



**Sent via e-mail alcllicense@enlivant.com
Sent via e-mail rwinslow@enlivant.com
August 26, 2019**

Mr. Matthew Coleman
Authorized Signatory
North Wales 1089 MC BG OPCO, LLC
330 North Wabash Avenue, Suite 3700
Chicago, Illinois 60611

RE: Park Creek Place – Memory Care
1089 Horsham Road
North Wales, Pennsylvania 19454
License #: 142560

Dear Mr. Coleman:

As a result of the Department's Bureau of Human Services Licensing inspection on March 5, 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.

Sincerely,

Shawn Parker

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 14256 - 03/05/2019 - Chung, Youn Hie
 PCH Name: PARK CREEK PLACE MEMORY CARE

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

2a. DESCRIPTION OF VIOLATION
 The contract for resident #1 was not signed by the resident.
 The contract for resident #2 was not signed by the administrator or 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.

Upon further investigation the contract page was found in another section of the file and not with the contract. However the Resident moved in August 23, 2018 and the contract was not signed until September 18, 2018.

The acting Administrator reviewed the contract again with the family of Resident #1 and signed it on March 19, 2019 upon her assignment to the community. (Attached as Addendum "A")

Resident #1 was unable to sign the contract due to severe cognitive impairments, it has been documented on the contract.

Resident #2 was unable to sign the contract due to severe cognitive impairments, it has been documented on the contract. The contract was signed by the Administrator on October 29, 2018. (Attached as Addendum "B")

The Administrator or designee will audit contracts prior to move or upon move in for Resident and Administrator signatures times 3 months.

The contracts were signed the by designated person.

Monitoring will be on going.

The home will document attempts to have residents #1 and #2 sign their contracts immediately. The administrator will develop a checklist to use in individual resident files. A designee will be trained on the processing of resident contracts within 15 days receipt of this POC. Documentation to be made available for Department review. SP 08-07-19

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *M BERA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **MONICA BERA** Date **4/9/2019**

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

The above plan of correction is approved as of <u>08-07-19</u> (Date) The above plan of correction was approved by <u>SP</u> (Initials)	Plan of correction implementation status as of <u>08-07-19</u> (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
--	---

Violation Report: 14256 - 03/05/2019 - Chung, Youn Hie
 PCH Name: PARK CREEK PLACE MEMORY CARE

1. REGULATION 55 Pa.Code §2600
 2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
 Resident #1's and resident #2's records did not contain a statement signed by the residents acknowledging receipt of a copy of the resident rights and complaint procedures.

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.

Resident #1 and Resident #2's designated person signed the contract which incorporates the Resident Rights and Complaint Procedures attached on the day of signing the contract. (Attached as Addendum "A" and "B")

Administrator will audit prior to or upon move in for three months.

Monitoring will be ongoing.

Within 15 days receipt of POC, the administrator will develop and utilize a checklist to ensure all proper entities sign contract. Documentation will be maintained by home for Department review for consistency and completeness.

SP 08-07-19

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MONICA BERA</i>	Date <i>4/9/2019</i>
--	----------------------

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

The above plan of correction is approved as of <u>08-07-19</u> (Date) The above plan of correction was approved by <u>SP</u> (Initials)	Plan of correction implementation status as of <u>08-07-19</u> (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
--	---

Violation Report: 14256 - 03/05/2019 - Chung, Youn Hie
 PCH Name: PARK CREEK PLACE MEMORY CARE

1. REGULATION 55 Pa.Code §2600
 2600.53(a) - The administrator shall have one of the following qualifications:
 (1) A license as a registered nurse from the Department of State.
 (2) An associate's degree or 60 credit hours from an accredited college or university.
 (3) A license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field.
 (4) A license as a nursing home administrator from the Department of State.
 (5) For a home serving 8 or fewer residents, a general education development (GED) diploma or high school diploma and 2 years direct care or administrative experience in the human services field.

