



May 14, 2019

Mr. David Gritzer
Executive Director
St. John Lutheran Care Center
500 Wittenberg Way, PO Box 928
Mars, Pennsylvania 16046

RE: St John Specialty Care Center
Certificate #: 448330

Dear Mr. Gritzer:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 27, 2019; March 8, 2019 and March 12, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 44833 - 02/27/2019 - Pfaff, Vicki
PCH Name: ST JOHN SPECIALTY CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 2/27/19 at 11:10 a.m., the home's current license, a copy of the current license inspection summary, dated 2/27/18, issued by the Department, and a copy of PA code 55 Chapter 2600 was not posted 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.

As of 2/27/2019, a copy of the home's current license, a copy of the license inspection summary dated 2/27/2018, and a copy of PA code 55 Chapter 2600 was posted on a bulletin board in front of the nurses' station. These postings were observed by the surveyors on 2/27/2019.

Immediately: The administrator or designated staff person shall check the home monthly to ensure all required postings are posted in accordance with regulation 2600.3(c). 4/30/19 *EJ*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>SAMANTHA RAPOK, PCHA</i>	Date <i>4/29/19</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>4/30/19</u> (Date)	Plan of correction implementation status as of <u>4/30/19</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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44833 - 02/27/2019 - Pfaff, Vicki
 PCH Name: ST JOHN SPECIALTY CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 2/27/19 at 11:44 a.m., all resident records were unlocked, unattended and accessible in the medication room to include:

- * Face Sheets which include social security numbers, dates of birth, diagnoses, allergies and health care insurance identification numbers for resident #1, #2 and #3.
- * Preadmission screening form for resident #1.
- * Documentation of medical evaluation (DME) for resident #1.
- * Influenza immunization record for resident #1.
- * Lab results for resident #2.
- * List of medications for resident #2.
- * Doctor's orders and progress notes for resident #3.

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.

As of 3/7/2019, a locking cabinet was placed in the nurses' station in which all resident charts and medical records are now stored. This locking cabinet was observed by the surveyors on 3/8/2019.

Immediately: The administrator or designated staff person shall check the home weekly to ensure all resident information is maintained in a confidential manner in accordance with regulation 2600.17. 4/30/19 *EJ*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *SAMANTHA RAPUR PCHA* Date *4/29/19*

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Violation Report: 44833 - 02/27/2019 - Pfaff, Vicki
PCH Name: ST JOHN SPECIALTY CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 House Bill No 1785 requires assisted living and personal care residences to post information about the flu vaccine in a public place in the facility. On 2/27/19 at 11:10 a.m., this information was not posted 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.

A copy of the flu vaccine poster provided by DHS was posted on the bulletin board across from the nurses' station on 2/27/2019. This posting was observed by the surveyors on 2/27/2019.

Immediately: The administrator or designated staff person shall check the home monthly to ensure the influenza information is posted in the home in accordance with House Bill No 1785. 4/30/19 *EJ*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>SAMANTHA RAPOE, PCHA</i>	Date <i>4/29/19</i>
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Violation Report: 44833 - 02/27/2019 - Pfaff, Vicki
PCH Name: ST JOHN SPECIALTY CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.41(c) - The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 On 2/27/19, the Department's resident's rights poster was not posted in a conspicuous and public place 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.

A copy of the DHS Resident's Rights poster was posted on the bulletin board across from the nurses' station on 2/27/2019. This posting was observed by the surveyors on 2/27/2019.

Immediately: The administrator or designated staff person shall check the home monthly to ensure the Department's poster of resident's rights is posted in accordance with regulation 2600.41(c). 4/30/19 *Ej*

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 (Required on EVERY Page) *Samantha Rapch*

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Violation Report: 44833 - 02/27/2019 - Pfaff, Vicki
PCH Name: ST JOHN SPECIALTY CARE CENTER

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
 On 2/27/19 at 12:30 p.m., the shower room for the home had one shower with a curtain and two spa-style bath tubs that are used for physical therapy. There are no curtains or doors to provide privacy if using the spa tubs. There is also a toilet in the shower room that has no door or curtain to provide privacy from the shower and spa tubs. The door to the shower room is unable to be locked from the inside.

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.

As of 3/7/2019, a shower curtain was placed around the spa-style bath tubs. Due to the layout of the shower room, the toilet is unable to be concealed in any meaningful manner. As such, the hallway bathroom previously designated as "Staff Only" is no longer designated as such. Grab bars are to be installed in this bathroom as to meet ADA compliance by 5/25/2019.

