



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 13 2019

Ms. Denise Ross
Owner
Ross' Memory Meadows, ALF, LLC
153 Susquehanna Drive
Franklin, Pennsylvania 16323

RE: Memory Meadows Personal Care Home
321 Godfrey Road
Leechburg, Pennsylvania 15656
License #: 447050

Dear Ms. Ross:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 19, 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,

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 44705 - 02/19/2019 - Georgoulis, Karen
 PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- (1) The name, position and duties of each direct care staff person.
- (2) The required training courses for each staff person.
- (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2a. DESCRIPTION OF VIOLATION

The home's 2019 staff training plan, did not include the following criteria: the name, position and duties of each direct care staff person.

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 administrator will complete a staff training calendar to include the name, position and duties of each direct care staff person on an annual basis.
- 2.) Administrator will complete post and educate staff on upcoming training by 12/31 of each year.

Corrected 4-16-2019

The home developed a 2019 staff training plan with all required components. 4/25/19 *Egy*

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Denise Ross Owner* Date *4-23-19*

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

The above plan of correction is approved as of 4/25/19
 (Date)

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

Plan of correction implementation status as of 4/25/19
 (Date)

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

Violation Report: 44705 - 02/19/2019 - Georgoulis, Karen
 PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 2/19/19, at 9:00 a.m., approximately 3 1/2" of the black handle on the exterior side of the storm door at the main entrance is broken off and the button mechanism is missing. The handle is not secured to the door on either side and is falling off. On the interior side the top two screws are missing.

On 2/19/19, the carpet in the hallway by the common bathroom is frayed across the entire width of the hallway, approximately 58" by 1". Some of the carpet threads are pulled loose.

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 owner removed the storm door.
- 2.) Carpet strips have been placed over the frayed areas of the carpet in the hallway.
- 3.) The Administrator will audit facility monthly for areas that need repair.
- 4.) Areas requiring repairs will be done within 30 days.
- 5.) Copies of audits will be discussed at Quality Management and staff meetings.

Corrected 4-16-2019

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Denise Ross - Owner* Date *4-23-19*

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

The above plan of correction is approved as of 4/25/19
 (Date)

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

Plan of correction implementation status as of 4/25/19
 (Date)

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- Not Implemented

Violation Report: 44705 - 02/19/2019 - Georgoulis, Karen
 PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On 2/19/19, the water temperature in the common bathroom double sink on the left, measured 127.4 degrees Fahrenheit at 9:59 a.m. A recheck at 3:30p.m., measured 139.1 degrees Fahrenheit. The sink on the right measured 124.1 degrees Fahrenheit at 10:00 a.m. A recheck at 3:32 p.m. measured 139.2 degrees Fahrenheit.

On 2/19/19, the water temperature in the common bathroom on the left side of the living room with the tiled shower measured 130.1 degrees Fahrenheit at 10:15 a.m. A recheck at 3:35 p.m. measured 142.1 degrees Fahrenheit.

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 hot water tank in question has been replaced a new hot water tank has been installed. (Corrected 4-18-2019)
- 2.) A mixing valve will be installed and set at 116 deg. F to maintain proper water temperature. (Correction will be complete 4-20-2019)
- 3.) The administrator or designee will monitor water temps weekly x 1 month then monthly to assure temps do not exceed 120 deg. F.
- 4.) Audits will be maintained and discussed at quality management meetings and staff meetings.

Corrected 4-20-19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/20/2018		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Denise Ross*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Denise Ross Owner* Date *4-23-19*

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Violation Report: 44705 - 02/19/2019 - Georgoulis, Karen
 PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

On 2/19/19 at approximately 9:45 a.m. none of the required telephone numbers were posted on or by the telephone or the telephone base that was on the small stand/table in the living room.

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 phone in question is an extra portable phone moved by a staff or resident.
- 2.) This phone was removed at time of inspection.
- 3.) The Residents phone is on a stand in the sitting areas phone numbers are posted on the wall by each phone per regulation 2600.91.
- 4.) Staff have been educated on regulation 2600.91.
- 5.) Administrator or designee will audit placement of phones monthly.
- 6.) Results of audits will be discussed at staff and quality management and staff meetings.

Corrected 2-19-2019

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Denise Ross Owner</i>	Date <i>4-28-19</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>4/25/19</u> (Date)	Plan of correction implementation status as of <u>4/25/19</u> (Date)
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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44705 - 02/19/2019 - Georgoulis, Karen
 PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

On 2/19/19, the bay window in the livingroom has windows that open on the left and right side of the center window. The windows on the left and right side do not have screens.

On 2/19/19, there was no screen in the window in bedroom #5.

