



pennsylvania
DEPARTMENT OF HUMAN SERVICES

July 15, 2019

Ms. Patricia W. Savage
President/Chief Executive Officer
Allegheny Lutheran Social Ministries, Inc.
998 Logan Boulevard
Altoona, Pennsylvania 16602

RE: Schreffler Manor
200 Rachel Drive
Pleasant Gap, Pennsylvania 16823
License #: 256340

Dear Ms. Savage:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 14, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

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

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

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

Sincerely,

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 25634 - 03/14/2019 - Novak, Ryan
PCH Name: SCHREFFLER MANOR

1. REGULATION 55 Pa.Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 Resident #1 did not receive the prescribed 8am medications on 3/10/19, the home did not submit an incident report to the Department regarding the 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.

Regulation 2600.16 (c) is an important regulation because it keeps the DHS informed of any/all potential events which may or may not require follow up, in a timely manner of 24 hours or less.

Resident #1 was found to have not received her routine medication on 3/10/19, due to her being away from the home and with her family. The staff person did not follow up after this occurrence to ensure this omission of medication was reported, per regulatory requirements.

Upon finding this medication error, and making sure all appropriate parties were notified, the nursing supervisor of the home faxed a reportable incident to DHS on 3/18/19. Resident's son was notified on the same day the medication was missed (3/10/19) and stated there were no adverse reactions displayed by the resident. The resident's PCP was notified of this incident as well, on 3/15/19 with no instructions for follow up.

The staff person B was addressed on 3/18/19, regarding this occurrence and staff person resigned on the same day. Going forward, all staff will be educated on this regulation related to reportable incidents, by 4/10/19 and the requirements for reporting to DHS.

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

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

Date 04/11/2019

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

The above plan of correction is approved as of <u>6-10-19</u> (Date) The above plan of correction was approved by <u>AG</u> (Initials)	Plan of correction implementation status as of <u>6-10-19</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: 25634 - 03/14/2019 - Novak, Ryan
PCH Name: SCHREFFLER MANOR

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

The home utilizes a gas fired dryer in the resident laundry area, a carbon monoxide detector is not located at least 15 feet from the fossil fuel burning device as required by the Care Facilities Carbon Monoxide Standards Act.

The homes boiler certificate expired on 2/3/19, the boiler was re-inspected on 3/11/19.

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.

Regulation 2600.18—is necessary to ensure all equipment is operational and maintained per guidelines so all other systems may continue running smoothly and without error.

A carbon monoxide detector was found to be located less than 15ft from the gas fired dryer in the resident laundry room area. This was addressed and corrected on the day of inspection, by the Environmental Services Manager and the detector was placed in a location of 17 ft. away from the fossil fuel burning device, as required by the Care Facilities Carbon Monoxide Standards Act.

On the day of DHS inspection, the boiler was found to be inspected approximately one (1) month after the expiration of the certificate. A reminder was set with the Environmental Services manager and the home's administrator, for 2 months prior to the next expiration date of Jan.2021. This will allow the staff at the home to be alerted prior to the next date an inspection is required.

Repeat Violation: No

Date(s) of Previous Violation(s):

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 (Required on EVERY Page)

Nichole Walker

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

NICHOLE WALKER

Date

04/11/19

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 (Date)

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

- Fully Implemented
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Violation Report: 25634 - 03/14/2019 - Novak, Ryan
PCH Name: SCHREFFLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION

The contract for resident #2 dated 10/29/2018 did not contain a list of fees charged for cable and phone.

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.

Regulation 2600.25(c)(2)—is a necessary regulation to be sure residents and/or their responsible parties are informed of the services available, the services they are paying for and the cost for any of these offerings.

Resident #2 had received copies of the necessary admission documents on the day he moved in, however no documentation was available in the residents file, to verify that this was completed. Documentation was completed with resident, and the home's administrator, and is attached. (Attachment A – four (4) pages)

Effective immediately, all originally signed documents are to remain in the resident's record, to demonstrate that all requirements are met, for move-in paperwork. Copies will be made and provided to the resident, by the home's administrator or designee on or before the date the resident moves into the community.

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Violation Report: 25634 - 03/14/2019 - Novak, Ryan
PCH Name: SCHREFFLER MANOR

1. REGULATION 55 Pa.Code §2600
 2600.54(b) - An individual who is 16 or 17 years of age may be a staff person at a home, but may not perform tasks related to medication administration. A staff person who is 16 or 17 years of age may not perform tasks related to incontinence care, bathing or dressing of residents without supervision.