2a. DESCRIPTION OF VIOLATION
 On 03/05/2019, the home was serving 43 residents. Staff person A, the administrator does not have a license from the Pennsylvania Department of State as a registered nurse, or a licensed practical nurse with one year of work experience in a related field, an associate's degree, 60 or more credits from an accredited college or university, or a license.

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 licensed Administrator was assigned to the community on March 19, 2019. A copy of the letter and credentials that were sent to BHSL. (Attached as Addendum "C")

Staff person A is no longer employed in this position as of March 19, 2018.

The Regional Director of Operations or designee will ensure an Administrator has a license from the Pennsylvania Department of State as a registered nurse, or a licensed practical nurse with one year of work experience in a related field, an associate's degree, 60 or more credits from an accredited college or university or a license.

Monitoring will be ongoing.

Home will not put an administrator in place without sending credentials and qualifications to Department regional office first. Home's administrators will meet one of the qualifications of 2600.53a. Documentation of the home's administrator qualifications shall be kept and accessible to the Department upon request.

SP 08-07-19

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) MONICA BERA	Date 4/9/2019
--	----------------------

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

The above plan of correction is approved as of <u>08-07-19</u> (Date)	Plan of correction implementation status as of <u>08-07-19</u> (Date)
The above plan of correction was approved by <u>SP</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: 14256 - 03/05/2019 - Chung, Youn Hie
 PCH Name: PARK CREEK PLACE MEMORY CARE

1. REGULATION 55 Pa.Code §2600
 2600.64(a) - Prior to initial employment as an administrator, a candidate shall successfully complete the following:
 (1) An orientation program approved and administered by the Department.
 (2) A 100-hour standardized Department-approved administrator training course.
 (3) A Department-approved competency-based training test with a passing score.

2a. DESCRIPTION OF VIOLATION
 Staff person A, who is the home's administrator, has not successfully completed the Department-approved and administered orientation program; the Department-approved 100-hour administrator training course; the Department-approved competency-based training 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.

A licensed Administrator was assigned to the community on March 19, 2019. A copy of the letter and credentials that were sent to BHSL. (Attached as Addendum "C")

Staff person A is no longer employed in this position as of March 19, 2018.

The Regional Director of Operations or designee will ensure an Administrator has a license from the Pennsylvania Department of State as a registered nurse, or a licensed practical nurse with one year of work experience in a related field, an associate's degree, 60 or more credits from an accredited college or university or a license.

Monitoring will be ongoing.

Home will not put an administrator in place without sending credentials and qualifications to Department regional office first. Home's administrators will meet all of the qualifications of 2600.64a. Documentation of the home's administrator qualifications shall be kept and accessible to the Department upon request.

SP 08-07-19

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MONICA BERA</i>	Date <i>4/9/2019</i>
--	----------------------

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

The above plan of correction is approved as of <u>08-07-19</u> (Date) The above plan of correction was approved by <u>SP</u> (Initials)	Plan of correction implementation status as of <u>08-07-19</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
--	---

Violation Report: 14256 - 03/05/2019 - Chung, Youn Hie
 PCH Name: PARK CREEK PLACE · MEMORY CARE

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
 Resident # 1 had a prescription order for trazodone 50 mg. The medication was discontinued on 01/29/2019. On 03/05/19 the medication was still in the home's med cart.

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 medication was removed from the med cart and destroyed at the time of inspection. The Care Services Manager, Nurse or Administrator will complete weekly cart audits to check for discontinued medications on the cart times 12 weeks.

The Administrator or designee will monitor for ongoing compliance

Within 30 days receipt of POC all medication administration staff will be trained on expired and discontinued medication and proper disposal techniques. Documentation to be maintained by home for Department review. After initial 12 weeks of audits, home will continue audits biweekly for 12 weeks, and then monthly afterwards.

