



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 12 2019

Mr. John Oberlin
President – Board of Directors
Dubois Continuum of Care Community, Inc.
282 South Eighth Street
Dubois, Pennsylvania 15801

RE: Dubois Village
Certificate #: 448670

Dear Mr. Oberlin:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 6, 2019 and February 7, 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, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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

PCH Name: DUBOIS VILLAGE		License Number: 44867
Address: 282 SOUTH EIGHTH STREET, DUBOIS, PA 15801		County: Clearfield
Administrator: Caroline Rockwell		Region: WEST
Legal Entity Name: DUBOIS CONTINUUM OF CARE COMMUNITY INC		
Legal Entity Address: 282 SOUTH EIGHTH STREET, DUBOIS, PA 15801		
Certificate(s) of Occupancy		
C-2 LP 08/01/1996 PA Dept L&I	I-2 08/05/2011 Bur Veritas No. America, Inc	
Staffing Hours		
Resident Support: 0	Total Dally Staff: 94	Waking Staff: 71
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
02/06/2019: Pfaff, Vicki; McConnell, Deb; Duncan, Amy		
02/07/2019: Pfaff, Vicki; McConnell, Deb; Duncan, Amy		
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: 118 ✓ Number of Residents Served: 83 ✓ 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: 1 Number of Hospice Residents in past year: 12 ✓		Number of Residents who: Receive Supplemental Security Income: 2 ✓ Are 60 Years of Age or Older: 82 ✓ Have Mental Illness: 4 ✓ Have an Intellectual Disability: 3 ✓ Have a Mobility Need: 11 ✓ Have a Physical Disability: 2 ✓

Violation Report: 44867 - 02/06/2019 - Pfaff, Vicki
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The home's resident service agreement for resident #1 completed on 5/10/18 was not signed by 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 Page 2A of 7

See attached Violation #1

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Caroline Rockwell, PCH Administrator</i>	Date <i>3/15/19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3/18/19</u> (Date)	Plan of correction implementation status as of <u>3/18/19</u> (Date)
The above plan of correction was approved by <u><i>EJ</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>EJ</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation #1

2600.25(b) – The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident’s designated person if any, if the resident agrees.

- Marketing/Admission Coordinator met with resident. He did recall that the agreement was reviewed with him upon admission. Resident signed a statement that is now attached to his agreement. (see attached)
- Audit of all resident agreements was completed between 2/11/19-2/15/19 to ensure in compliance
- Education was provided to the Marketing/Admission Coordinator and Business Office Personnel. (see attached)
- Resident Record audit will be completed by business office personnel/Administrator as a double check to ensure in compliance.
- Administrator will ensure ongoing compliance and review at the quality assurance meeting.

Carol Rockwell
PCH Administrator
Caroline Rockwell

3/15/19

3/18/19 *Ej*

Violation Report: 44867 - 02/06/2019 - Pfaff, Vicki
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION

On 2/7/19 at 2:45 p.m., the exhaust fan in the bathroom for resident room #241 was not operable. There is no window in the bathroom.

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 Page 3A of 7

See attached Violation #2

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Carol Kockwell PCH Administrator* Date *3/15/19*

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

The above plan of correction is approved as of <u>3/18/19</u> (Date) The above plan of correction was approved by <u><i>EJ</i></u> (Initials)	Plan of correction implementation status as of <u>3/18/19</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>EJ</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation #2

2600.86(b) – A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

- Maintenance/Administrator checked all exhaust fans to identify what areas where of concern.
- Maintenance located roof top unit that provides exhaust service to #241. Air filters were replaced which corrected the low or no exhaust flow to #241
- Maintenance will perform monthly bathroom exhaust fan audits of at least 10 bathrooms throughout the facility to ensure all exhaust systems are operable. Audits will be performed for three months and then quarterly thereafter.
- Administrator will ensure ongoing compliance by reviewing audit results. Results will be reviewed at the quality assurance meeting.