Immediately: All staff persons shall be educated on resident's rights including the right to privacy of self and possessions. Documentation of education shall be kept. 4/30/19 *EJ*

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Violation Report: 44833 - 02/27/2019 - Pfaff, Vicki
PCH Name: ST JOHN SPECIALTY CARE CENTER

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

Direct care staff person B, hired 2/12/18, did not successfully complete and pass the Department-approved direct care training course and pass the competency test until 2/28/19. However, staff person B provided unsupervised direct care on 2/25/19, 2/26/19 and 2/27/19.

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.

Direct care staff person B completed the Department-approved direct care training course on 2/27/2019. Going forward, the scheduler will ensure that all new-hires take and pass the Department-approved direct care training course on or before their first day of training. Furthermore, she will keep a copy of the completed test and the skills checklists in her office and will not schedule a new hire for direct care until all requirements have been met. The administrator will audit these checklists and tests prior to each new hire working direct care. See attached audit form.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Samantha Rapuk, PCHA* Date *4/29/19*

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Violation Report: 44833 - 02/27/2019 - Pfaff, Vicki
PCH Name: ST JOHN SPECIALTY CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C, hired 8/15/16, did not receive training in the following topics during the 1/1/18 through 12/31/18 staff training year: Medication self-administration, Instruction on meeting the needs of the resident, Care for residents with dementia, Infection control, Personal care service needs of the resident, Safe management techniques, and Care for residents with mental illness.

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.

As of 3/9/2019, direct care staff person C had completed all required trainings for 2018 and is up to date on 2019 trainings. Going forward, all staff persons will be assigned times to complete their annual trainings and the administrator will monitor progress monthly. Any staff persons failing to complete the required annual trainings by December 31 of each year will not be put on the schedule until trainings are completed. See attached audit form.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *SAMANTHA RAPAK, PCHA* Date *4/29/19*

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Violation Report: 44833 - 02/27/2019 - Pfaff, Vicki
PCH Name: ST JOHN SPECIALTY CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
 (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 (3) Resident rights.
 (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
 (5) Falls and accident prevention.
 (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person C, hired 8/15/16, did not receive training in the following topics during the 1/1/18 through 12/31/18 staff training year: Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert and Resident rights.

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.

As of 3/9/2019, direct care staff person C had completed all required trainings for 2018 and is up to date on 2019 trainings. Going forward, all staff persons will be assigned times to complete their annual trainings and the administrator will monitor progress monthly. Any staff persons failing to complete the required annual trainings by December 31 of each year will not be put on the schedule until trainings are completed.

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Samantha Rapue*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *SAMANTHA RAPOE, PCHA* Date *4/29/19*

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Violation Report: 44833 - 02/27/2019 - Pfaff, Vicki
PCH Name: ST JOHN SPECIALTY CARE CENTER

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 2/27/19, at 11:17 a.m., the exhaust fan in the shared bathroom between resident rooms 303 and 304 and the exhaust fans in the bathrooms in resident rooms 307, and 315 were not operational. There are no operable windows in these bathrooms.

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 exhaust duct cleaning is scheduled to start on 5/14/2019 and conclude on 5/24/2019 for the entire Troutman building. Duct work will be put on a cleaning schedule to ensure that this problem does not occur again. Exhaust fans have been put on a preventative maintenance schedule to be checked monthly by the maintenance department. Any exhaust fans found to not be working will be repaired or replaced in a timely manner. See attached work order.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>SAMANTHA RAPUK, PCHA</i>	Date <i>4/29/19</i>
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Violation Report: 44833 - 02/27/2019 - Pfaff, Vicki
PCH Name: ST JOHN SPECIALTY CARE CENTER

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 2/27/19 at 11:39 a.m., the phone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline were not posted on or by the landline telephones as follows:

- * In resident room #307
- * In resident room #315
- * In resident room #317

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.

