



August 26, 2019

Mr. Larry Redfoot
Board President
Partners in Senior Care, Inc.
One Elston Way
Hermitage, Pennsylvania 16148

RE: Ridgewood at Shenango Valley
Certificate #: 403020

Dear Mr. Redfoot:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 14, 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 "Kevin Hancock". The signature is stylized and fluid.

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: RIDGEWOOD AT SHENANGO VALLEY
Address: ONE ELSTON WAY, HERMITAGE, PA 16148
County: MERCER Region: WESTERN

License Number: 403020

Administrator

Name: ~~Soppya Tinker~~ Robin Knight Phone: 7243470998

Email: ~~stinker@sp1867.org~~ rknight@sp1867.org

Legal Entity

Name: PARTNERS IN SENIOR CARE INC
Address: ONE ELSTON WAY, PA, 16148

Certificate(s) of Occupancy

Type: C-2 LP Date: Issued By:

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 23 Waking Staff: 17

Inspection

Type: Partial Reason: Monitoring BHA Docket #: Notice: Unannounced

Inspection Dates and Department Representative

05/10/2019 - On-Site: Barb Barone, Lori Gillette

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 52 Residents Served: 19

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 19
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 4 Have Physical Disability: 0

185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 is prescribed blood glucose checks every morning at breakfast. On 5/7/2019 at 7:10 am the blood glucose reading on her glucometer was 102; however, it was not documented on her May 2019 medication administration record.

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 #1's May 2019 MAR was edited and missing blood glucose reading of 102 from 5-7-19 was added. * See attachment # 1
- 2. On 5-8-19 staff member A was verbally educated by the Resident Care Coordinator on proper documentation procedure.
- 3. Weekly audits of glucose readings / mar documentation are being conducted to ensure compliance. Documentation is kept. * See attachment #2

by a designated staff person SE 8/1/19

Legal Entity Representative

Robin Knight
Signature

Robin Knight VP Personal Care 7-4-19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/1/19
(Date)

Plan of correction implementation status as of 8/1/19
(Date)

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

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

187d - Follow Prescriber's Orders

Regulations

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed blood glucose checks every evening at bedtime. On 5/6/19 at 8:00 pm and 5/7/19 at 8:00 pm staff person A initialed the May 2019 MAR with an exception as "medication not available" because the resident's glucometer was not functioning. However, the home had a new meter available on 5/6/19, which was not put into use until 5/8/19.

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. on 5-8-19 a new meter was put into use for resident #2
2. on 5-8-19 staff member A was verbally educated by resident care coordinator on proper procedure of non-functioning meter.
3. A spare meter is kept on premises to put in use when resident meter malfunctions. The spare then becomes meter of resident #2.
4. on 5-11-19 staff member A attended a diabetes class.
by a designated staff person SE 8/1/19 * see attachments #3
5. weekly audits of meters / glucose readings / MAR documentation are being conducted to ensure compliance and documentation is kept.
* see attachment #4
6. By 8-1-19 all medication staff will be educated on procedures related to blood glucose monitoring.

Legal Entity Representative

Robin Knight
Signature

Robin Knight - VP Personal Care 7-4-19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/1/19
(Date)

Plan of correction implementation status as of 8/1/19
(Date)

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

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

Violation Report: 40302 - 02/14/2019 - Garvey, Jody
 PCH Name: RIDGEWOOD AT SHENANGO VALLEY

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

Resident #1 was admitted to the home on 9/30/18; however, the resident-home contract completed 10/1/18 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.

- All contracts will be signed by the resident within 24 hours
- A checklist will be used to verify receipt of required documentation and signatures. This list shall be completed within the allotted time frame by the Administrator or designee.
- See attached checklist- Document # 1

Immediately, resident #1's contract shall be signed by the resident. SE 8/2/19

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall review all resident records to ensure a written resident – home contract between the resident and the home is complete, signed and in place in each resident record SE 8/2/19

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) Sonya Tinker

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sonya Tinker - Administrator Date 4/26/19

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

The above plan of correction is approved as of 8/2/19
(Date)

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

Plan of correction implementation status as of 8/2/19
(Date)

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

Violation Report: 40302 - 02/14/2019 - Garvey, Jody
 PCH Name: RIDGEWOOD AT SHENANGO VALLEY

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

At 10:40 AM the home was video recording the resident common lounge areas of all four units of the home, the main entrance common lounge area and the hallway leading to and including the nurse's station.

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.