SP 08-07-19

Repeat Violation: No	Date(s) of Previous Violation(s):			
----------------------	-----------------------------------	--	--	--

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MONICA BERA</i>	Date <i>4/9/2019</i>
--	----------------------

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

The above plan of correction is approved as of <u>08-07-19</u> (Date)	Plan of correction implementation status as of <u>08-07-19</u> (Date)
The above plan of correction was approved by <u>SP</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: 14256 - 03/05/2019 - Chung, Youn Hie
 PCH Name: PARK CREEK PLACE MEMORY CARE

1. REGULATION 55 Pa.Code §2600
 2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

2a. DESCRIPTION OF VIOLATION
 On 01/24/2019, resident #1 returned from a hospital stay with new prescription orders. The LPN who transcribed the order made a mistake by adding 2 new medications (Celexa 20 mg and Risperidone 0.5 mg) without discontinuing 2 medications he had been on (Gabapentin 300 mg and Sertraline 100 mg).

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 LPN is no longer employed at the community.

Licensed staff will be inserviced by April 12, 2019 by a licensed nurse regarding appropriate transcription for medication orders.

The Care Services Manager is responsible for sustained compliance..

The Administrator and/or designee will audit new order transcriptions weekly times 12 weeks to ensure compliance.

Monitoring will be ongoing.

After initial 12 weeks of audits, home will continue audits biweekly for 12 weeks, and then monthly afterwards. Audits to be made available for Department review. SP 08-07-19

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) MONICA BERA	Date 4/9/2019
--	----------------------

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

The above plan of correction is approved as of <u>08-07-19</u> (Date)	Plan of correction Implementation status as of <u>08-07-19</u> (Date)
The above plan of correction was approved by <u>SP</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: 14256 - 03/05/2019 - Chung, Youn Hie
 PCH Name: PARK CREEK PLACE MEMORY CARE

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

The medication administration record for resident #1 does not include the initials for the staff person administering his 01/29/2019 morning meds including Aspirin 81 mg, Celexa 20 mg, Risperidone 0.5 mg, and Lorazepam 0.5 mg.

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 staff person administering medications on January 29, 2019 is no longer employed at the community.

Licensed staff will be inserviced by April 12, 2019 by a licensed nurse regarding appropriate medication administration.

The Care Services Manager is responsible for sustained compliance..

The Administrator and/or designee will audit new order transcriptions weekly times 12 weeks to ensure compliance.

Monitoring will be ongoing.

Audits on new order transcriptions will be maintained for Department review. SP 08-07-19

Repeat Violation: No	Date(s) of Previous Violation(s):			
----------------------	-----------------------------------	--	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *M BERA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **MONICA BERA** Date **4/9/2019**

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

The above plan of correction is approved as of 08-07-19
 (Date)

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

Plan of correction implementation status as of 08-07-19
 (Date)

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

Violation Report: 14256 - 03/05/2019 - Chung, Youn Hie
 PCH Name: PARK CREEK PLACE MEMORY CARE

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

2a. DESCRIPTION OF VIOLATION
 Resident #1's prescription medication Gabapentin 300 mg and Sertraline 100 mg were discontinued on 01/24/2019, however the home kept administering the meds until 01/29/2019.

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.

Resident # 1's Gabapentin and Sertraline were removed from he cart on the day of inspection and destroyed.

Licensed staff and medication aides will be inserviced by April 12, 2019 by a licensed nurse regarding appropriately discontinuing medications per physcian's order.

The Care Services Manager is responsbile for sustained compliance.

The Care Services Manager and/or designee will audit new orders for discontinued medications weekly for 12 weeks to ensure compliance.

Monitoring will be ongoing.

Within 30 days receipt of this POC, the administrator or designee qualified to administer medications shall complete an initial audit of all resident MARs to ensure all prescribed medications are available, administered as prescribed, and the administration of the medication is documented on the MARs in accordance with regulation 2600.187(b). All training and audit documentation to be maintained by home for Department review. After inital 12 weeks of audits, home will continue audits biweekly for 12 weeks, and then monthly afterwards.