As of 3/7/2019, all resident rooms have emergency numbers posted either on their bulletin board, if they do not have a phone, or attached to their phone with a zip-tie. Going forward, all resident rooms will be inspected quarterly and prior to admission to ensure that these postings are accurate and clearly posted for each resident. See attached audit form.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>SAMANTHA RAPU, PCHA</i>	Date <i>4/29/19</i>
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Violation Report: 44833 - 02/27/2019 - Pfaff, Vicki
PCH Name: ST JOHN SPECIALTY CARE CENTER

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

2a. DESCRIPTION OF VIOLATION
 On 2/27/19 at approximately 2:20 p.m., the home's first aid kit located in the nurse's station did not include eye coverings.

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.

As of 2/28/2019, the first aid kit located at the nurses' station includes eye coverings. This was observed by the surveyors on 3/8/2019. Going forward, the first aid kit will be inspected monthly and after each use to ensure compliance by the administrator, with a record being kept of inspections. See attached audit form.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>SAMANTHA RAOUF, PCHA</i>	Date <i>4/29/19</i>
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Violation Report: 44833 - 02/27/2019 - Pfaff, Vicki
PCH Name: ST JOHN SPECIALTY CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION


On 2/27/19 at 2:30pm, the temperature of the TrueFreezer triple door stainless steel freezer in the kitchen that serves the home and the attached skilled nursing facility measured 8 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.

On 2/27/19 at 2:30pm, the temperature of the TrueFreezer triple door stainless steel freezer in the kitchen that serves the home and the attached skilled nursing facility measured 8 degrees Fahrenheit.
 As of 2/28/2019, the TrueFreezer triple door freezer was maintaining 0°F or less and was observed by the Surveyors on 3/8/2019 as reading at -10°F. Daily temperature checks are done by the dietary staff to ensure that temperatures stay consistent and do not go above 0°F. Any temperatures measuring about 0°F will be immediately reported to the Assistant Director of Dining Services or the Director of Dining Service so corrective action can be taken. See attached daily audit sheet.


Repeat Violation: Yes	Date(s) of Previous Violation(s): 02/27/2018	
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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) SAMANTHA RIPOK	Date 4/29/19
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Plan of correction implementation status as of 4/30/19
 (Date)

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

Violation Report: 44833 - 02/27/2019 - Pfaff, Vicki
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1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

On 2/27/19 at 11:28 a.m., the emergency exit across from room #312 was locked with a magnetic locking device and could not be opened without entering a code in the numeric key pad.

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.

As of 3/7/2019, the stairwell door across from room 312 was unlocked and a door alarm installed (so staff know if it is opened as this is an emergency exit only to a stairwell). This was observed by the surveyors on 3/8/2019.

Immediately: The administrator or designated staff person shall check all exit doors daily to ensure they are not locked or obstructed. 4/30/19 *EJ*

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Samantha Rapuc, PCHA* Date *4/29/19*

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The above plan of correction is approved as of <u>4/30/19</u> (Date)	Plan of correction implementation status as of <u>4/30/19</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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented


Violation Report: 44833 - 02/27/2019 - Pfaff, Vicki
PCH Name: ST JOHN SPECIALTY CARE CENTER

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
 The home's fire drill records from February 2018 through February 2019 did not include which exits were used to evacuate residents.

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 fire drill records have been updated to include evacuation exits used during the drill. Staff will be educated on the new forms and a record kept in the maintenance department. See attached form.


Immediately: The administrator shall review the fire drill record monthly to ensure accuracy and completeness including the specific exit routes used. 4/30/19 

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) SAMANTHA RAABE, PCHA	Date 4/29/19
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Violation Report: 44833 - 02/27/2019 - Pfaff, Vicki
PCH Name: ST JOHN SPECIALTY CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 2/27/19 at 11:44 a.m., the following prescription medications/creams with prescription labels for resident #1 were unlocked, unattended and accessible in the unlocked medication room:

- * Calmoseptine oin – apply thin layer to coccyx twice a day
- * Diclofenac Gel 1% - Apply 4 grams topically to both hips every shift
- * Povidone – Iod oin 10% - Appl topically to 3rd digit on right foot and left great toe twice a day.

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.

As of 3/7/2019, a locking cabinet was placed in the nurses' station in which all prescription creams and treatments are now stored. This locking cabinet was observed by the surveyors on 3/8/2019.

