



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail [alcllicense@enlivant.com](mailto:alcllicense@enlivant.com)  
Sent via e-mail [rwinslow@enlivant.com](mailto: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 19, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

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

Sincerely,

*Shawn Parker*

Shawn Parker  
Human Services Licensing Supervisor

Enclosure  
Violation Report

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

Page 1 of 13

PCH Name: PARK CREEK PLACE MEMORY CARE		License Number: 14256
Address: 1089 HORSHAM ROAD, NORTH WALES, PA 19464		County: Montgomery
Administrator: Alexis Ferrara		Region: SOUTHEAST
Legal Entity Name: NORTH WALES 1089 MC BG OPCO LLC		
Legal Entity Address: 330 N WABASH AVENUE SUITE 3700, CHICAGO, IL 60611		
Certificate(s) of Occupancy nm  nm		
Staffing Hours Resident Support: 0                      Total Daily Staff: 84                      Working Staff: 63		
Type of Inspection: Partial                      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for Inspection(s) Complaint		
On-Site Inspection Dates and Department Representative On-Site 03/19/2019; Bwisher, Michele		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers:                      Random Inspections:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 48 Number of Residents Served: 42 Secured Dementia Care Unit In Home: Yes Area: Entire home is Memory Care Secured Dementia Unit Capacity, if Applicable: 48 Number of Residents Served in Secured Dementia Care Unit, if applicable: 42 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 42 Have Mental Illness: 4 Have an Intellectual Disability: 0 Have a Mobility Need: 42 Have a Physical Disability: 0	

Violation Report: 14268 - 03/10/2019 - Swisher, Michele  
 PGH Name: PARK CREEK PLACE MEMORY CARE

**1. REGULATION 66 Pa.Code §2600**

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**2a. DESCRIPTION OF VIOLATION**

Staff person A whose first day of work was 01/18/2019, did not receive orientation in:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency 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.*

- staff person A is no longer an employee of Park Creek Memory Care
- Current Administrator trained on this requirement on 4/26/2019 by Penn State.
- Administrator and/or designee will review new employee files within 2 days of hire to ensure compliance, X 12 weeks. Monitoring will be ongoing.

Within 30 days of receipt of the accepted plan of correction - The administrator or designee will review all training records for staff to ensure all direct care staff persons including ancillary staff persons, substitute personnel and volunteers have completed an orientation in all aspects with regulation 2600.65(a). Documentation of the training shall be kept in the employee's record and made available for Department review. Audits and monitorings will be made available for Department review. SP 08-24-19

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Richard M. Winslow Date 5/30/19

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The above plan of correction is approved as of <u>08-24-19</u> (Date)	Plan of correction implementation status as of <u>08-24-19</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: 14268 - 03/19/2019 - Swisher, Michele  
 PCH Name: PARK CREEK PLACE MEMORY CARE

1. REGULATION 55 Pa.Code §2600  
 2600.66(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:  
 (1) Resident rights.  
 (2) Emergency medical plan.  
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.6102).  
 (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION  
 Direct care staff person A completed their 40th scheduled work hour on 1/25/2019. The staff person did not receive orientation in:  
 (1) Resident rights.  
 (2) Emergency medical plan.  
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.6102).  
 (4) Reporting of reportable incidents and conditions.

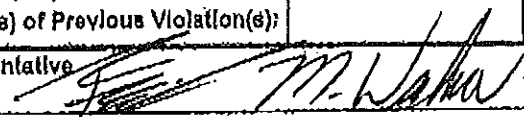
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 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- Staff person A is no longer an employee of Park Creek Memory Care.
- Current Administrator trained on this requirement on 4/26/2019 by Penn State.
- Administrator and/or designee will review new employee files prior to new employee's 40th scheduled work hour to ensure compliance, X 12 weeks. Monitoring will be ongoing.

Within 30 days of receipt of the accepted plan of correction - The administrator or designee will review all training records for staff to ensure all direct care staff persons including ancillary staff persons, substitute personnel and volunteers have completed an orientation in all aspects with regulation 2600.66(b). Documentation of the training shall be kept in the employee's record and made available for Department review. Audits and monitoring will be made available for Department review. All new employees will receive training within 40 hours. SP 08-24-19

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Richard M. Winslow</u>	Date <u>5/30/19</u>
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Violation Report: 14256 - 03/19/2019 - Swisher, Michele  
 POH Name: PARK CREEK PLACE MEMORY CARE

1. REGULATION 58 Pa.Code §2800  
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B received only 4 hours of annual training in training year January 2018 to December 2018.  
 Direct care staff person C received only 2 hours of annual training in training year January 2018 to December 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.*

- 2018 annual training hours for staff person B and C cannot be corrected.
- Current administrator trained on this requirement on 4/26/2019 by Penn State.
- Administrator or designee will audit monthly inservice binder X 12 weeks to ensure compliance. Monitoring will be ongoing.