- Facility will work with IT department to modify camera angle to include just the exit/entrance door in order to avoid the inadvertent recording of residents by June 30, 2019
- Resident are notified upon admission of video monitoring/recording on page 15 on the admission agreement and page 8 of the Resident handbook
- All signage will read "Video Recording Area" by June 30, 2019.
- See attachments - documents # 2 and 3
- Cameras are only available to the Administrator for viewing. No other employee have access.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sonya Tinker - Administrator* Date *4/26/19*

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

The above plan of correction is approved as of 8/2/19
(Date)

The above plan of correction was approved by *SE*
(Initials)

Plan of correction implementation status as of 8/2/19
(Date)

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

Violation Report: 40302 - 02/14/2019 - Garvey, Jody
 PCH Name: RIDGEWOOD AT SHENANGO VALLEY

1. REGULATION 55 Pa.Code §2600

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION

At approximately 12:00 PM there was an electric heater on the wall of the bathroom in bedroom #503 with a surface temperature of 120 degrees Fahrenheit.

At approximately 12:06 PM there was an electric heater on the wall of the bathroom in bedroom #508 with a surface temperature of 160 degrees Fahrenheit.

The wall heaters were accessible to residents and were not equipped with protective guards or insulation to prevent residents from coming into contact with the heat source.

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.

- Heating units were immediately disabled upon discovery on 2/14/19
- All heating units are disabled during the spring and summer months. The units are not enabled for use until temperatures reach below 40°
- Maintenance department will research the most effective approach to secure the unit (ie heat covers or locking device on the knob to control the amount of heat available) by June 1, 2019.
- Apartment # 508 was unoccupied.

Immediately, then at least weekly, the administrator or designated staff person shall inspect all heat sources in the home, such as steam tables, steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F to ensure they are either inaccessible to residents or are equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source. *SE* 8/2/19

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sonya Tinker - Administrator* Date *4/26/19*

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The above plan of correction is approved as of 8/2/19
 (Date)

The above plan of correction was approved by *SE*
 (Initials)

Plan of correction implementation status as of 8/2/19
 (Date)

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

Violation Report: 40302 - 02/14/2019 - Garvey, Jody
 PCH Name: RIDGEWOOD AT SHENANGO VALLEY

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

2a. DESCRIPTION OF VIOLATION

Resident #2s glucometer was used to measure blood glucose levels for multiple residents on multiple dates in February 2019, to include the following:

Resident #1
 *2/10/19, 8:00 PM

Resident #3
 *2/13/19, 6:20 AM
 *2/11/19, 6:14 AM
 *2/10/19, 6:15 AM
 *2/9/19, 6:22 AM
 *2/8/19, 6:19 AM
 *2/6/19, 6:18 AM

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.

- Glucometers were immediately replaced at facilities expense on 2/14/19.
- Physicians for residents 1 and 3 were notified and instructions sought on 2/14/19.
- All medication certified staff shall be re-trained on medication administration by May 30, 2019 by the Resident Care Coordination. Staff will also attend Diabetic Management Training on May 11, 2019.
- Weekly audits will be performed on all glucometers beginning 4-29/19 by the LCN
 *See attached document # 4

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sonya Tinker-Administrator* Date *4/26/19*

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The above plan of correction is approved as of 8/2/19
 (Date)

The above plan of correction was approved by *SE*
 (Initials)

Plan of correction implementation status as of 8/2/19
 (Date)

- Fully Implemented
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Violation Report: 40302 - 02/14/2019 - Garvey, Jody
 PCH Name: RIDGEWOOD AT SHENANGO VALLEY

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

No operable lamp or other source of lighting which can be turned on/off at bedside was present in resident #4's bedroom.

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.

- Bulb in lamp was changed immediately upon discovery on 2/14/19.
 - The Housekeeper will check lamps during weekly cleaning rounds

Within 30 days of receipt of the plan of correction: All staff persons shall be educated on the importance of bedside lighting and that each resident shall have an operable bedside lamp or source of light that can be turned on/off from bedside. Any damaged or missing light sources shall immediately be repaired or replaced.

 8/2/19


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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sonya Tinker - Administrator	Date 2/26/19
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/2/19
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 8/2/19
 (Date)

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

Violation Report: 40302 - 02/14/2019 - Garvey, Jody
 PCH Name: RIDGEWOOD AT SHENANGO VALLEY

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

At 10:10 AM, the walk in freezer in the kitchen contained a bag of fried rice that was unlabeled and undated.

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.