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 bay window has been made stationary so the side windows do not open handles removed and windows screwed shut as these windows are never used.
- 2.) A screen was purchased for bedroom #5.
- 3.) The administrator or designee will audit window screens on a monthly basis missing screens will be replaced.
- 4.) Audits will be maintained and discussed at staff and quality management meetings.

Corrected 4-16-2019

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Denise Ross

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

Denise Ross Owner

Date *4-23-19*

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 (Initials)

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Violation Report: 44705 - 02/19/2019 - Georgoulis, Karen
 PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

2a. DESCRIPTION OF VIOLATION

On 2/19/19, the small exterior wooden porch off the living room has three steps. There was no nonslip surface on the top and bottom step.

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.) Nonskid strips have been attached to all steps which were missing strips.
- 2.) Staff educated on making sure strips do not come off during inclement weather.
- 3.) The Administrator or designee will audit/check steps and ramps every month to be sure nonskid strips are in place.
- 4.) Copies of audits will be discussed at Quality Management and staff meetings.

Corrected 4-16-2019

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Denise Ross Owner</i>	Date <i>4-23-19</i>
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 (Initials)

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Violation Report: 44705 - 02/19/2019 - Georgoulis, Karen
 PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(6) - Each resident shall have the following in the bedroom: A mirror.

2a. DESCRIPTION OF VIOLATION
 On 2/19/19, there was no mirror in resident #1'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.

- 1.) Administrator replaced the mirror in Resident #1 room.
- 2.) The administrator or designee will audit each bedroom for mandatory room items monthly.
- 3.) Staff will be educated on Regulation 2600.101 Resident bedrooms.
- 4.) Copies of audits will be discussed at Quality Management and staff meetings.

Corrected 4-16-2019

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Denise Ross Owner</i>	Date <i>4-23-19</i>
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The above plan of correction is approved as of 4/26/19
 (Date)

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

Plan of correction implementation status as of 4/26/19
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44705 - 02/19/2019 - Georgoulis, Karen
 PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.101(o) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

2a. DESCRIPTION OF VIOLATION

On 2/19/19, the ceiling in bedroom #5 is in disrepair. There is an area measuring approximately 32" long, where the paint and plaster is buckled and bubbled. There are two areas that the plaster and paint has chipped or broken off, one area measuring approximately 7" by 1 3/4" and another area measuring approximately 10" by 5 1/2".


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 owner made repairs (plastered and painted) to the ceiling in bedroom #5.
- 2.) The Administrator will notify owner of any disrepair to walls, floor and ceilings.
- 3.) The owner will assure all repairs are made within 30 days of notification.
- 4.) Copies of repairs made/invoices will be maintained.


Corrected 4-17-2019

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) Denise Ross Owner Date 4-23-19

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

The above plan of correction is approved as of <u>4/26/19</u> (Date)	Plan of correction implementation status as of <u>4/26/19</u> (Date)
The above plan of correction was approved by <u></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

Violation Report: 44705 - 02/19/2019 - Georgoulis, Karen
 PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.101(r)(1) - There must be drapes, shades, curtains, blinds or shutters on the bedroom windows.

2a. DESCRIPTION OF VIOLATION

On 2/19/19, one of the 1" vertical slats in the middle of the blind is broken in half. The left side of the broken slat is hanging down. When the blinds are closed there is a 1" opening that can be viewed from the outside.

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 Administrator removed blinds in this room.
- 2.) All bedrooms have full curtains as well as blinds.
- 3.) The Administrator or designee will audit each bedroom monthly to assure rooms are in good repair.
- 4.) Staff will be educated on Regulation 2600.101
- 5.) Copies of audits will be discussed at Quality Management and Staff meetings.

Corrected 4-16-2019

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Denise Ross Owner* Date *4-23-19*

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

The above plan of correction is approved as of <u>4/26/19</u> (Date)	Plan of correction implementation status as of <u>4/26/19</u> (Date)
The above plan of correction was approved by <u><i>ER</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

Violation Report: 44705 - 02/19/2019 - Georgoulis, Karen
 PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.102(k) - Use of a common towel is prohibited.

2a. DESCRIPTION OF VIOLATION

On 2/19/19 at approximately 9:48 a.m., there was an unlabeled white hand towel hanging on the round towel holder by the double sink in the common 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.

- 1.) The Administrator removed unlabeled towel at time of inspection.
- 2.) The direct care staff will remove all towels to dirty laundry after each resident use.
- 3.) Staff has been in-service on regulation 2600.102.
- 4.) The Administrator will complete a random audits on bathrooms.
- 5.) Copies of audits will be discussed at Quality Management and staff meetings.