Administrator or designee will ensure all direct care staff persons receive 12 hours annual training related to their job duties. Within 30 days receipt of accepted plan of correction all direct care staff persons files will be audited to record annual training received in 2019. All direct care staff will receive at least 12 hours training in 2019. Training schedule will be kept in each staff members file for review. Audits and monitoring conducted by home will be made available for Department review.

SP 08-24-19

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Violation Report: 14268 - 03/19/2019 - Swisher, Michele  
 PCH Name: PARK CREEK PLACE MEMORY CARE

**1. REGULATION 66 Pa.Code §2800**

2800.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

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

**2a. DESCRIPTION OF VIOLATION**

The annual training provided to direct care staff persons B and C in training year January 2018 to December 2018 did not include:

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

**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.*

- 2018 Annual training hours for staff person B and C can not be corrected
- Current administrator trained on this requirement on 4/26/2019 by Penn State
- Administrator or designee will audit monthly in service binder x 12 weeks to ensure compliance. Monitor will be on going.

Please see attached.....

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2600.65 f

Administrator or designee will ensure direct care staff persons B and C are trained on all aspects of regulation 2600.65f immediately. Within 30 days receipt of POC all direct care staff files will be audited to ensure everyone has been trained in regulation 2600.65f. All direct care staff persons will be trained annually on regulation. Verification of training will be kept in staff members files and made available for Department review. Inservice, monitoring, and audits will be documented by home and made available for Department review. SP 08-24-19

Violation Report: 14268 - 03/19/2019 - Swisher, Michele  
 PCH Name: PARK CREEK PLACE MEMORY CARE

**1. REGULATION 55 Pa.Ccode §2600**

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10226.101-10226.6102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**

Direct care persons B and C did not receive training in the following topics during training year January 2018 to December 2018:  
 Emergency preparedness procedures and recognition and response to crises and emergency situations.  
 Resident rights.  
 The Older Adult Protective Services Act (35 P. S. §§ 10226.101-10226.6102).

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

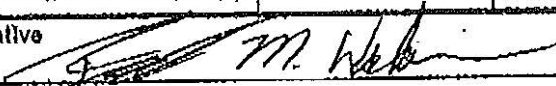
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

- 2018 Annual training hours for staff person B and C can not be corrected
- Current administrator trained on this requirement on 4/26/2019 by Penn State
- Administrator or designee will audit monthly in service binder x 12 weeks to ensure compliance. Monitor will be on going.

Administrator or designee will ensure direct care staff persons B and C are trained on all aspects of regulation 2600.65g immediately. Within 30 days receipt of POC all direct care staff files will be audited to ensure everyone has been trained in regulation 2600.65g. All direct care staff persons will be trained annually on regulation. Verification of training will be kept in staff members files and made available for Department review. Inservice, monitoring, and audits will be documented by home and made available for Department review.

SP 08-24-19

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Richard M. Winslow	Date 5/30/19
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Violation Report: 14258 - 03/10/2019 - Swisher, Michele  
 POH Name: PARK CREEK PLACE MEMORY CARE

1. REGULATION 85 Pa.Code §2800  
 2800.103(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2. DESCRIPTION OF VIOLATION  
 on 3/19/19 a bottle of Prosource prescribed for resident 1A was present on the medication cart, there is brown sticky liquid dripping around the entire outside of the bottle and down into the medication cart drawer.

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.

Type text here

- The bottle of Prosource was discarded immediately upon discovery.
- The medication cart drawer has been cleaned on May 16, 2019
- Current Med techs will be trained by the Care Services Manager or designee by June 10, 2019 regarding maintaining clean bottles and med carts.
- The Care Services Manager and/or designee will review the cart weekly X12 weeks to ensure compliance. Monitoring will be ongoing.

Within 30 days receipt of POC all medication administration staff will be trained on storing prescription medications in an organized manner in accordance with manufacturer's instructions. Documentation to be maintained by home for Department review. Audits of med carts to be documented for Department review.