- All food items shall be labeled and dated at all times.
- All dining staff will be retrained on proper food storage techniques by 5/17/19 by the kitchen managers.
- Kitchen manager will complete weekly rounds to ensure compliance.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sonya Tucker - Administrator* Date *4/26/19*

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

The above plan of correction is approved as of 8/2/19
 (Date)

The above plan of correction was approved by *SE*
 (Initials)

Plan of correction implementation status as of 8/2/19
 (Date)

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

Violation Report: 40302 - 02/14/2019 - Garvey, Jody
 PCH Name: RIDGEWOOD AT SHENANGO VALLEY

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

Multiple resident interviews indicated that residents stay in their rooms during fire drills and do not evacuate to a designated meeting place within the fire safe areas. Staff person A, the home's administrator confirmed that residents stay in their rooms and close the door; however, the home's fire drill log indicates that residents were evacuated to the following fire safe areas on the following dates:
 *9/20/18- 50s hallway
 *10/24/18- 20s & 40s hallways
 *11/17/18- 40s & 50s hallways
 *12/28/18- 20s, 30s & 40s hallways
 *1/29/19- 20s, 30s, 40s and 50s hallways

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.

- Facility will begin instructing residents to leave their apartment and gather in our fire safe area. Residents will be notified of the change by written notice by May 1, 2019 to begin with the May monthly fire drill.

- Administrator will meet with the local fire department to discuss changes by July 31, 2019.

Immediately, a designated staff person shall ensure all residents leave their bedrooms and evacuate to the designated meeting place away from the building or to the designated meeting place (common area) within the fire-safe area during each fire drill. *SE* 8/2/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Southern Tinker - Administrator* Date *4/26/19*

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

The above plan of correction is approved as of 8/2/19 (Date)
 The above plan of correction was approved by *SE* (Initials)

Plan of correction implementation status as of 8/2/19 (Date)

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

Violation Report: 40302 - 02/14/2019 - Garvey, Jody
 PCH Name: RIDGEWOOD AT SHENANGO VALLEY

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

Multiple resident interviews indicated that residents stay in their rooms during fire drills and do not evacuate to a designated meeting place within the fire safe areas. Staff person A, the home's administrator confirmed that residents stay in their rooms and close the door.

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.

- Facility will begin instructing residents to leave their apartment and gather in our fire safe area. Residents will be notified of the change by written notice by May 1, 2019 to begin with the May monthly fire drill.
- Administrator will meet with the local fire department to discuss changes by July 31, 2019.

Immediately, a designated staff person shall ensure all residents leave their bedrooms and evacuate to the designated meeting place away from the building or to the designated meeting place (common area) within the fire-safe area during each fire drill. *SE* 8/2/19

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sonya Tucker - Administrator* Date *7/26/19*

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

The above plan of correction is approved as of 8/2/19
 (Date)

The above plan of correction was approved by *SE*
 (Initials)

Plan of correction implementation status as of 8/2/19
 (Date)

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

Violation Report: 40302 - 02/14/2019 - Garvey, Jody
 PCH Name: RIDGEWOOD AT SHENANGO VALLEY

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted on 9/30/18; however, the resident's initial medical evaluation was completed 6/19/18, which exceeds 60 days prior to admission.

Resident #5 was admitted on 10/27/18; however, the resident's initial medical evaluation was not completed until 1/7/19.

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.

- The Resident Care Coordinator will track and document all DMEs upon admission and annually thereafter.
- The Administrator will check each DME as they are received to ensure form is complete.

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall review all resident records to ensure an initial medical evaluation is completed within 60 days prior or within 30 days after admission. SE 8/2/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Smya Tinker

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Smya Tinker - Administrator Date 8/26/19

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

The above plan of correction is approved as of 8/2/19
 (Date)

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

Plan of correction implementation status as of 8/2/19
 (Date)

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

Violation Report: 40302 - 02/14/2019 - Garvey, Jody
 PCH Name: RIDGEWOOD AT SHENANGO VALLEY

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #4's medical evaluation, dated 7/2/18, does not include the resident's height. This section of the form was left blank.
 Resident #6's medical evaluation, dated 8/7/18, does not include the resident's blood pressure. This section of the form was left blank.
 Resident #7's medical evaluation, dated 5/21/18, does not include the resident's temperature. This section of the form was left blank.

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.

- The Resident Care Coordinator will track and document all DME's upon admission and annually thereafter.
- The Administrator will conduct quarterly audits to ensure compliance.
- The Administrator will audit each DME as they are received to ensure form is complete.