SP 08-07-19

Repeat Violation: No	Date(s) of Previous Violation(s):			
----------------------	-----------------------------------	--	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *M Bera*

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

Date *4/9/2019*

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

The above plan of correction is approved as of <u>08-07-19</u> (Date)	Plan of correction implementation status as of <u>08-07-19</u> (Date)
The above plan of correction was approved by <u>SP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14256 - 03/05/2019 - Chung, Youn Hie
 PCH Name: PARK CREEK PLACE MEMORY CARE

1. REGULATION 55 Pa.Code §2600
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
 On 01/29/2019, resident #1 was given Gabapentine 300 mg and Sertraline 100 mg. Both medications had been discontinued on 01/24/2019. The error was not reported to 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.

Resident #1 no longer resides in the community.

The nurse was retrained on the requirement to report a medication error immediately to the Resident on the day of inspection.

The Administrator and/or designee will follow up on medication errors to ensure they are reported to the Resident times 12 weeks.

Monitoring will be ongoing.

All staff who administers medication will be retrained on documenting and reporting medication errors within 15 days receipt of this POC. Documentation will be maintained by home and kept for Department review. After initial 12 weeks of audits, home will continue audits biweekly for 12 weeks, and then monthly afterwards.

SP 08-07-19

Repeat Violation: No	Date(s) of Previous Violation(s):			
----------------------	-----------------------------------	--	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *M Bera*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) MONICA BERA	Date 4/9/2019
--	----------------------

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

The above plan of correction is approved as of <u>08-07-19</u> (Date) The above plan of correction was approved by <u>SP</u> (Initials)	Plan of correction implementation status as of <u>08-07-19</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
--	---

Violation Report: 14256 - 03/05/2019 - Chung, Youn Hie
 PCH Name: PARK CREEK PLACE MEMORY CARE

1. REGULATION 55 Pa.Code §2600
 2600.188(d) - There shall be a system in place to identify and document medication errors and the home's pattern of error.

2a. DESCRIPTION OF VIOLATION
 The home does not have a system to identify and document medication errors and patterns of errors. The current administrator was not able to describe such a system.

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 former Administrator is no longer employed in that position.
 The current Administrator will be trained on the home's system to identify and document medication errors and patterns by April 12, 2019.
 The Care Services Manager is responsible for sustained compliance.
 The Administrator or designee will monitor the medication error system monthly times 3 months to ensure compliance.
 Monitoring will be ongoing.

Training and monitoring will be documented and maintained by home for Department review.

SP 08-07-19

Repeat Violation: No	Date(s) of Previous Violation(s):			
----------------------	-----------------------------------	--	--	--

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MONICA BERA</i>	Date <i>4/9/2019</i>
--	----------------------

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

The above plan of correction is approved as of <u>08-07-19</u> (Date)	Plan of correction Implementation status as of <u>08-07-19</u> (Date)
The above plan of correction was approved by <u>SP</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: 14256 - 03/05/2019 - Chung, Youn Hie
 PCH Name: PARK CREEK PLACE MEMORY CARE

1. REGULATION 55 Pa.Code §2600
 2600.188(e) - There shall be documentation of the follow-up action that was taken to prevent future medication errors.

2a. DESCRIPTION OF VIOLATION
 From 01/24/2019 to 01/29/2019, 2 medication errors were documented at the home. Resident # 1 was administered discontinued medication Gabapentine 300 mg and Sertraline 100mg. There is no documentation of follow-up action taken to prevent future medication errors.

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.

Current licensed staff and medication aides will be re-trained on proper medication administration process by April 12, 2019 by a licensed nurse, as a follow up action to prevent future medication errors.
 The Care Services Manager is responsible for sustained compliance.

The Administrator and/or designee will audit for documentation of the follow up action to ensure compliance x 3 months
 Monitoring will be ongoing.