Caroline Rockwell
Caroline Rockwell
PCN Administrator

3/15/19

3/18/19 *Ej*

Violation Report: 44867 - 02/06/2019 - Pfaff, Vicki
 PCH Name: DUBOIS VILLAGE

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 Lidocaine pad 5% - Apply 1 patch topically daily (on 12 hours off 12 hours). However, the prescription label for the medication indicates Lidocaine pad 5% - Apply one patch topically daily. The prescription label does not indicate that the patch should be removed after 12 hours.
 Resident #2 is prescribed Humalog 100u/ml - Inject units subcutaneously before meals if blood sugar is: <150=No coverage; 150-199=2; 200-249=3; 250-299=4; 300-349=8; 350-399=10; if >399=12 and call physician. Resident is also prescribed Humalog 100u/ml - Inject units subcutaneously at bedtime if blood sugar is: 60=follow hypoglycemia protocol; 71-200=0; 201-300=2; 301-399=4; if >399 call physician. However, the prescription label for the medication does not include the directions for the sliding scale to be followed at bedtime.
 Resident #3 is prescribed Tramadol HCl 50 mg - take two tablets (100mg) by mouth three times daily as needed for pain. However, the prescription label on the blister pack of medication indicates Tramadol HCl tab 50mg - Take two tablets (100mg) by mouth three times daily for pain.
 Resident #5 is prescribed Emla Cream - Apply to right arm fistula 1 hour prior to hemodialysis M-W-F. However, the prescription label for the medication indicates "Lidocaine and Prilocaine Cream 2.5%/2.5% - Apply small amount to site 1 to 2 hr before dialysis. (cover with occlusive dressing (saran wrap)).
 Resident #6 is prescribed Lorazepam 1mg tab by mouth three times a day. The resident's February 2019 medication administration record (MAR) has a correlating entry that indicates Lorazepam oral tablet 1 mg - Take 1 tablet by mouth three times daily. However, on 2/7/19 at 2:00 p.m., there was a blister pack of the medication in the medication cart with a prescription label that indicates Lorazepam tab 0.5mg with 4 tablets remaining packaged one tablet to a blister and a "directions changed refer to chart" sticker on the blister pack. The control sheet for the 0.5mg dose of the medication had handwritten directions to "give 2" on it. There is no entry on the February 2019 MAR for the 0.5mg tablets.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date all 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 Pages 4A and 4B of 7
 See attached Violation #3

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Caroline Rockwell RHA Administrator</i>	Date <i>3/15/19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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

Violation #3

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

- **Resident #1** A "Directions changed refer to chart" label was immediately placed on drug label. Pharmacy was notified to correct the error. (see attached correct label) Medication was administered as ordered.
- **Resident #2** A "Directions changed refer to chart" label was immediately placed on drug label. Pharmacy was notified to correct the error. (see attached correct label) Medication was administered as ordered.
- **Resident #3** A "Directions changed refer to chart" label was immediately placed on drug label.
- Medication was administered as ordered. This medication has since been discontinued. (see attached MAR)
- **Resident #5** A "Directions changed refer to chart" label was immediately placed on drug label. The drug was correct, the generic name (Lidocaine 2.5/Prilocaine 2.5) was added to the Electronic Medication Administration Record, the Trade name (EMLA) was added to the drug label. (See attached MAR)
- **Resident #6** A "Directions changed refer to chart" label was in place, the correct dose of medication was being administered. Staff educated on destroying medication of conflicting strengths, instead of attempting to "use up" medication to save residents money, also that pharmacy can profile temporary directions to finish previously purchased medications.

- In addition to individual corrections, staff education was completed on February 12, 2019 relating to:
 1. Checking each label upon delivery of medications to be certain the drug, dose and directions are accurate relating to the physician's order and the profile order on the EMAR.
 2. Relating inaccuracies immediately to pharmacy for correction.
 3. Communicating with pharmacy that fills prescriptions as well as profiling pharmacy if any drug name is not the same, example a generic name/trade name.
 4. Complete directions, special instructions must be included on all labels for all medications in facility.
 5. For medications that have changes by physicians in directions, such as routine to PRN, a "Directions changed refer to chart" sticker must be immediately placed on label after verifying that the dose is the same, and it is profiled correctly.
 6. Staff educated on destroying medication of conflicting strengths, instead of attempting to "use up" medication to save residents money, also that pharmacy can profile temporary directions to finish previously purchased medications.

- In addition to staff education; Debra Harris LPN, DOW, Dayna Hicks LPN, RCM and Caroline Rockwell PCH Administrator met with Bill Drahushak, R. Ph. and Becky Nesbit, Community

*Caroline Rockwell
PCH Administrator*

3/15/19

3/18/19

EJ

Relations for Dubois Drug and Wellness on February 8, 2019 to review labeling errors and discuss plan of correction.