Immediately: A new medical evaluation shall be completed for resident #4 and #7. Immediately, resident #6's DME shall be updated to include blood pressure. *SE* 8/2/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sonya Tinker - Administrator</i>	Date <i>9/26/19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/2/19
 (Date)

The above plan of correction was approved by *SE*
 (Initials)

Plan of correction implementation status as of 8/2/19
 (Date)

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

Violation Report: 40302 - 02/14/2019 - Garvey, Jody
 PCH Name: RIDGEWOOD AT SHENANGO VALLEY

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 Acetaminophen 325 mg- take 2 tablets every 4 hours as needed; however, the pharmacy label indicates Acetaminophen 325 mg- take 1 tablet every 4 hours as needed for mild pain.

Resident #5 was prescribed Antacid chew 500 mg- chew 1 tablet 1 time daily; however, the pharmacy label indicates Antacid chew 1000 mg- chew 1 tablet 1-time daily.

Resident #5 was prescribed Memantine tablet 10 mg- take one half tablet orally twice daily; however, the pharmacy label indicates Memantine 5mg-take one tab by mouth twice daily.

Resident #5 is prescribed Famotidine tablet 20 mg- take 1 tablet orally twice daily; however, the pharmacy label indicates Famotidine tablet 10 mg- take 2 tablets orally twice 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.

A
 - #1 The Resident Care Coordinator placed a direction change sticker on the label on 2/15/19
 - #5 The RCC discontinued the Antacid 500mg chew 1 tablet 1 time daily on 2/15/19 and entered the correct dose of Antacid chew 1000mg 1 tablet 1 time daily.
 - #5 The RCC discontinued the Memantine tablet 10mg take one half tablet orally twice daily on 2/15/19 and entered the correct dose of Memantine 5mg-take one tab by mouth twice daily.
 - #5 The RCC discontinued the Famotidine tablet 20mg take 1 tablet orally twice daily on 2/15/19 and entered the correct dose of Famotidine tablet 10mg- take 2 tablets orally twice daily.

See page 12a of 17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sonya Tinker

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

Sonya Tinker - Administrator

Date

2/26/19

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

The above plan of correction is approved as of

8/2/19

(Date)

Plan of correction implementation status as of 8/2/19

(Date)

The above plan of correction was approved by

SE

(Initials)

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

Violation Report: 40302 - 02/14/2019 - Garvey, Jody
 PCH Name: RIDGEWOOD AT SHENANGO VALLEY

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 Acetaminophen 325 mg- take 2 tablets every 4 hours as needed; however, the pharmacy label indicates Acetaminophen 325 mg- take 1 tablet every 4 hours as needed for mild pain.

Resident #5 was prescribed Antacid chew 500 mg- chew 1 tablet 1 time daily; however, the pharmacy label indicates Antacid chew 1000 mg- chew 1 tablet 1-time daily. (ERLOR) see below

Resident #5 was prescribed Memantine tablet 10 mg- take one half tablet orally twice daily; however, the pharmacy label indicates Memantine 5mg-take one tab by mouth twice daily.

Resident #5 is prescribed Famotidine tablet 20 mg- take 1 tablet orally twice daily; however, the pharmacy label indicates Famotidine tablet 10 mg- take 2 tablets orally twice 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.

B - The midnight LPA will conduct a weekly cart audit beginning 4/29/19.

- The RCC will conduct a monthly cart audit beginning May 1, 2019.

#5 Resident was prescribed 1000 mg chew 1 tablet 1 time daily.

- See attached documents # 5 and 6

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *SONYA TUCKER - Administrator* Date *4/26/19*

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

The above plan of correction is approved as of 8/2/19 (Date)

The above plan of correction was approved by *SE* (Initials)

Plan of correction implementation status as of 8/2/19 (Date)

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

Violation Report: 40302 - 02/14/2019 - Garvey, Jody
 PCH Name: RIDGEWOOD AT SHENANGO VALLEY

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 #1 is prescribed Humalog 200 units/ml-inject 7 units after breakfast, 15 units after lunch and dinner. However, resident #1's February 2019 medication administration record (MAR) indicates Humalog 100 units/ml-inject 7 units after breakfast, 15 units after lunch and dinner.