2a. DESCRIPTION OF VIOLATION
 Direct care staff member A is under the age of 18 years old. The staff member is performing tasks related to incontinence care, bathing and dressing unsupervised.

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.

Regulation 2600.54(b)—is an important regulation in making sure all staff working in the home are mature and knowledgeable enough to provide ADL assistance to the residents, without requiring continual supervision while doing so.

Staff person A was found to be scheduled to perform ADL's with residents of the home, as a CNA (Certified Nursing Assistant) while still age 17 years old. The home's administrator removed staff person A from continuing these assignments unsupervised, until April 18th when staff person A will be 18 years.

All hiring professionals of the home were educated on regulation 2600.54(b). This education was to prevent any potential candidates, aged 17 or younger applying to work as a direct care staff person, from being hired in the future. These hiring professionals of the home include the home's administrator, nursing supervisor, food service manager and environmental services manager.

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

Printed Name and Title of Legal Entity Representative
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Date *4/11/19*

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Violation Report: 25634 - 03/14/2019 - Novak, Ryan
PCH Name: SCHREFFLER MANOR

1. REGULATION 55 Pa.Code §2600
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION
 On 2/23/19 43 residents were present in the home, no staff member was certified in first aid from 6:30a-10:30am.

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.

Regulation 2600.63(a) is important to ensure that an appropriate number of staff persons are trained in first aid and CPR, and those individuals are able to perform these emergency techniques on those served in the home.

Upon the DHS annual inspection, a four (4) hour period of time was identified on the home's staff schedule to have no employed persons with an up-to-date certification in first-aid and CPR. A first-aid & CPR training was held on 4/2/19 and six (6) direct care staff members obtained their certification and/ or re-certification. Another training is scheduled for May 2019 for all other ancillary staff members and staff currently being recruited by the home.

Going forward, first aid and CPR trainings will be provided by the home quarterly, to ensure there are an adequate number of staff employed by the home, trained in first-aid and CPR, and that those who have certifications ready to expire can be re-certified.

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Violation Report: 25634 - 03/14/2019 - Novak, Ryan
PCH Name: SCHREFFLER MANOR

1. REGULATION 55 Pa.Code §2600
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
 The homes Administrator completed 23.75 hours of the required 24 hours of annual training in 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.

Regulation 2600.64(c) is important to ensure administrators of all personal care homes in PA are receiving education in areas related to their duties and responsibilities as an administrator.

The home's administrator had completed 25.5 hours of continuing education in 2018, however only 23.75 we approved according to the requirements for PCHAs.

Effective immediately, the home's administrator is scheduled to complete the 24 hours of continued education requirements, for 2019. These trainings include various modules on Relias, an online training program, as well as participation in 2 conferences held in PA through PALA and PCHA.

The Administrator will clearly mark the first 0.25 hour as attributed to Training Year 2018. Copies will be retained by the Administrator. 6-10-19

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Violation Report: 25634 - 03/14/2019 - Novak, Ryan
PCH Name: SCHREFFLER MANOR

1. REGULATION 55 Pa.Code §2600
 2600.96(c) - The first aid kit must be in a location that is easily accessible to staff persons.

2a. DESCRIPTION OF VIOLATION
 The first aid kit located in the nursing office is attached to the wall and is not able to moved in the event of an emergency.

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.

Regulation 2600.96(c) is necessary to provide staff easy access to first aid items in the event of an emergency situation.

During DHS inspection on 3/13/19, the primary first aid kit in the home was found to be mounted on the wall and not removable, therefore not meeting the criteria for being easily accessible.

On 3/18/19 the wall mounted first aid and biohazard kits, located in the nurse's station within the home, were both changed to be made removable. This change was completed by the home's maintenance staff and all staff received communication of this change by 4/9/19.

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Violation Report: 25634 - 03/14/2019 - Novak, Ryan
 PCH Name: SCHREFFLER MANOR

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the home on 10/29/2018. The resident's medical evaluation as document on the Documentation of Medical Evaluation (DME) form was completed on 7/10/2018, more than 60 days prior to the resident's 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.

Regulation 2600.141(a)(1) is important when ensuring all resident served in PCH's are seen prior to moving into a PCH environment, to be certain of the person's necessary placement and for the home to know what services are to be provided to the resident.

The DME for Resident #2 indicated the last PCP visit was more than 60 days prior to resident's move in date, although resident was seen on 11/13/18, which is within the regulatory guidelines. Documentation of this visit was not available on the day of the inspection. This document was obtained from the resident's PCP (Attachment B -7 pages) on 3/14/19.