On March 5th, 2019 and March 11th, 2019 Bill Drahushak R. Ph. completed with Dayna Hicks complete Med Cart audits comparing all medications with current Physicians orders on our Laurel Lane med cart and our Dogwood med cart. On March 19th, 2019 they will audit the last cart on Lilac Lane.

- Med Techs will audit med carts monthly per our current policy to audit direction change stickers, open dates and expiration dates as well as soon to expire prescriptions and provide report to DOW. Debra Harris LPN, DOW and Dayna Hicks LPN, RCM will do quarterly med cart audits checking all medications with all physician's orders.
- Administrator will ensure ongoing compliance by reviewing audit results. Results will be reviewed at the quality assurance meeting.

Carolina Rockwell
PC# Administrator 3/15/19
Carol Rockwell

3/18/19



Violation Report: 44867 - 02/06/2019 - Pfaff, Vicki
 PCH Name: DUBOIS VILLAGE

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 #4 is prescribed Refresh eye gel – 1 drop to both eyes at bedtime unless patient refuses. The resident's February 2019 medication administration record (MAR) includes an accurate entry for this medication, however, there is a second entry on the February 2019 MAR that indicates - Instill two drops into each eye four times daily.

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.

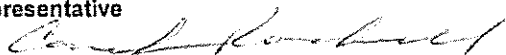
See Page 5A of 7

See attached Violation #4

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

Carol Ann Koc Kuehl PCH Administrator

Date 3/15/19

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The above plan of correction is approved as of 3/18/19
 (Date)

Plan of correction implementation status as of 3/18/19
 (Date)

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

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

Violation #4

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

- Resident #4 Resident was out of facility during survey. When he returned on February 13th, 2019 the admission orders were clarified (see attached Physicians orders)
- Staff was educated on February 12th, 2019 relating to clarifying conflicting or similar Physicians orders and to seek clarification from prescriber.

Immediately: A designated staff person qualified to administer medications will audit all resident MARs monthly for accuracy and completeness. 3/18/19



Carol Rockwell
Carol Rockwell
PCA Administrator

3/15/19

3/18/19



Violation Report: 44867 - 02/06/2019 - Pfaff, Vicki
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the home on 3/23/18. However, the resident's preadmission screening was completed on 2/14/18.

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.

See Page 6A of 7

See attached Violation #5

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Carolene Rockwell PCH Administrator

Date *3/15/19*

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The above plan of correction is approved as of 3/18/19
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of 3/18/19
 (Date)

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

Violation #5

2600.224(a) – A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

- Business Office Personnel/Administrator conducted audit of all resident records to determine if any other prescreens were out of compliance (see attached).
- Marketing/Admission Coordinator as well as Business Office Personnel were educated that prescreens must be completed within 30 days of admission of resident (see attached).
- Resident Record audit will be completed by Business Office Personnel/Administrator as a double check to ensure prescreens are completed in compliance.
- Administrator will ensure ongoing compliance by reviewing audit results. Results will be reviewed at the quality assurance meeting.

Caroline Rockwell
Caroline Rockwell
PHH Administrator

3/15/19

3/18/19

Ej

Violation Report: 44867 - 02/06/2019 - Pfaff, Vicki
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 Resident #1's medical evaluation completed 5/9/18 includes a diagnosis of "delirium d/t known physiological condition." However, the resident's assessment completed on 5/22/18 did not include this diagnosis.

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 Page 7A of 7

See attached Violation #6

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Carolanne Kocknell PCH Administrator</i>	Date <i>3/15/19</i>
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The above plan of correction is approved as of <u>3/18/19</u> (Date) The above plan of correction was approved by <u><i>EJ</i></u> (Initials)	Plan of correction implementation status as of <u>3/18/19</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>EJ</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation #6

2600.225(a) A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

- * **Resident #1** Diagnosis and Plan to meet need documented on RASP on February, 7th, 2019. (see attached pages)
- * Director of Wellness and Resident Care Manager will audit each other's completed RASPS as a double check and initial/date the audit on the original RASP. Audit will include all information collected from DME, resident records and resident physician orders.
- * Director of Wellness/Resident Care Manager will audit all RASP/DME to ensure that there are no other diagnosis that were not carried over from the DME to the RASP.
- * Administrator will ensure ongoing compliance by reviewing audit results. Results will be reviewed at the quality assurance meeting.

Carol Kuchel
Carol Kuchel II
PCH Administrator

3/15/19

3/18/19 *Ej*