Immediately: The administrator or designated staff person shall check the home daily to ensure all medications are kept in an area or container that is locked in accordance with regulation 2600.183(b). 4/30/19 *Ej*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>SAMANTHA RADUE PCHA</i>	Date <i>4/29/19</i>
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The above plan of correction is approved as of 4/30/19
 (Date)

Plan of correction implementation status as of 4/30/19
 (Date)

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

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

Violation Report: 44833 - 02/27/2019 - Pfaff, Vicki
PCH Name: ST JOHN SPECIALTY CARE CENTER

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

On 3/8/19 at approximately 2:10 p.m., resident #4's glucometer was not calibrated to current date and time. The reading in the resident's glucometer indicating "5/6 at 6:56 a.m." was entered as the coinciding reading on the resident's March medication administration record (MAR) on 3/8/19 at 7:00 a.m.

The entry on resident #4's March 2019 MAR for 3/6/19 at 11:00 a.m., indicates a blood glucose reading of 236. However, the coinciding reading (5/4 at 6:56 a.m.) in the resident's glucometer reading was 273.

Resident #1 is prescribed Bisac-Evac 10mg rectal suppository administer one sup rectally every 4 hours as needed for constipation. On 3/8/19 at 2:44 p.m., the medication was not available in the home for administration.


Resident #1 is prescribed DuoNeb 2.5-0.5mg/3ml solution inhalation (3ml) Nebulization – as needed every four hours for wheezing/congestion. On 3/8/19 at 2:45 p.m., the medication was not available in the home for administration.

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 have been re-educated on using the glucometers and how to properly document a glucometer check. See attached education. A new policy has been written to address when to reorder medications and treatments and when to alert the administrator that a medication or treatment is running low and has not been delivered by the pharmacy. Staff has been educated on this new policy. See attached policy and training sheet. A weekly audit of all resident medications and treatments will be completed by the staff to ensure that we do not run out of a resident medication/treatments. The administrator will follow up on the results of the audit and ensure that all medications/treatments are in stock and accurate for all residents. The physician will be notified of any missed medications/treatments and a record of this notification will be kept in the resident electronic health record.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/27/2018		
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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) SAMANTHA RAPUE, PCHA **Date** 4/29/19

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Violation Report: 44833 - 02/27/2019 - Pfaff, Vicki
PCH Name: ST JOHN SPECIALTY CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION
 Resident #4 is prescribed blood glucose checks 3 times daily. Resident's March 2019 MAR has a blood glucose reading of 151 entered for 3/3/19 at 4:00 p.m. This reading is not in resident's glucometer.

Resident #4's is prescribed Humalog KwikPen insulin subcutaneous with blood glucose checks and sliding scale coverage 3 times per day. On 3/8/19 at 1:30 p.m., there was an entry for this medication with sliding scale coverage on the resident's MAR that indicates three times daily however, there are "Notes" and "Instructions" in the same MAR entry that both indicate "Accuchecks BID [two times per day] with sliding scale insulin coverage: <200=0 units, 201-250=2 unit, 251-300=4 units-301-400=6 units; >400=8 units".

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 staff who administer medication have been re-educated on medication administration procedures and glucose checks. Audits will also be conducted weekly for the first two months and monthly thereafter to ensure that the glucometer readings and MARs match. MARs will also be audited monthly to ensure that the MAR and the prescription match and that they are being given per physician orders. See attached training and audit sheet.

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) SAMANTHA RAPUK **Date** 4/29/19

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Violation Report: 44833 - 02/27/2019 - Pfaff, Vicki
PCH Name: ST JOHN SPECIALTY CARE CENTER

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

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Namenda 10 mg tablet – 1 oral two times daily. However, according to the resident’s March 2019 medication administration record (MAR), on 3/2/19, the morning dose of this medication was not administered to the resident and on 3/1/19, and 3/3/19 through 3/7/19, the bedtime dose of this medication was not administered to the resident. The nursing notes indicate “Not administered (Medication Arrival Pending)”.

On 2/11/19, based on lab results, resident #3 was ordered to continue the same dose of coumadin 3mg and 4mg. Resident had been taking Coumadin 3mg tablet – Oral four times weekly starting 2/18/19 on Mon, Wed, Fri and Sun. According to the resident’s February 2019 MAR, on Friday, 2/22/19, the resident’s bedtime dose of Coumadin 3 mg tablet was not administered. The Non-PRN medication notes indicates that the medication was not administered (Medication Arrival Pending).