Effective immediately, the home's nursing supervisor, will ensure no blank fields are left on resident's DME's, at the time these forms are provided to the community, and that all dates are accurate. If/ when areas of the form are incomplete, the required resident information will be added, with full permission of the examining physician.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **NICHOLE WALKER** Date *4/11/19*

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- Fully Implemented
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- Not Implemented

Violation Report: 25634 - 03/14/2019 - Novak, Ryan
PCH Name: SCHREFFLER MANOR

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 Resident #2's DME form dated 10/31/2018 does not include the resident's body positioning or a list of medications.

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.

Regulation 2600.141(a) (2) is important for making sure all residents served in PCH's are seen prior to moving into a PCH environment, to be certain of the person's necessary placement and for the home to know what services are to be provided to the resident.

The DME for resident #2 was found to have some incomplete areas on the form. These included the fields for the resident's body positioning and a listing of the resident's medications. This document was obtained from the resident's PCP (Attachment B -7 pages) on 3/14/19.

Effective immediately, the home's nursing supervisor, will ensure no blank fields are left on resident's DME's, at the time these forms are provided to the community, and that all dates are accurate. If/ when areas of the form are incomplete, the required resident information will be added, with full permission of the examining physician.

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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **NICHOLE WALKER** Date *4/11/19*

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Violation Report: 25634 - 03/14/2019 - Novak, Ryan
PCH Name: SCHREFFLER MANOR

1. REGULATION 55 Pa.Code §2800

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION

Resident #2 currently stores medications in their bedroom and self-administers all medications with no assistance from staff. This was determined through resident interview and is documented on the resident's support plan. The resident's DME dated 10/31/2018 does not indicate that the resident can self-administer medications without assistance. The DME indicates the resident can self-administer with assistance in offering medications at prescribed times.

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.

Regulation 2800.181 (c) is necessary for the home to know the resident has been assessed to safely manage their medications independently, prior to moving to the home.

Resident #2 was found to be self-administering medications on 3/13/19, however no documentation was available in the resident's record at that time, indicating the PCP had assessed the resident and deemed him appropriate to do so. The DME was sent to the home on 3/14/19 with the required information from resident #2's PCP (Attachment B- 7 pages)

Effective immediately, the home's nursing supervisor, will ensure no blank fields are left on resident's DME's, at the time these forms are provided to the community, and that all dates are accurate. If/ when areas of the form are incomplete, the required resident information will be added, with full permission of the examining physician.

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Violation Report: 25634 - 03/14/2019 - Novak, Ryan
PCH Name: SCHREFFLER MANOR

1. REGULATION 55 Pa.Code §2600
2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:
 (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
 (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
 (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
 (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
 Direct care staff member B administered medications on 2/22, 2/23 and 2/24/19 and is not trained to do so.

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.

Regulation 2600.182(b) is necessary to ensure medication management is provided by skilled and educated individuals who are aware of the proper protocols and procedures of medication administration.

Staff person B was found to be administering medications to the residents of the home, however the appropriate documentation was not available at the time of the DHS inspection. The home's administrator obtained the necessary documentation, verifying that Staff person B completed the department required medication training (see Attachment C- 3 pages).
 Effective immediately, the home's nursing supervisor will keep accurate records of the medication trained staff's competencies and maintain consistent, continued compliance with the agency's training requirements.

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Violation Report: 25634 - 03/14/2019 - Novak, Ryan
PCH Name: SCHREFFLER MANOR

1. REGULATION 55 Pa.Code §2600
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
 Resident #3's chewable probiotic was not labeled with the residents name.

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.

Regulation 2600.184(b) is necessary so the home has a standardized process for keeping all medications secured and safely managed for the correct resident at all times, and to help with minimizing risk for medication errors.

Resident #3's OTC medication found to NOT be labeled on 3/13/19, was correctly labeled on 3/14/19 by the home's nursing supervisor.

All direct care staff have been educated on regulation 2600.182b, and this education was completed by the home's administrator and the nursing supervisor of the home. All necessary staff received this education by 4/9/19.

Direct care staff who perform medication administration duties, have been informed that all medications, OTC and prescribed are to be labeled prior to them being locked and stored, per the home's policy. This is to occur immediately and stay in effective moving forward.

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PCH Name: SCHREFFLER MANOR

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 Resident #4's PRN benadryl was not available at the time of the inspection.

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.

