



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 22 2019

Mr. Harrison G. Sanders
President and Chief Executive Officer
Harrison Senior Living of Coatesville, LLC
300 Strode Avenue
Coatesville, Pennsylvania 19320

RE: Harrison Senior Living of Coatesville
License #:105660

Dear Mr. Sanders:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 8 and 11, 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 (relating to Personal Care Homes) 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.

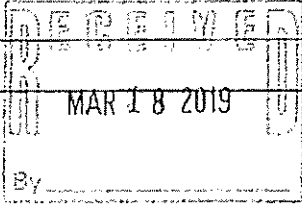
Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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

PCH Name: HARRISON SENIOR LIVING OF COATESVILLE		License Number: 10586
Address: 300 STRODE AVENUE, COATESVILLE, PA 19320		County: Chester
Administrator: Jean Bryan		Region: SOUTHEAST
Legal Entity Name: HARRISON SENIOR LIVING OF COATESVILLE LLC		
Legal Entity Address: 300 STRODE AVENUE, COATESVILLE, PA 19320		
Certificate(s) of Occupancy C-2 LP 11/03/1986 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 79	Working Staff: 60
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 01/08/2019: Thomas, Tahesia; Vasquez, Jennie 01/11/2019: Thomas, Tahesia; Vasquez, Jennie		
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: 80 ✓ Number of Residents Served: 69 ✓ 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: 7 ✓ Number of Hospice Residents in past year: 21 ✓		Number of Residents who: Receive Supplemental Security Income: 0 ✓ Are 80 Years of Age or Older: 67 ✓ Have Mental Illness: 1 ✓ Have an Intellectual Disability: 0 ✓ Have a Mobility Need: 10 ✓ Have a Physical Disability: 0 ✓

Violation Report: 10566 - 01/08/2019 - Thomas, Tahesia
 PCH Name: HARRISON SENIOR LIVING OF COATESVILLE

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on 07/11/2017, began providing unsupervised ADL services on 07/11/2017. The staff person has no record of successful completion and passing the Department-approved direct care training course and the competency test.

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 attached 4/4/19 *MB*

- 1. Employee did take Direct Care Training course and competency test during orientation, but was not present in employees folder at time of survey. Facility was unable to obtain a copy of certificate from data base due to records not being kept. Employee did retake test and passed on January 8, 2019. Copy given to inspectors during survey.
- 2. New employees will continue to take Direct Care training and competency test during orientation. Copy of certificate will be kept in Employees file and a copy will be placed in the CPR Book, along with other licenses.
- 3. The Director of Resident Services will monitor every six months to ensure all certifications are up to date.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Jean C. Bryan</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jean Bryan, Executive Director		Date 3/16/2019

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

The above plan of correction is approved as of <u>4/4/19</u> (Date)	Plan of correction implementation status as of <u>4/4/19</u> (Date)
The above plan of correction was approved by <u><i>MB</i></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

2600.65 d

Maintain audits for Department review for a period of three years 4/4/19 *MCJ*

Violation Report: 10566 - 01/08/2019 - Thomas, Tahesia
 PCH Name: HARRISON SENIOR LIVING OF COATESVILLE

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

2a. DESCRIPTION OF VIOLATION
 Resident #1 is prescribed Insulin Injections based on a sliding scale. On 12/25/18 at 11:20 PM, his blood glucose level was 308, which requires 4 units of Novolog insulin. Staff person B administered 40 units of Novolog insulin.

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

1. Primary Care Physician, Resident, P.O.A. and Director of Resident Services were notified immediately of medication error by the nurse on duty.
2. Per Physician instructions, nurse was to give resident food and re-check blood sugar every 1.5 hours. Resident was monitored throughout shift and readings were recorded on MAR.
3. During inspection of residents MAR, it was found that the units prescribed did not have a space between units prescribed and the word "units" which could have caused the error. A review of all MARs took place and the Pharmacy was made aware of the issue. Correction was made to all MARs that were effected.
4. Employee was re-inserviced on the five rights of Medication Administration.
5. Employee counseled due to medication error.
6. All nurses and med techs are in-serviced yearly on the five rights of Medication Administration. In-serviced scheduled on March 27, 2019.

Maintain audits for Department review for a period of three years 4/4/19 *MB*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative *Jean C. Bryan*
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jean Bryan, Executive Director	Date 3/15/2019
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The above plan of correction was approved by <i>MB</i> (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: 10566 - 01/08/2019 - Thomas, Tahesia PCH Name: HARRISON SENIOR LIVING OF COATESVILLE	
1. REGULATION 56 Pa.Code §2800 2800.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	
2a. DESCRIPTION OF VIOLATION On 12/25/2018, an error in resident #1's medication administration occurred involving wrong dose of Insulin. The error was not reported 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.	
1. Resident was notified by nurse in residents room in the presence of residents family (P.O.A. and granddaughter). Family had just returned resident from family Christmas Party.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Jean C. Bryan</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jean Bryan, Executive Director	Date 3/15/2019
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>4/4/19</u> (Date)	Plan of correction implementation status as of <u>4/4/19</u> (Date)
The above plan of correction was approved by <u><i>JCB</i></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