 per admission notes from date of admission. A review of all DME's will be completed by 2/18/19 to ensure all vital signs are included on DME.

5. Determine / document the Root Cause of the Violation:

DRCS and ED failed to review medical evaluation properly.

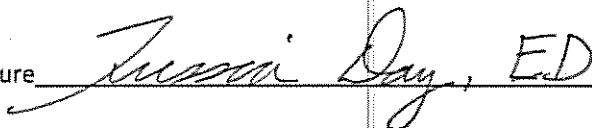
6. Detail Action Steps / System Developed to prevent future occurrence:

DRCS/Move N Associate will update the check list for admission to include verification of all vitals sign are included on the DME per regulation 2660.141 (a)(2) effective immediately with next admission. ED will also complete a second review and sign off for compliance upon admission effective immediately. (Attachment # 10)

7. Designated position responsible and specify target date for correction.

DRCS/Move-In Associate immediately with next admission
ED immediately with next admission.

Authorized Signature



Date:

2-8-19

Violation Report: 30769 - 01/03/2019 - Cargile, Kellie
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 On 1/3/18, Resident #2 had a bottle of Opcon-A eyedrops in his/her bedroom. Resident #2 has not been assessed to self-administer their own medications and the medication was unlocked and accessible to 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.

See "POC" pg 23 Page 7A of 9

See "attachment #11, #12, and #13)
 pgs 24, 25, 26

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Tressia Day

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

Tressia Day, Executive Director

Date 2-8-19

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 (Date)

Plan of correction implementation status as of 3/11/19
 (Date)

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

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

PLAN OF CORRECTION

Community Name: Magnolias of Chambersburg- Bldg 2

License Number: 307690

Date of Visit: January 3, 2019

Date of Submission: February 8, 2019

1. Violation Review:

On 1/3/19, Resident #2 had a bottle of Opcon-A eyedrops in his/her bedroom. Resident #2 has not been assessed to self-administer their own medications and the medication was unlocked and accessible to the resident.

2. Violation Interpretative Statement:

2600.183 (b)- Prescription medications, OTC medications, CAM and syringes shall be kept in an area of container that is locked. This includes medications and syringes kept in the resident's room.

3. Review the benefit of the Regulation, per RCG:

Medications and syringes will be safe from contamination, spillage or theft and residents who are unable to self-administer medication will be safe from harming themselves with the medications.

4. Description of the Repair of the Immediate Problem:

On, 1/3/19 Opcon-A eyedrops were removed from residents' room until an order could be obtained from PCP for self-administration. All Direct Care Staff will be re-educated by the Director of Resident Care Services on 2/13/19 regarding compliance to this regulation. In addition, family education regarding self-administration regulations will be presented during the next family meeting scheduled on 4/23/19 and monitoring will be ongoing.

5. Determine / document the Root Cause of the Violation:

DCS failed to report or remove eyedrop when in residents' room, family was not properly education in regard to self-administration regulations.

6. Detail Action Steps / System Developed to prevent future occurrence:

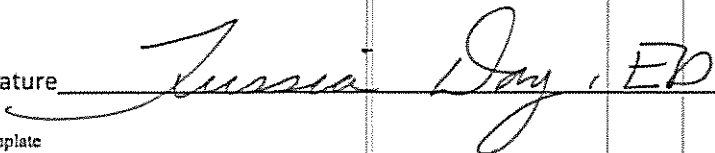
In addition to ongoing staff education on 2/13/19, the DCS will continue to audit all residents' rooms weekly, with the DRCS as a secondary audit to ensure compliance with the regulation and the safety of the residents a check off will be added to assignment sheet for verification. The ED will complete continuous audits, as well as ongoing education and empowerment of the resident care staff to monitor the resident room for medication of any/all non-self-administering residents immediately and ongoing. (Attachment # 11, #12, and #13)

7. Designated position responsible and specify target date for correction.

DCS education 2/13/19

DRCS/ED audits/monitor/ education continuous and ongoing

Authorized Signature



Date:

2-8-19

Violation Report: 30769 - 01/03/2019 - Cargile, Kellie
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2

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

On 1/3/19, Biotin 5000 mg prescribed for Resident #2, was located in the home's medication cart. This medication expired 9/2018.
 On 1/3/19, Aspirin 81 mg prescribed for Resident #3, was located in the home's medication cart. This medication expired 8/2018.
 On 1/3/19, Lantus 100 units prescribed for Resident #4, was located in the home's medication cart with a label stating, "opened 12/3/18." The bottle of Lantus had instructions to discard 28 days after opening.

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.