Regulation 2600.185(a) is necessary to ensure all medications are on hand and available for the residents, at all times per the prescriber. It is also beneficial for staff to have a standardized policy to follow regarding the proper storage and maintenance of medications prescribed for the residents of the home.

Resident #4 was found to have an order from their PCP for PRN Benadryl, which was not available on the day of the DHS inspection, 3/13/19. Resident was found to no longer need this order and the nursing supervisor of the home obtained an order to discontinue the medication on 3/19/19. Routine checks on medication availability will be completed weekly and monthly, when the pharmacy representatives are in the home completing the monthly medication review and change-over.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) NICHOLE WALKER	Date 4/11/19
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Violation Report: 25634 - 03/14/2019 - Novak, Ryan

PCH Name: SCHREFFLER MANOR

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 #5's coumadin and zocar were not initialed as administered on 3/10/19 at 9pm.

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.

Regulation 2600.187(a) is important for identifying what medications are given to each resident and for what reason. In addition to that, this regulation also allows staff to see the necessary information each time they are preparing to assist the resident with receiving their medications.

The MAR for resident # 5 was reviewed and found to be missing the initials of the staff person responsible for medication administration on 3/10/19.

Going forward, all care staff responsible for administration of medication are to be mindful of the requirement to initial the MAR of each resident, immediately after the medication has been provided to the resident. This regulation was reviewed with all appropriate parties and an education on the proper administration guidelines for assisting with medication management, was completed on 4/9/19.

All staff signing on to their scheduled shift are to review the MAR's with the oncoming staff person, for each shift. This will provide an additional review of the MAR's and help in finding any potential of missed initials, missed documentations or other items to be completed before the staff person leaves from their shift.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 25634 - 03/14/2019 - Novak, Ryan

PCH Name: SCHREFFLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 did not receive the prescribed 8am medications on 3/10/19.

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.

Regulation 2600.187(d) is necessary for the health and safety of each of the residents and to be sure those served by the home are receiving their medications according their doctor's orders.

Resident #1 was found to have not received her routine medication on 3/10/19, due to her being away from the home and with her family.

Upon finding this medication error, and making sure all appropriate parties were notified, the nursing supervisor of the home faxed a reportable incident to DHS on 3/18/19. Resident's son was notified on the same day the medication was missed (3/10/19) and stated there were no adverse reactions displayed by the resident. The resident's PCP was notified of this incident as well, on 3/15/09 with no instructions for follow up.

The staff person B was addressed on 3/18/19, regarding this occurrence and staff person resigned on the same day. Going forward, all staff will be educated on this regulation related to reportable incidents, by 4/10/19 and the requirements for reporting to DHS.

Repeat Violation: No

Date(s) of Previous Violation(s):

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(Required on EVERY Page)

Nichole Walker

Printed Name and Title of Legal Entity Representative
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NICHOLE WALKER

Date 4/11/19

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Violation Report: 25634 - 03/14/2019 - Novak, Ryan

PCH Name: SCHREFFLER MANOR

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

Resident #1 did not receive the prescribed 8am medications on 3/10/19, the prescriber was not notified regarding the 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.

Regulation 2600.188(b) is an important regulatory requirement, to be sure any and all potential adverse reactions or health concerns are reported immediately and resolution occurs as soon as possible.

Resident #1 was found to have not received her routine medication on 3/10/19, due to her being away from the home and with her family. The staff person did not follow up after this occurrence to ensure this omission of medication was reported, per regulatory requirements.

Upon finding this medication error, and making sure all appropriate parties were notified, the nursing supervisor of the home faxed a reportable incident to DHS on 3/18/19. Resident's son was notified on the same day the medication was missed (3/10/19) and stated there were no adverse reactions displayed by the resident. The resident's PCP was notified of this incident as well, on 3/15/09 with no instructions for follow up.

The staff person B was addressed on 3/18/19, regarding this occurrence and staff person resigned on the same day. Going forward, all staff will be educated on this regulation related to reportable incidents, by 4/10/19 and the requirements for reporting to DHS, as well as to the resident's prescribing physician.

Repeat Violation: No

Date(s) of Previous Violation(s):

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NICHOLE WALKER

Date 4/11/19

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Violation Report: 25634 - 03/14/2019 - Novak, Ryan
PCH Name: SCHREFFLER MANOR

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 member B administered insulin on 2/22, 2/23 and 2/24/19 and is not trained to do so.

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.

