



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 22 2019

Ms. Deborah M. Sprague
Chief Executive Director
The Alliance Home of Carlisle, PA, Inc.
770 South Hanover Street
Carlisle, Pennsylvania 17013

RE: Chapel Pointe at Carlisle
License #: 343370

Dear Ms. Sprague:


As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on March 27, 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

| | | |
|--|---------------------------------------|---|
| PCH Name: CHAPEL POINTE AT CARLISLE | | License Number: 34337 |
| Address: 770 SOUTH HANOVER STREET, CARLISLE, PA 17013 | | County: Cumberland |
| Administrator: Kent Peachey | | Region: CENTRAL |
| Legal Entity Name: THE ALLIANCE HOME OF CARLISLE PA INC | | |
| Legal Entity Address: 770 SOUTH HANOVER STREET, CARLISLE, PA 17013 | | |
| Certificate(s) of Occupancy | | |
| I-1 02/14/2018 Carlisle Borough | I-2 03/21/2016 Carlisle Borough | I-1 09/11/2014 Carlisle Borough |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 53 | Waking Staff: 40 |
| Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) | | |
| Renewal | | |
| On-Site Inspections Dates and Department Representatives On-Site | | |
| 03/27/2019: McCloskey, Jason; Cargile, Kellie | | |
| Off-Site Inspection Dates and Inspectors, if Applicable | | |
| | | |
| Other Details | | |
| Partial or Full Triggers: | | Random Indicators: |
| Resident Demographic Data as of Inspection Dates | | |
| Licensed Capacity: 61 ✓ Number of Residents Served: 42 ✓ Secured Dementia Care Unit in Home: Yes Area: Garden View Secured Dementia Unit Capacity, if Applicable: 12 Number of Residents Served in Secured Dementia Care Unit, if applicable: 11 ✓ Number of Current Hospice Residents: 0 ✓ Number of Hospice Residents in past year: 1 ✓ | | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 42 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 11 Have a Physical Disability: 0 |

Violation Report: 34337 - 03/27/2019 - McCloskey, Jason
 PCH Name: CHAPEL POINTE AT CARLISLE

1. REGULATION 55 Pa.Code §2600
 2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 Resident 1's toilet has a support apparatus attached. This apparatus has a flat metal bar that crosses the bowl opening at the front. This bar is covered with rust.

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 toilet bar was replaced on March 29, 2019. All resident room bathrooms were inspected on March 29, 2019 to identify if this, or a similar type of device, is being used and if so, to ensure they are free from any rust. Any rusted devices will be replaced. The Executive Director or designee will periodically inspect resident bathrooms to ensure these devices are rust free. Staff will be re-educated on the requirement for wheelchairs, walkers, prosthetic devices and other apparatus used by residents to be clean, in good repair and free of hazards to report any devices that do not meet these requirements.

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|----------------------|-----------------------------------|--|--|
| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kent D. Peachey*

| | |
|--|----------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kent D. Peachey, Executive Director</i> | Date <i>4-3-2019</i> |
|--|----------------------|

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

| | |
|--|---|
| The above plan of correction is approved as of <u>4/4/19</u> (Date) | Plan of correction implementation status as of <u>4/4/19</u> (Date) |
| The above plan of correction was approved by <u>BAS</u> (Initials) | <input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

Violation Report: 34337 - 03/27/2019 - McCloskey, Jason
 PCH Name: CHAPEL POINTE AT CARLISLE

1. REGULATION 55 Pa.Code §2600
 2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION
 There is no grab bar, hand rail, or assist bar for Resident 2's toilet.

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.

Assist bars were installed on Resident 2's toilet on April 1, 2019. All resident room bathrooms were inspected on March 29, 2019 to identify any with missing grab bars, hand rails or assist bars. Any with missing devices will be replaced. The Executive Director or designee will periodically inspect resident bathrooms to ensure these devices are present. Staff will be re-educated on the requirement for toilet and bath areas to have grab bars, hand rails or assist bars and to report if any are missing these devices.

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Violation Report: 34337 - 03/27/2019 - McCloskey, Jason
 PCH Name: CHAPEL POINTE AT CARLISLE

- 1. REGULATION 55 Pa.Code §2600**
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
- (1) The resident's name.
 - (2) The name of the medication.
 - (3) The date the prescription was issued.
 - (4) The prescribed dosage and instructions for administration.
 - (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
 The label for Resident 3's Turmeric Curcumin was incorrectly labeled as 450 mg capsules. The resident's medication record and the pharmacy's delivery sheets indicate that the prescribed medication is 500 mg capsules.

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 pharmacy was contacted on March 27, 2019 regarding the incorrect label. The pharmacy confirmed that the prescribed medication was correctly dispensed in 500 mg capsules. The pharmacy will correct the label on all future deliveries to reflect the correct dosage of 500 mg. All nurses and medication technicians will be re-educated to check prescription medication labels to ensure the dosage listed on the pharmacy label is in agreement with the resident's medication record. Personal Care Nursing Coordinator will conduct periodic audits to ensure labels are in agreement with the resident's medication record.

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Violation Report: 34337 - 03/27/2019 - McCloskey, Jason

PCH Name: CHAPEL POINTE AT CARLISLE

1. REGULATION 55 Pa.Code §2600

2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:

- (1) Documentation of the receipt of controlled substances and prescription medications.
- (2) A process to investigate and account for missing medications and medication errors.
- (3) Limited access to medication storage areas.
- (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

2a. DESCRIPTION OF VIOLATION

The home has not implemented a system to monitor and reconcile the administration of Ativan, classified as a Schedule IV controlled substance in Section 812 of the federal Controlled Substances Act.

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 Personal Care Accountability of medication and controlled substances policy was revised on April 3, 2019, to require Schedule IV substances to be counted and signed off per facility policy. Nurses and Medication Technicians will be educated on the revised policy. The Personal Care Nursing Coordinator will conduct periodic audits to ensure Schedule IV substances are counted and signed off.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

04/04/2018

Signature of Legal Entity Representative
(Required on EVERY Page)

Kent D. Peachey

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

Kent D. Peachey, Executive Director

Date

4-3-2019

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(Date)

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Violation Report: 34337 - 03/27/2019 - McCloskey, Jason
 PCH Name: CHAPEL POINTE AT CARLISLE

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

None of the records reviewed, including those for Residents 1, 2 and 3, include identifying marks, as the home's face sheet does not include a designated area to document this information.

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.

Beginning April 3, 2019, all residents, and new residents upon admission, will be interviewed by a nurse to assess if they have any identifying marks, such as surgical scars, tattoos and birth marks. Identifying marks will be entered on the resident's face sheet. Nurses will be educated regarding need to assess residents upon admission for identifying marks. The Executive Director or designee will periodically audit the resident face sheet to ensure resident's identifying marks, if any, are shown.

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