Corrected 4-16-2019

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Denise Ross Owner</i>	Date <i>4-23-19</i>
------------------------------------------------------------------------------------------------------------	---------------------

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 (Date)

Plan of correction implementation status as of 4/26/19
 (Date)

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

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

Violation Report: 44705 - 02/19/2019 - Georgoulis, Karen
 PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION

On 2/19/19, there was a light wood portable electric fireplace, measuring approximately 2' x 31" being used by a resident in the living room. The heat comes from an electric heating unit that is covered by a black grated metal cover measuring 28" X 1". At 12:50 p.m., the temperature of the metal cover measured 130.4 degrees Fahrenheit. There are glass doors below the heating unit with a fake fire place for aesthetics, no heat is generated from the fire place only the electric unit above. Below the heater are glass doors that has fake logs. There are glass doors and a fake fire place that lights.

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 "Fake Fireplace" has been removed.
- 2.) Staff and Residents educated on Regulation 2600.127(a) prohibiting the use of portable space heaters.
- 3.) A policy prohibiting the use of space heaters has been placed on facility bulletin board and signed by each resident.

Corrected 4-17-2019

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Denise Ross Owner</i>	Date <i>4-23-19</i>
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The above plan of correction is approved as of 4/26/19
 (Date)

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

Plan of correction implementation status as of 4/26/19
 (Date)

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

Violation Report: 44705 - 02/19/2019 - Georgoulis, Karen
 PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.183(c) - Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

2a. DESCRIPTION OF VIOLATION

On 2/19/19 at approximately 10:00 a.m., there was an unlocked and accessible medication box that contained insulin in the refrigerator section of the refrigerator/freezer that was also unlocked in the kitchen.

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.) Medication box was removed by Administrator at time of inspection.
- 2.) New box has been purchased with a new lock on it.
- 3.) Staff has been in serviced on Regulation 2600.183(c).
- 4.) The Administrator or designee will check box on a monthly basis to assure it is locked.
- 5.) Copies of audits will be maintained and discussed at staff meetings.

Corrected 3-25-2019

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Denise Ross

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

Denise Ross Owner

Date *4-23-19*

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Plan of correction implementation status as of 4/26/19
 (Date)

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- Not Implemented

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

Violation Report: 44705 - 02/19/2019 - Georgoulis, Karen
 PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

On 2/19/19, the following medications prescribed for resident #1 were in the medication cart and expired, to include:
 * Saline Nasal Spray 0.5% -The pharmacy label has a use by date of 4/5/18 and the manufactures label has an expiration date of 11/18.
 * Antacid/anti-gas with a pharmacy label indicating a use by date of 4/5/18 and a manufactures label with an expiration date of 8/18.

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.) The Administrator removed expired meds at the time of inspection.
- 2.) The Administrator or designee will audit med cart for expiration dates on a monthly basis.
- 3.) The Administrator or designee will contact the pharmacy to replace medications prior to expiration dates.
- 4.) Audits will be discussed at quality management meetings and staff meetings.

Corrected 3-20-2019

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Denise Ross Owner* Date *4-23-19*

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The above plan of correction was approved by <u><i>Egy</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

Violation Report: 44705 - 02/19/2019 - Georgoulis, Karen
 PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed a Glucagon Kit 1mg, inject 1mg subcutaneously, as needed for hypoglycemia. However, the medication was not available in the home.

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.) Due to the cost and nonuse of this medication pharmacy substituted this SQ medication for oral glucagon.
- 2.) The physician Discontinued the Glucagon Kit in question,
- 3.) The Administrator or Designee will audit monthly to assure all medications ordered are available.
- 4.) Staff were educated on regulation 2600.18(a).
- 5.) Copies of audits will be maintained and discussed at staff meeting and Quality management meetings.

Corrected 2-22-2019

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Denise Ross

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

Denise Ross Owner

Date 4-23-19

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 PCH Name: MEMORY MEADOWS PERSONAL CARE HOME

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

The preadmission screening for resident #2, admitted 6/22/18, is undated; therefore, it could not be determined if it was completed within 30 days prior to admission.

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 #2 attended daycare 3 days a week at the facility from May 1, 2018 to June 22, 2018 prior to admission.
- 2.) Pre-admission screening completed but not dated.
- 3.) The Administrator will audit pre-admission screenings the day prior to admission to assure its completed including date

Corrected 4-16-2019

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Denise Ross Owner* Date *4-23-19*

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

The above plan of correction is approved as of <u>4/26/19</u> (Date)	Plan of correction implementation status as of <u>4/26/19</u> (Date)
The above plan of correction was approved by <u><i>DR</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