Within 30 days receipt of this POC, the administrator and/or designee will monitor medication administration at least twice a week and monitor all resident MARs at least weekly to ensure any medication errors are properly reported and follow-up action is taken. All monitoring and audits will be maintained by home for Department review

SP 08-07-19

Repeat Violation: No	Date(s) of Previous Violation(s):			
----------------------	-----------------------------------	--	--	--

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MONICA BERA</i>	Date <i>4/9/2019</i>
--	----------------------

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

The above plan of correction is approved as of <u>08-07-19</u> (Date)	Plan of correction implementation status as of <u>08-07-19</u> (Date)
--	--

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

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

Violation Report: 14256 - 03/05/2019 - Chung, Youn Hie
 PCH Name: PARK CREEK PLACE MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.189(a) - If a resident has a suspected adverse reaction to a medication, the home shall immediately consult a physician or seek emergency medical treatment. The resident's designated person shall be notified, if applicable.

2a. DESCRIPTION OF VIOLATION

Between 01/25/2019 and 01/29/2019, resident #1 suffered several falls without injury following an introduction of new medications. The home did not consult the resident's physician regarding the suspected adverse reaction.

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.

Resident #1 no longer resides at the community.

The new Care Services Manager will be trained post-hire on the requirement that if a Resident has a suspected adverse reaction to a medication, the home shall immediately consult a physician or seek emergency medical treatment and the Resident's designated person shall be notified, if applicable.

Administrator and/or designee will audit falls to identify suspected adverse reactions by a medication times 12 weeks.

Monitoring will be ongoing.

Medication Administration Staff and Direct Care Staff will be trained on adverse medication reaction and who to notify immediately. Documentation of training will be maintained by home for Department review.

SP 08-07-19

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MONICA BERA</i>	Date <i>4/9/2019</i>
--	----------------------

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

The above plan of correction is approved as of <u>08-07-19</u> (Date)	Plan of correction implementation status as of <u>08-07-19</u> (Date)
The above plan of correction was approved by <u>SP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14256 - 03/05/2019 - Chung, Youn Hie
 PCH Name: PARK CREEK PLACE MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.189(b) - The home shall document adverse reactions, the prescriber's response and any action taken in the resident's record.

2a. DESCRIPTION OF VIOLATION

Between 01/25/2019 and 01/29/2019, resident #1 suffered several falls following the introduction of two new medications. The home did not document the falls, the prescriber's response, or the action taken in response to the reaction.

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.

Resident #1 no longer resides at the community.

The new Care Services Manager will be trained on the requirement post-hire that if a Resident has a suspected adverse reaction to a medication, the home shall immediately consult a physician or seek emergency medical treatment and the Resident's designated person shall be notified, if applicable.

Administrator and/or designee will audit falls to identify suspected adverse reactions by a medication times 12 weeks.

Monitoring will be ongoing.

Medication Administration Staff and Direct Care Staff will be trained on adverse medication reaction and who to notify immediately. Documentation of training will be maintained by home for Department review. After initial 12 weeks of audits, home will continue audits biweekly for 12 weeks, and then monthly afterwards. SP 08-07-19

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MONICA BERA</i>	Date <i>4/5/2019</i>
--	----------------------

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

The above plan of correction is approved as of <u>08-07-19</u> (Date) The above plan of correction was approved by <u>SP</u> (Initials)	Plan of correction implementation status as of <u>08-07-19</u> (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
--	---

Violation Report: 14256 - 03/05/2019 - Chung, Youn Hie
 PCH Name: PARK CREEK PLACE MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Resident #1 and resident #2 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.

Resident #1 no longer resides at the community

The new Administrator will be trained on the requirement to educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error and to maintain documentation of the education by April 12, 2019.

The Administrator and/or designee will audit resident file within 3 days of move in to ensure education and documentation is in compliance, times 3 months.

Monitoring will be ongoing.

Within 30 days receipt of POC, the administrator or designee shall educate all residents on their right to question or refuse medications if the resident believes there may be a medication error. Documentation shall be kept by home for Department review.

All staff persons involved in the admissions process will be educated on educating residents on the right to question of refuse medication if the resident believes there may be a medication error and documenting the education. The administrator or designee will develop and use a checklist for each resident file to assist in the maintenance for consistency. All training and audits will be kept for Department review.

