



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: April 5, 2019

Mr. William S. Wall
Member
South Mountain Memory Care, LLC
201 South Seventh Street
Emmaus, Pennsylvania 18049

RE: South Mountain Memory Care, LLC
License #227210

Dear Mr. Wall:

As a result of the Department's Bureau of Human Services Licensing inspection on February 22, 2019 of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 22721 - 02/22/2019 - DeVries, Kristin
PCH Name: SOUTH MOUNTAIN MEMORY CARE

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Staff person A did not complete the department-approved direct care training course and competency test.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff person A completed direct care test on 3/3/2019 and file is now up to date. See attached.

An employee checklist was created to ensure employee files are complete prior to their first day of employment. Business Services Director and Executive Director will sign off on checklist for accuracy.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Colleen McCabe, ED* Date *3/15/19*

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The above plan of correction is approved as of <u>3-19-19</u> (Date)	Plan of correction implementation status as of <u>3-19-19</u> (Date)
The above plan of correction was approved by <u>MM</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: 22721 - 02/22/2019 - DeVries, Kristin

PCH Name: SOUTH MOUNTAIN MEMORY CARE

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

Glucometers for Resident #1 and Resident #2 were not calibrated to the correct date and time. Resident #1 is prescribed HumaLog Pen 100 unit/ml per sliding scale. On 02/12/19, resident's blood glucose was transcribed as 168 on resident's Medical Administration Record and it read as 178 on resident's glucometer. On 02/13/19, resident's blood glucose was transcribed as 169 on resident's MAR and it read as 165 on resident's glucometer. Resident #2 is prescribed Unistik 3 two times per day. On 02/14/19, resident's blood glucose was transcribed as 211 on resident's MAR and read 165 on resident's glucometer. On 02/17/19 at 8:00 am, resident's blood glucose was transcribed as 137 on resident's MAR and it read as 139 on resident's glucometer. On 02/17/19 at 17:00, resident's blood glucose was transcribed as 309 on MAR and it read as 308 on resident's glucometer.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

New glucometers were purchased for the community and properly calibrated to the correct date and time.

Deficiencies discussed with staff and DOW completed education with Nurses & Med Techs on proper transcription of resident blood glucose levels.

Nurses & Med Techs will correctly document blood glucose levels.

Resident Care Coordinator (RCC) will complete monthly audits for compliance. If incorrect documentation is found during audit, the RCC will speak to the staff member who made the error. Re-education offered at that time. If a trend of incorrect documentation is found during monthly audits, the DOW will proceed with disciplinary action.

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Violation Report: 22721 - 02/22/2019 - DeVries, Kristin
PCH Name: SOUTH MOUNTAIN MEMORY CARE

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 #3 was admitted to the home on 5-9-18. The resident's Preadmission Screening was not completed until 5-10-18, which is outside of the timeframe allowed by this regulation.

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.

*** Education provided to new Marketing Director and reviewed with DOW that preadmission screening paperwork must be completed within 30 days prior to admission. Executive Director will check for accuracy prior to admission.

*Please note the original DHS required forms for residents admitted to South Mountain Memory Care prior to 10/1/18 and 12/31/18 may have been complete outside the regulatory time frames. According to DHS inspectors on 2/22/19, Kristin DeVries and Vanessa Mendez suggested we provide a list of names of the previous administrative team.

██████████, ED ██████████ LPN, DOW ██████████

The new administrative team will ensure all paperwork is completed within the regulatory time frames.

Date of Hire: 10/1/18 ██████████ LPN, DOW
 12/31/18 ██████████, ED

***The home will ensure that all residents admitted after the date shown have a preadmission screening completed. The administrator will ensure that the preadmission screening is accurate and completed in its entirety, including signing and dating the screening form. If the home determines that the resident's needs cannot be met by the home based on the preadmission screening, the home will refer the resident to the appropriate local assessment agency. 3-19-19

MM

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Violation Report: 22721 - 02/22/2019 - DeVries, Kristin
PCH Name: SOUTH MOUNTAIN MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted to the home on 5-9-18. The resident's medical evaluation (DME) was not completed until 5-11-18, which is outside of the timeframe allowed by this regulation.

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.

*** Education completed with new Marketing Director and DOW to ensure resident medical evaluation (DME) is completed within 60 days prior to admission. Executive Director will check for accuracy prior to admission.

*Please note the original DHS required forms for residents admitted to South Mountain Memory Care prior to 10/1/18 and 12/31/18 may have been completed outside the regulatory time frames. According to DHS inspectors on 2/22/19, Kristin DeVries and Vanessa Mendez suggested we provide a list of names of the previous administrative team.

██████████ ED ██████████ LPN, DOW ██████████

The new administrative team will ensure all paperwork is completed within the regulatory time frames.

Date of hire: 10/1/18 ██████████ LPN, DOW
 12/31/18 ██████████ ED

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Violation Report: 22721 - 02/22/2019 - DeVries, Kristin
PCH Name: SOUTH MOUNTAIN MEMORY CARE

1. REGULATION 55 Pa.Code §2600
 2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 Resident #3 was admitted to the home on 5-9-18. The resident's Cognitive Preadmission Screening was not completed until 5-10-18, which is outside of the timeframe allowed by this regulation.

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.

*** Education completed with new Marketing Director and DOW to ensure cognitive preadmission screening is completed within 72 hours prior to admission. Executive Director will check for accuracy prior to admission.

*Please note the original DHS required forms for residents admitted to South Mountain Memory Care prior to 10/1/18 and 12/31/18 may have been completed outside the regulatory time frames. According to DHS inspectors on 2/22/19, Kristin DeVries and Vanessa Mendez suggested we provide a list of names of the previous administrative team.

██████████ ED ██████████ LPN, DOW ██████████

The new administrative team will ensure all paperwork is completed within the regulatory time frames.

Date of hire: 10/1/18 ██████████ LPN, DOW
 12/31/18 ██████████ ED

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