Regulation 2600.190(a) is necessary to ensure medication management is provided by skilled and educated individuals who are aware of the proper protocols and procedures of medication administration

Staff person B was found to be administering medications to the residents of the home, however the appropriate documentation was not available at the time of the DHS inspection. The home's administrator made attempts to obtain the necessary documentation, in order to verify that Staff person B completed the department required diabetic training, with no success. In addition, while trying to obtain this information, staff person B resigned without notice on 3/18/19.

Effective immediately, the home's nursing supervisor will keep accurate records of the med trained staff's competencies and maintain consistent, continued compliance with the agency's training requirements. For the remainder of 2019 and beyond, diabetic trainings will be held once per quarter, at the home, or as needed to ensure continued compliance for all direct care staff and those trained to assist with medication administration.

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Violation Report: 25634 - 03/14/2019 - Novak, Ryan
PCH Name: SCHREFFLER MANOR

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 Resident #6 was admitted to the home on 1/23/2019. The home did not complete the assessment portion of the Resident Assessment and Support Plan (RASP) within 15 days of the resident's 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.

Regulation 2600.225(a) is necessary in order for staff to know the exact plan of care to be used for the residents served in the home. When information is not added or changed timely, care needs may not be addressed in the manner in which was agreed upon.

Resident #6 was admitted to the home on 1/23/19 with the intention to be in the home for respite care, approximately 10-14 days. Resident and their family were satisfied with the services provided and decided to remain in the home long term. No RASP was completed within the required timeframe.

The RASP for resident #6 was finalized on 3/19/19, by the LPN Supervisor and was reviewed with the resident for accurateness and completeness (see ATTACHMENT "D"—12 pages).

Effective immediately, all RASP's will be completed by the home's nursing supervisor or designee, within the regulatory required timeframe. Reminders will be made utilizing prompts on the staff person's electronic calendar, which will provide the necessary alerts to ensure timely completion of all resident's RASPs.

Also, moving forward, the RASP will be amended at the time a resident begins a new service (such as any therapy services or hospice), and reviewed with the resident and/or the appropriate family member, as these changes occur.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Violation Report: 25634 - 03/14/2019 - Novak, Ryan
 PCH Name: SCHREFFLER MANOR

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Resident #7's most current RASP is dated 2/6/2018. The home did not complete an annual assessment for the resident as required.

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.

Regulation 2600.225(c) is necessary in order for staff to know the exact plan of care to be used for the residents served in the home. When information is not added or changed timely, care needs may not be addressed in the manner in which was agreed upon.

Resident #7's medical records did not show updates or amendments made to the resident's RASP and the most recent document found was dated 2/6/2018.

An updated RASP was made and completed on 3/22/19, which include all pertinent changes with the resident, as well as the necessary changes with the services they are receiving. This was completed by the home's nursing supervisor and communicated to all other direct care staff by 4/9/19.

Effective immediately, all RASP's will be completed by the home's nursing supervisor or designee, within the regulatory required timeframe. Reminders will be made utilizing prompts on the staff person's electronic calendar, which will provide the necessary alerts to ensure timely completion of all resident's RASPs.

Also, moving forward, the RASP will be amended at the time a resident begins a new service (such as any therapy services or hospice), and reviewed with the resident and/or the appropriate family member, as these changes occur.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Violation Report: 25634 - 03/14/2019 - Novak, Ryan
PCH Name: SCHREFFLER MANOR

1. REGULATION 55 Pa.Code §2600
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
 Resident #7 began receiving hospice services on 2/14/2019. The resident's most current support plan is dated 2/6/2018 and was not updated to reflect that the resident was receiving these services.

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.

Regulation 2600.227(d) is necessary in order for staff to know the exact plan of care to be used for the residents served in the home. It is also important for all parties involved in the resident's care needs, to be aware of services needed by each resident and how to ensure they are carried out. When information is not added or changed timely, care needs may not be addressed in the manner in which was agreed upon.

Resident #7's medical records did not show updates or amendments made to the resident's RASP and the most recent document found was dated 2/6/2018.

An updated RASP was made and completed on 3/22/19, which include all pertinent changes with the resident, as well as the necessary changes with the services they are receiving. This was completed by the home's nursing supervisor and communicated to all other direct care staff by 4/9/19.

Effective immediately, all RASP's will be completed by the home's nursing supervisor or designee, within the regulatory required timeframe. Reminders will be made utilizing prompts on the staff person's electronic calendar, which will provide the necessary alerts to ensure timely completion of all resident's RASPs.

Also, moving forward, the RASP will be amended at the time a resident begins a new service (such as any therapy services or hospice), and reviewed with the resident and/or the appropriate family member, as these changes occur.

(See ATTACHMENT "E"—12 pages)

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