SP 08-07-19

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **MONICA BERA** Date **4/9/2019**

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

The above plan of correction is approved as of <u>08-07-19</u> (Date)	Plan of correction implementation status as of <u>08-07-19</u> (Date)
The above plan of correction was approved by <u>SP</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: 14256 - 03/05/2019 - Chung, Youn Hie
 PCH Name: PARK CREEK PLACE MEMORY CARE

1. REGULATION 55 Pa.Code §2600
 2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION
 On 02/19/19, resident #1 hit resident #2 in the face. Resident # 1 had been observed trying to hit another resident previously but staff member B intervened. The home has not implemented positive interventions to modify or eliminate the behavior resident # 1 is displaying.

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.

Resident #1 no longer resides in the community.
 Administrator or designee will implement a positive interventions guidelines and educate staff by April 20, 2019.

The Administrator is responsible for sustained compliance.
 The Administrator and/or designee will audit for positive interventions with identified behaviors that endangers a resident times 12 weeks
 Monitoring will be going

All audits and trainings will be maintained for Department review. Incident reports to be tracked for 30 days to review resident behaviors. RASP will be updated as necessary to reflect behaviors and implement support plans for residents who will benefit from positive interventions.

SP 08-07-19

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) MONICA BERA	Date 4/9/2019
--	----------------------

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

The above plan of correction is approved as of <u>08-07-19</u> (Date)	Plan of correction implementation status as of <u>08-07-19</u> (Date)
The above plan of correction was approved by <u>SP</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: 14256 - 03/05/2019 - Chung, Youn Hie
 PCH Name: PARK CREEK PLACE 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
 There is no preadmission screening form for resident #2, admitted 08/23/2018.

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 preadmission screening form for Resident #2 cannot be corrected.
 A preadmission screening form was completed on the day of inspection.
 The new Care Services Manager will be educated post-hire on the requirement for preadmission screen within 30 days prior to move in .
 The Care Services Manager is responsible for sustained compliance.
 The Administrator and/or designee will audit for the preadmission screening form to ensure completion prior to move in times 12 weeks.
 Monitoring will be ongoing.

Within 30 days receipt of this POC, the administrator or designated staff person will review all resident records to ensure all residents have a preadmission screening completed, including documentation that the home can meet the needs of the resident, and the Department's preadmission screening form is present in each resident record. Documentation will be maintained for Department review.

SP 08-07-19

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

MUNICA BERA

Date 4/9/2019

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

The above plan of correction is approved as of <u>08-07-19</u> (Date) The above plan of correction was approved by <u>SP</u> (Initials)	Plan of correction implementation status as of <u>08-07-19</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
--	---

Violation Report: 14256 - 03/05/2019 - Chung, Youn Hie
 PCH Name: PARK CREEK PLACE MEMORY CARE

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 #2 was admitted to the home on 08/23/2018. The home did not develop a support plan for the resident until 09/24/2018.

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 initial support plan form for Resident #2 cannot be corrected.

The new Care Services Manager will be educated post-hire on the requirement for support plan within 30 days of admission to the home.

The Care Services Manager is responsible for sustained compliance.

The Administrator and/or designee will audit Resident records within 30 days of move to ensure compliance with support plans times 12 weeks.

Monitoring will be ongoing.

Within 30 days receipt of POC, the administrator or designee will review all resident assessments and support plans for completion and accuracy. The home will develop a tracking system to ensure all resident RASP are completed accurately and timely. Documentation will be kept for Department review.

SP 08-07-19

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MONICA BERA</i>	Date <i>4/9/2019</i>
---	----------------------

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

The above plan of correction is approved as of <u>08-77-19</u> (Date) The above plan of correction was approved by <u>SP</u> (Initials)	Plan of correction implementation status as of <u>08-07-19</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
--	---

Violation Report: 14256 - 03/05/2019 - Chung, Youn Hie
 PCH Name: PARK CREEK PLACE MEMORY CARE

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 Resident #2's support plan dated 08/23/2018 was not signed by any staff, the resident or resident's designee.