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 new policy has been written to address when to reorder medications and treatments and when to alert the administrator that a medication or treatment is running low and has not been delivered by the pharmacy. Staff has been educated on this new policy. See attached policy and training sheet. A weekly audit of all resident medications and treatments will be completed by the staff to ensure that we do not run out of a resident medication/treatments. The administrator will follow up on the results of the audit and ensure that all medications/treatments are in stock and accurate for all residents. The physician will be notified of any missed medications/treatments and a record of this notification will be kept in the resident electronic health record.

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) <u>SAMANTHA RAPAK, PCHA</u>	Date <u>4/29/19</u>
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Violation Report: 44833 - 02/27/2019 - Pfaff, Vicki
PCH Name: ST JOHN SPECIALTY CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person C received initial training in medication administration on 6/17/17. There have been no completed annual practicums for staff person C. The only medication administration record (MAR) review and observation were completed in December 2017. According to March 2019 medication administration records, staff person C administered medication to the following residents on the following dates and times:
 * Resident #1 on 3/2/19 at 6:00 a.m. and 9:00 a.m., 3/4/19 at 5:00 p.m. and bedtime, 3/6/19 at 5:00 p.m. and bedtime.
 * Resident #2 on 3/2/19 at 6:30 a.m. and 9:00 a.m.; 3/4/19 at 5:00 p.m., 3/5/19 at 5:00 p.m., 3/6/19 at 5:00 p.m.
 * Resident #4 on 3/2/19 in "morning" 3/4/19 "evening" and bedtime doses, 3/6/19 "evening" dose and bedtime doses.

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.

As of 3/22/2019, Staff person C has completed her Med Tech Certification. Going forward, all Medication Technicians will be monitored by the Staff Development Coordinators on a quarterly basis and the results of the MAR reviews and observations will be provided to the administrator. A record of these observations and MAR reviews will be kept in the Staff Development Coordinators office.

Repeat Violation: Yes	Date(s) of Previous Violation(s): 02/27/2018		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Samantha Rapuc*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *SAMANTHA RAPUC, PCHA* **Date** *4/29/19*

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The above plan of correction is approved as of <u>4/30/19</u> (Date) The above plan of correction was approved by <u><i>Eg</i></u> (Initials)	Plan of correction implementation status as of <u>4/30/19</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: 44833 - 02/27/2019 - Pfaff, Vicki
PCH Name: ST JOHN SPECIALTY CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION

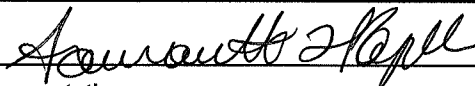
The home does not have documentation that Direct care staff person C has successfully completed a Department-approved diabetes patient education program within the past 12 months. However, according to resident #4's March 2019 medication administration record, staff person C administered insulin to resident #4 on 3/2/19 at 7:00 a.m. and 11:00 a.m.

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.


As of 4/17/2019, Staff person C has completed a department approved diabetes patient education program. Going forward, all med techs will be scheduled for annual Diabetes training to ensure compliance. A record of this training will be kept in the Staff Development Coordinators Office. Failure to attend the annual Diabetes training will result in the Med Tech being taken off of Medication Administration duties until the training is completed.

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) SAMANTHA RAPAK PCHA **Date** 4/29/19

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Violation Report: 44833 - 02/27/2019 - Pfaff, Vicki
PCH Name: ST JOHN SPECIALTY CARE CENTER

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

The initial assessment for resident #4, completed 5/20/18, did not indicate the "Personal Care Need and Degree" for the following topics: Managing health care, securing health care, doing laundry, shopping, securing and using transportation, managing finances, making and keeping appointments, and obtaining clean season clothing. The resident's assessment also did not include the following diagnoses as indicated on the resident's documentation of medical evaluation (DME) completed 5/11/18: "HTN, HLD, PVD, IBS-D."

The assessment for resident #2, completed 5/10/18, did not include the following diagnoses as indicated on the resident's DME completed 4/30/18: congestive heart failure, A-fib, seizure history, chronic renal impairment, gastric reflux and falls.

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 RASPs will be reviewed by the administrator prior to meeting with the residents and families. Any discrepancies will be addressed at this time. A log will be completed for each RASP to ensure compliance is met in all areas. The nurses and aides on the units who help to develop the RASPs will be educated on proper completion of RASPs. See attached education.

Immediately: Resident #2's and resident #4's assessments shall be updated. 4/30/19 *Ej*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/27/2018	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Samantha Rapue*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *SAMANTHA RAPOE, PCHA* Date *4/29/19*

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