



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 1 1 2019

Mr. Christopher S. Lehmann
Managing Member
Plymouth Manor Personal Care Center LLC
120 Martz Manor
Plymouth, Pennsylvania 18651

RE: Plymouth Manor Personal Care Center
License #225870

Dear Mr. Lehmann:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 31, 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: 22587 - 01/31/2019 - OHaire, Anne
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

2a. DESCRIPTION OF VIOLATION
 The home did not have the required direct care staffing hours scheduled on 01-30-19. The home had 38 residents on site and the home had a total of 37.5 of direct care staffing hours.

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.

Proper direct care staff hours were scheduled and provided on 1-30-19. We had 38 residents and a total of 39.5 hours for direct care.

*7-3 15 hrs (minus breaks)
 3-11 15 hrs (minus breaks)
 11-7 7.5 hrs
 DC 2.0 hrs Administrator*

39.5 hrs care provided on 1-30-19

*39.5 hrs extra per state required 38 hrs
 39.5 scheduled*

3-6-19 Conversation with the homes administrator via phone call indicated that the home allows staff two 15 minute breaks for the direct care workers on the first and second shifts, in addition to their 1/2 hour lunch. Also, the 3rd shift, is only allowed a 1/2 lunch and no 15 minute breaks. The administrator will ensure that there are sufficient staff persons on duty each day to meet the requirements of 2600.57a-57d

Repeat Violation: No Date(s) of Previous Violation(s): 3-7-19 MM

Signature of Legal Entity Representative (Required on EVERY Page) *Christopher S. Lehmann*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christopher S. Lehmann, Managing member* Date *3/7/19*

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

The above plan of correction is approved as of 3-7-19 (Date)

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

Plan of correction implementation status as of 3-7-19 (Date)

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

Violation Report: 22587 - 01/31/2019 - O'Haire, Anne
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 Dry blood was found on Resident # 1's One Touch glucometer.

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 Administrator will monitor that current standard precaution measures in place are being maintained by doing random checks on accu check machines.
- ② PCA staff will be retrained with standard precautions and state regulations on glucometers by Administrator on 2-27-19.
- ③ Above Glucometer was sanitized & corrected at time of inspection.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page) *Christopher A. Lehman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christopher S. Lehman, Managing Member* Date *3/7/19*

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Violation Report: 22587 - 01/31/2019 - O'Haire, Anne
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
 The home's first aid kit located at the nurses station did not contain adhesive tape.

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 Administrator will continue to do regular checks on First Aid Kit to ensure adhesive tape is inside kit.
- ② Administrator will do monthly checks on first aid ^{kit} contents per state regulation for kit required items.
- ③ First Aid Adhesive tape was immediately put into First Aid Kit + corrected at time of inspection.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Christopher J. Lehmann*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christopher J. Lehmann, Manager/Member* Date *3/7/19*

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 (Initials)

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Violation Report: 22587 - 01/31/2019 - O'Haire, Anne
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

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
 The home's first aid kit contained a bottle of Rite Aid brand hydrogen peroxide with an expiration date of 11/18.
 The following items were found expired in the home's Volkswagen first aid kit:
 After Bite Insect Bite Relief expired 12/18
 Acetaminophen 2 packets expired 9/18
 3 packs of Medique expired 5/17
 Easy Care Aspirin 2 packets expired 10/18.

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.

- ① VW First Aid Kit was purchased with contents and was never opened to use at that time. Items above listed are not state required items and have been removed from VW first aid kit at inspection. Above items are not state required items and will not be in VW first aid kit.
- ② Administrator will monitor VW first aid kit for state required items monthly.
- ③ Above items immediately removed from VW + facility First Aid kit at time of inspection + corrected.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/09/2018
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Christopher J. Lehman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christopher J. Lehman, managing member</i>	Date <i>3/7/19</i>
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Violation Report: 22587 - 01/31/2019 - O'Haire, Anne
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

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 # 2 's Novolog insulin pen that is to be administered 12 Units subcutaneously at 9:00AM daily and 15 Units to be administered subcutaneously at 4:00 PM daily was found in the medication cart with no pharmacy label. The medication did not have the resident's name, physician's name, dosage information or the date the medication was issued.

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 Administrator has put new system in place for Novolog Pens that are sent from Pharmacy packaged all in one package to now ~~have~~ also have a separate package with a pharmacy label including res. name, Drs. name dosage & date med issued as on main package to be used for res. med.
- ② Administrator will monitor monthly that Novolog pens have main package with label & separate package with label for use per M.D. orders and state regulations.
- ③ Corrected above at time of inspection

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/09/2018
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Violation Report: 22587 - 01/31/2019 - O'Haire, Anne
 PCH Name: PLYMOUTH MANOR PERSONAL CARE CENTER

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

On 01/29/19 Resident # 3's MAR was documented that blood glucose testing was completed at 4:00PM with a reading of 286 and 9:00PM with a blood glucose test reading of 178. The home did initial the residents MAR indicating that the Novolog Insulin was administered according to sliding scale.

not

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.

Administrator will monitor Mars weekly for initials of meds given. Administrator will check MARs along with glucometers to verify accuracy and coverage, if needed, and signed by PCA.

Training was provided to PCA's on 2-27-19 - Training was on glucometers, standard precautions, insulin, insulin coverage, Accu checks, MARs, contacting physicians, sliding scales & coverage, ordering diabetic supplies, labels, mail order supplies, blood born pathogens

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christopher S. Lehman, Managing Director* Date *3/7/19*

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Violation Report: 22587 - 01/31/2019 - O'Haire, Anne
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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 Resident Assessment and Support Plan (R.A.S.P.), for resident # 4 dated 11/7/18, did not include the resident's current formal physical therapy services from a Home Health Agency.

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 RASP was completed 11-7-18. Res was order PT by doctor through HHA on Residents RASP was corrected and new PT info added as update to resident RASP at time of inspection.
- ② Administrator will monitor Res. Rasps for updated info on new orders for PT to be added to RASP. Administrator will monitor RASP's for update info required by State regulations on a monthly basis.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/09/2018
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christopher J. Lehmann, *Managing Director* Date: 3/7/19

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