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 initial support plan for resident number #2 can not be corrected

The new care services will be manager educated post hire on the requirement for signatures on the support plan

The Care services manager is responsible for sustained compliance

The administrator or designee will audit resident records within 30 days of move to ensure compliance with support plans X12 weeks

Monitoring will be ongoing.

Within 30 days receipt of this POC, administrator or designated staff person will review all current and newly completed support plans to ensure completion including signatures of those involved in the development of the plan. All staff persons involved with the completion of support plans will be educated on the proper completion of support plans including the required signature of persons involved with the development of support plans. Documentation of education will be kept for Department review.

SP 08-07-19

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MONICA BERA</i>	Date <i>4/9/2019</i>
--	----------------------

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

The above plan of correction is approved as of <u>08-07-19</u> (Date)	Plan of correction Implementation status as of <u>08-07-19</u> (Date)
The above plan of correction was approved by <u>SP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

Violation Report: 14256 - 03/05/2019 - Chung, Youn Hie
 PCH Name: PARK CREEK PLACE 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 #1 was admitted to the SDU on 10/19/2018. Precognitive screening was done on 10/15/2018. Resident #2 was admitted to the SDU on 08/23/2018. The resident did not have a cognitive preadmission screening.

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.

Resident #1 precognitive screening can not be corrected/altered

A preadmission screening form and cognitive screening completed on day of inspection for resident #2

the new Care Service Manager will be educated post hire on the requirement for cognitive preadmission screening prior to move in

The Care Services Manager is responsible for sustained compliance

The administrator and/or designee will audit preadmission cognitive screening form to ensure completion prior to move in X12 weeks

Monitoring will be ongoing

Immediately - The administrator or designated staff person will review all new resident admissions to ensure a written cognitive preadmission screening is completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form for each resident within 72 hours prior to admission to the secured dementia care unit. Preadmission screening forms will be made available for Department review.

SP 08-07-19

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **MONICA BERA** Date **4/9/2019**

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

The above plan of correction is approved as of 08-07-19
 (Date)

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

Plan of correction implementation status as of 08-07-19
 (Date)

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

Violation Report: 14256 - 03/05/2019 - Chung, Youn Hie
 PCH Name: PARK CREEK PLACE MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the SDCU on 08/23/2018. The home has no documentation that the resident and the resident's designated person have not objected to the 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.

Resident #2 objection statement/addendum completed, in resident file

Current resident files audited for objection addendums

Objection addendums to be reviewed with resident and resident's designated person on move in to ensure compliance with regulation

Administrator or designee will ensure compliance by auditing new resident files for completion on day of admission.

Monitoring will be ongoing

Immediately - The administrator or designee shall review all current secure dementia care resident's records to ensure each resident record has documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

SP 08-07-19

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MONICA BERA</i>	Date <i>4/9/2019</i>
--	----------------------

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

The above plan of correction is approved as of <u>08-07-19</u> (Date)	Plan of correction Implementation status as of <u>08-07-19</u> (Date)
The above plan of correction was approved by <u>SP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

Violation Report: 14256 - 03/05/2019 - Chung, Youn Hie
 PCH Name: PARK CREEK PLACE MEMORY CARE

1. REGULATION 55 Pa.Code §2600
 2600.234(c) - The support plan must identify the individual responsible to address the resident's needs.

2a. DESCRIPTION OF VIOLATION
 The support plan for resident #2 does not identify the individuals responsible for addressing the resident's needs.

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.

Resident no longer resides in the community

The new Care Service Manager will be educated post hire on the requirements of the support plan

The Care Service Manager will be responsible for sustained compliance

The administrator and/or Designee will audit resident records within 30 days of move ins to ensure compliance with support plans X12 weeks

Monitoring will be ongoing

Documentation of audits will be kept by home for Department review.

SP 08-07-19

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MONICA BERA</i>	Date <i>4/9/2019</i>
--	----------------------

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

The above plan of correction is approved as of 08-07-19
 (Date)

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

Plan of correction implementation status as of 08-07-19
 (Date)

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