See "POC" pg 28

Page 8A of 9

See "attachment #14"
 pg 29

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/18/2018
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Tressia Day*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tressia Day, Executive Director	Date 2-8-19
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PLAN OF CORRECTION

Community Name: Magnolias of Chambersburg- Bldg 2

License Number: 307690

Date of Visit: January 3, 2019

Date of Submission: February 8, 2019

1. Violation Review:

On 1/3/19, Biotin 5000mg prescribed for Resident #2, was located in the home's medication cart. This medication expired 9/2018.

On 1/3/19, Aspirin 81mg prescribed for Resident #3, was located in the home's medication cart. This medication expired on 8/2018.

On 1/3/19, Lantus 100 units prescribed for Resident #4, was located in the home's medication cart with a label stating, "opened 12/3/18." The bottle of Lantus had instructions to discard 28 days after opening.

2. Violation Interpretative Statement:

2600.183 (d)- Only current prescription, OTC, Sample and CAM for individuals living in the home may be kept in the home.

3. Review the benefit of the Regulation, per RCG:

Ensures the home does not keep medications that are for residents no longer living in the home or that have been discontinued.

4. Description of the Repair of the Immediate Problem:

Medication found in care which was expired was disposed of and reordered per physicians' orders. An audit was completed on Medication cart for any other expired medications. No other medications were found during this audit. DCS was education on 1/29/19 during a staff meeting regarding expired medication.

5. Determine / document the Root Cause of the Violation:

DCS failed to complete a through audit of med cart and dispose of expired medications.

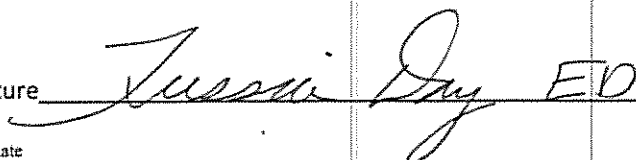
6. Detail Action Steps / System Developed to prevent future occurrence:

In addition to ongoing staff education on 1/29/19, the DRCS will continue to audit all medication carts weekly, with the ED as a secondary auditor to ensure compliance with the regulation and the safety of the residents. An additional education will be held on 2/13/19 to review the medication policy this education will be held by the DRCS. (Attachment #14)

7. Designated position responsible and specify target date for correction.

Director of Resident Care on 1/29/19 and 2/13/19

Authorized Signature



Date:

2-8-19

Violation Report: 30769 - 01/03/2019 - Cargile, Kellie
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 2

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 1/3/19, an unopened bottle of Latanoprost .005% eyedrops, was stored in the homes back-up medication cart. The directions state to store unopened bottles under refrigeration between 35 and 46 degrees.

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.

See "POC" pg 31 Page 9A of 9
 See "attachment #15"
 pg 32

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tressia Day, Executive Director	Date 2-8-19
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3/11/19</u> (Date)	Plan of correction implementation status as of <u>3/11/19</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

PLAN OF CORRECTION

Community Name: Magnolias of Chambersburg- Bldg 2

License Number: 307690

Date of Visit: January 3, 2019

Date of Submission: February 8, 2019

1. Violation Review:

On 1/3/19, an unopened bottle of Latanoprost .005% eyedrops, was stored in the homes back-up medication cart. The directions state to store unopened bottles under refrigeration between 35 and 46 degrees.

2. Violation Interpretative Statement:

2600.183(e)- Prescription medications, OTC medication 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 instruction.

3. Review the benefit of the Regulation, per RCG:

Ensures that medications will be stored in a manner that prevents damage or loss.

4. Description of the Repair of the Immediate Problem:

Lantanoprost .0005% eyedrops was placed in refrigeration on 1/3/19. A review of all medication in back-up medication cart was completed on 1/3/19 no other medication was found at that time.

5. Determine / document the Root Cause of the Violation:

DCS failed to read the label placed on eyedrops when it was received from pharmacy.

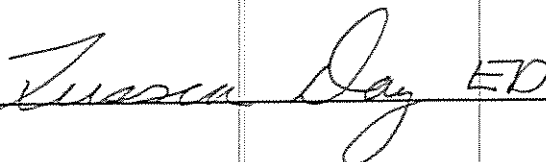
6. Detail Action Steps / System Developed to prevent future occurrence:

DCS was educated by DRCS in regard to label instructions during the DRC meeting held on 2/13/19. DRCS will audit back-up med cart weekly to verify all medications are stored in correct location in regard to temperature and light. ED will complete a monthly audit of carts and sign off DCS audit form. (Attachment #15)

7. Designated position responsible and specify target date for correction.

Direct Care Staff and Director of Resident Care on 2/13/19

Authorized Signature



Date:

2-8-19