SP 08-24-19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Richard M. Winslow			5/30/19
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SP (Initials)			

Violation Report: 14268 - 03/18/2019 - Swisher, Michele  
 PCH Name: PARK CREEK PLACE MEMORY CARE

**1. REGULATION 86 Pa.Code §2800**  
**2800.183(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 #2 is prescribed Latanoprost Eye Drops which has a manufacturers label stating to discard 28 days after opening. On 3/19/2019 the medication was present on the medication cart with a written OPENED ON date of 1/8/19. The medication was not discarded after 28 days.

Resident #3 is prescribed Latanoprost Eye Drops which has a manufacturers label stating to discard 28 days after opening. On 3/19/2019 the medication was present on the medication cart with a written OPENED ON date of 1/8/19. The medication was not discarded after 28 days.

Resident #3 was prescribed Acetaminophen 325mg Tablets- take 2 by mouth every 4 hours as needed for fever. This medication was discontinued on 2/16/19, but the medication blister pack was still present on medication cart on 3/19/19

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Type text here  
 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's Latanoprost eye drops were discarded immediately, new eye drops were ordered on March 19, 2019
- Resident #3's Latanoprost eye drops were discarded immediately, new eye drops were ordered on March 19, 2019
- Resident #3's Acetaminophen was removed from cart immediately.
- Current med techs will be trained on the manufacturer's recommendations for expiration of eye drops, and the discontinuation of medications by the Care Services Manager or designee by June 10, 2019.
- The Care services manager and/or designee will audit eye drops weekly for expiration, and discharged meds to ensure removal from the cart X12 weeks. Monitoring will be ongoing.

Within 30 days of receipt of the accepted plan of correction: the administrator or designee will develop and implement a policy and procedure for the safe management and disposal of prescription medications, OTC medications and CAM which are expired, discontinued or for residents in accordance with the Department of Environmental Protection and Federal and State regulations. All staff persons will be educated on these policies and procedures. Documentation of education shall be kept in the staff records. Audits and monitoring will be made available for Department review. SP 08-24-19

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)		Date
Richard M. Winslow		5/30/19

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Violation Report: 14268 - 03/18/2019 - Swisher, Michele  
 PCH Name: PARK CREEK PLACE MEMORY CARE

**1. REGULATION 58 Pa.Code §2800**

2800.185(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 #3 is prescribed Lorazepam 0.5mg tablet. Give 1 by mouth every day as needed for anxiety. The medication was not present on medication cart on 3/19/19 and therefore not available for resident use.

Resident #4 is prescribed Simethicone 80mg/tab 1 tab by mouth every 8 hours as needed for gas pains ordered on 1/22/19 and Docus-Evac Rectal Suppository- insert one suppository rectally every 24 hours as needed for constipation-ordered on 7/2/18. These medications were not present on the medication cart on 3/19/19 and therefore not available for resident use.

**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 #4 no longer resides at the community
- Resident #3 lorazepam was reordered on March 19, 2019
- Current med techs will be retrained on timeliness of reordering of medications to ensure availability by the CSM or designee by June 10th, 2019.
- The Care Services Manager and/or designee will audit the med cart weekly X12 weeks to ensure current medications based on current orders are available. Monitoring will be ongoing.

Administrator or designee will ensure the home has developed and implemented procedures for safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Policies and procedures to be accessible to representatives of the Department at all times. Within 30 days receipt of POC, staff that handle or administer medications and medical equipment will be trained and familiar with policies and procedures. All medications will be inhouse for residents at all times. Documentation of staff training to be maintained by home along with audits and monitoring and made available for Department review.

SP 08-24-19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative  
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Violation Report: 14256 - 03/19/2019 - Swisher, Michele  
 PCH Name: PARK CREEK PLACE MEMORY CARE

**1. REGULATION 55 Pa.Code §2800**

2600.188(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 1/28/2019, the home discontinued resident 5's Depakote sprinkles 125mg- take by mouth at bedtime for depression. The medication was originally ordered on 11/14/18. The home had not received a written order from an authorized prescriber for the change.

**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 #5 Depakote was originally recommended by psychiatric CRNP on Nov 14, 2018; not approved by PCP. Clarified with PCP on May 1, 2019 medication not to be restarted.

-Current licensed staff will be retrained on how to process a physicians order appropriately by the CSM or designee by June 10th, 2019. The CSM or designee will review medication changes to ensure proper orders are received and documented X 12 weeks. Monitoring will be ongoing.