Resident #5 was prescribed Antacid chew 500 mg- chew 1 tablet 1 time daily. However, resident #5's February 2019 MAR indicates Antacid chew mint 500 mg - chew 2 tablets (1000 mg) orally 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

#1 The RCC discontinued the Humalog 100 units/ml-inject 7 units after breakfast, 15 units after lunch and dinner on 2/15/19 and entered the correct Humalog 200 units/ml-inject 7 units after breakfast, 15 units after lunch and dinner

#5 The RCC discontinued the Antacid 500 mg Chew - 1 tablet 1 time daily on 2/15/19 and entered the correct dose of Antacid Chew 1000 mg 1 tablet 1 time daily.

- The midnight LPO will conduct weekly cart audit beginning on 4/29/19 and the RCC will conduct monthly cart audits beginning May 1, 2019

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/13/2018
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Sonya Tinker*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sonya Tinker - Administrator* Date *4/26/19*

See documents #5 7-15

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 (Date)

The above plan of correction was approved by *SE*
 (Initials)

Plan of correction implementation status as of 8/2/19
 (Date)

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- Not Implemented

Violation Report: 40302 - 02/14/2019 - Garvey, Jody
 PCH Name: RIDGEWOOD AT SHENANGO VALLEY

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

2a. DESCRIPTION OF VIOLATION

Resident #7 was prescribed moisture barrier cream- apply topically to peri and buttocks area every shift and after each brief/pull up change. However, the medication was not documented as administered on resident #7's February 2019 MAR from 2/1/19-2/14/19.

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.

- The Resident Care Coordinator will develop a protocol between staff and outside caregivers to ensure compliance with physicians orders by May 17, 2019.
- The RCC will review PRN Report daily to ensure compliance.
- DCS will be trained on the new protocol and medication administration by May 30, 2019.
- Currently moisture barrier cream is being applied by the outside caregivers in the mornings until after supper. DCS applies the cream at night.

Immediately, then at least monthly, the administrator or designated staff person qualified to administer medications shall conduct an audit of all physician orders, all medications in the home and all resident MARs to ensure all prescribed medications are available in the home and administered in accordance with the directions of the prescriber. Documentation shall be kept.


 8/2/19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/13/2018
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sonya Tucker - Administrator	Date 8/26/19
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/2/19</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>8/2/19</u> (Date) <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
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Violation Report: 40302 - 02/14/2019 - Garvey, Jody
 PCH Name: RIDGEWOOD AT SHENANGO VALLEY

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 was admitted on 9/30/18; however, the resident assessment was completed 9/13/18, which is not within 15 days of admission.

Resident #5 was admitted on 10/27/18; however, no resident assessment was completed.

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.

The Resident Care Coordinator will ensure that RASPs are completed within 15 days of admission.

Within 30 days of receipt of the plan of correction: All staff persons completing assessments shall be re-educated regarding the requirement that a resident shall have a written initial assessment within 15 days of admission.

Documentation shall be kept. *SE* 8/2/19

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall review all resident records to ensure there is a written initial assessment, completed within 15 days of admission, present in each resident's record. Documentation shall be kept. *SE* 8/2/19

Repeat Violation: No	Date(s) of Previous Violation(s):	02/13/2018	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Sonya Tucker*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sonya Tinker - Administrator* Date *4/26/19*

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- Not Implemented

Violation Report: 40302 - 02/14/2019 - Garvey, Jody
 PCH Name: RIDGEWOOD AT SHENANGO VALLEY

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

On 2/17/19, resident #7's most recent resident assessment in the resident record was completed on 11/22/16.

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 further research, resident's most recent RASP is dated 5/17/18. The document was misfiled in resident's chart.

- The RCC will develop a spreadsheet or utilize Tabula Pro to track DMEs and RASPs immediately

- See document #s 16-27

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall audit all resident records to ensure all resident assessments are completed within the required time frame and are present in each resident's record. *SE* 8/2/19

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sonya Tinker - Administrator* Date *8/26/19*

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Violation Report: 40302 - 02/14/2019 - Garvey, Jody
 PCH Name: RIDGEWOOD AT SHENANGO VALLEY

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment dated 9/13/18 indicates that the resident has a pacemaker/ implantable cardioverter defibrillator; however, the residents support plan dated 10/11/18, does not indicate the homes plan to meet the medical need.

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.

- on 2/21/19, The RCC spoke with the son of resident #1. The son indicated that he will take responsibility of managing his father's doctor appointments. The son updates the RCC after each appointment.

- See attached RA&P update - document # 28

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall review all resident records to ensure a current support plan is complete, accurate and present in each resident's record.

 8/2/19


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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sonya Tinker - Administrator	Date 4/26/19
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Plan of correction implementation status as of 8/2/19
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