Immediately the administrator or a designated staff person qualified to administer medications will conduct a weekly audit of all medication change orders to ensure the home obtains a written medication change order within 48 hours of all verbal medication change orders received in accordance with regulation 2600.186(c). All staff involved in medication administration will be inserviced on policy in medication changes. Documentation of inservice and weekly med audits to be maintained by home and made available for Department review.

SP 08-24-19

Repeat Violation; No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Richard M. Winslow	8/30/19

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(Initials)

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

Violation Report: 14266 - 03/16/2019 - Swisher, Michele  
 PCH Name: PARK GREEK PLACE MEMORY CARE

**1. REGULATION 65 Pa. Code §2000**

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 #3's order for Tramadol 50mg 1 by mouth twice a day as needed for pain was discontinued on 12/4/18 for non-use. The medication is still listed on March medication record as an active medication. The medication is not crossed off or notated as discontinued.

**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 #3 order for Tramadol was removed from the medication administration record (MAR) on March 19th, 2019.

- Current Licensed Staff and med techs will be retrained on maintaining current orders on the monthly MAR by the CSM or designee by June 10th, 2019. The CSM and/or designee will review current resident MAR's monthly x 3 months to ensure compliance. Monitoring will be ongoing.

Immediately the Administrator or a staff person qualified to administer medications will conduct an initial and monthly review of all current resident MARs and prescriber's orders to insure all prescribed medications are documented on the resident's MAR's in accordance with regulation 2600.187(a).

SP 08-24-19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Richard M. Winslow	Date 5/30/19
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>08-24-19</u> (Date)	Plan of correction Implementation status as of <u>08-24-19</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: 14258 - 03/16/2019 - Swisher, Michela  
 POH Name: PARK CREEK PLACE MEMORY CARE

1. REGULATION 55 Pa.Code §2600  
 2600.107(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

On 1/28/2019, the home discontinued resident 5's Depakote sprinkles 126mg- take by mouth at bedtime for depression. The medication was originally ordered on 11/14/18. There was no order to discontinue the medication by a provider.

Resident #3's Acetaminophen 325mg was discontinued on 2/16/2019 and a new order for Acetaminophen 500mg- take 2 tablets twice daily was prescribed on 2/16/19. The discontinued medication was not removed from the medication cart. On the resident's medication administration record Acetaminophen 325mg was initiated as administered for 3/1/19 to 3/4/19 at 7a and 8p and Acetaminophen 500mg- is also initiated as administered from 3/1/19 to 3/4/19 at 8am and 6pm.

On 12/1/2018 resident #3's physician ordered weekly weight checks for 6 weeks. There is no documentation in the residents file that this was completed.

On 9/7/2018 resident #5's physician ordered a monthly weight check to be completed on the 6th of every month. A weight check was not completed on 11/8/2018 or 12/6/2018

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.*

- Resident # 5 Depakote order was clarified with the physician and the order was the medication was not to be restarted.
- Resident #3 discontinued Acetaminophen was removed from the medication cart and was discontinued on the (MAR) on March 19, 2019
- Resident #5 and #3 weights can not be corrected
- Current licensed staff will be retrained on how to process a physicians order appropriately by the CSM or designee by June 10, 2019. The CSM and/or designee will review the physician orders X 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.

SP 08-24-19

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)		Date
Richard M. Winslow		5/30/19

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Violation Report: 14266 - 03/19/2018 - Swisher, Michele  
 PCH Name: PARK CREEK PLACE MEMORY CARE

1. REGULATION 56 Pa.Code §2800  
 2800.239 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2800.85 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION  
 Direct care staff persons B and C did not have 6 hours of training in dementia care during training year, January 2018 to December 2018.

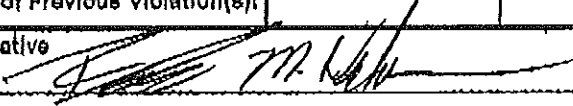
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- Direct care staff (persons) B and C dementia care training for 2018 can not be corrected.
- Current Administrator trained on this requirement on 4/26/2019 by Penn State.
- Administrator and/or designee will review the monthly In-service Binder for required dementia care training X 12 weeks to ensure compliance. Monitoring will be ongoing

Direct care staff persons B and C will receive an additional 12 hours of training in dementia care and service immediately. Within 30 days receipt of this POC, Administrator or designated staff person will audit records of all direct care staff persons to ensure they received an extra 6 hours of dementia training in addition to annual 12 hours of training. Documentation of trainings and audits will be maintained by home and made available for Department review.

SP 08-24-19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Richard M. Winslow	Date 5/30/19
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