



July 26, 2019

Ms. Gabrielle Anik
Administrator
Roxborough Home for Women, Inc.
601 East Leverington Avenue
Philadelphia, Pennsylvania 19128

RE: Roxborough Home for Women
License #: 141560

Dear Ms. Anik:

As a result of the Department's Bureau of Human Services Licensing annual 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 (relating to Personal Care Homes) must be maintained.

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

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

Sincerely,

A handwritten signature in black ink that reads "Carolyn K. Ellison". The signature is written in a cursive, flowing style.

Carolyn K. Ellison
Deputy Secretary, Office of Administration
Shared Services for Health and Human Services

Enclosure
Violation Report

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

PCH Name: ROXBOROUGH HOME FOR WOMEN		License Number: 14150
Address: 601 EAST LEVERINGTON AVENUE, PHILADELPHIA, PA 19120		County: Philadelphia
Administrator: Gabrielle Anik		Region: SOUTHEAST
Legal Entity Name: ROXBOROUGH HOME FOR WOMEN INC		
Legal Entity Address: 601 EAST LEVERINGTON AVENUE, PHILADELPHIA, PA 19128		
Certificate(s) of Occupancy Pre-Code Use 04/05/1978 City of Philadelphia		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 20	Waking Staff: 15
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: Freeman, Sabrina		
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: 30 Number of Residents Served: 20 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, If Applicable: Number of Residents Served in Secured Dementia Care Unit, If applicable: 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: 20 Have Mental Illness: 0 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 14158 - 03/27/2019 - Freeman, Sabrina

PCH Name: ROXBOROUGH HOME FOR WOMEN

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

On 9/18/18, staff person A and resident #5 were at the store. Resident #5 was knocked down outside and hit a pole as a man stepped in front of her to enter the store. Resident #5 was sent to the ER and admitted to the hospital with a broken shoulder. Resident #5 has since been discharged. The home never submitted an incident report to the Department.

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.

RHW sent a BH SL Incident Reporting form on 5/29/19.

A list has been posted in the office to ensure the correct forms are filled out and sent in a timely manner. The list has already been posted

Within 30 days of receipt of the plan of correction: All staff persons will be educated on the home's policy and procedures for reportable incidents and conditions including the reporting requirements. Documentation of education shall be kept. Home did send in verification of this reportable.

SP 07-25-19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Gabrielle Chik

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

GABRIELLE CHIK, ADMINISTRATOR

Date

5/29/19

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

The above plan of correction is approved as of

07-25-19

(Date)

The above plan of correction was approved by

SP

(Initials)

Plan of correction implementation status as of

07-25-19

(Date)

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

Violation Report: 14156 - 03/27/2019 - Freeman, Sabrina
 PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 55 Pa.Code §2600
 2600.16(f) - The home shall keep a copy of the report of the reportable incident or condition.

2a. DESCRIPTION OF VIOLATION

The home did not retain a copy of the 9/18/18 incident in which resident #5 was knocked down and sent to the ER and admitted with a broken shoulder. Resident #5 has been discharged.

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.

RHW retained a copy of the incident report. It was filed in a binder with others, but was not in her chart due to it occurring in a previous year.

Administrator or designee will implement a system in which reportable incidents are kept and maintained by home. Reportable incidents will be made available for Department review. Home did send in copies of reportables that are now being kept.

SP 07-25-19

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *GABRIELLE ANIK, ADMINISTRATOR* Date *8/29/19*

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

The above plan of correction is approved as of 07-25-19
 (Date)

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

Plan of correction implementation status as of 07-25-19
 (Date)

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

Violation Report: 14166 - 03/27/2019 - Freeman, Sabrina
 PCH Name: ROXBOROUGH HOME FOR WOMEN

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 and #2 were not signed by 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.

Residents #1 & #2 paperwork was originally signed by power of attorneys. RHW has signed explained & reviewed all of the above information w/ the residents themselves - They have signed & initialed all of the concerned paperwork.

RHW will have both parties sign all paperwork together as the move-in process begins. A double-check system will be implemented by the Administrator and the person responsible for putting new charts together.

The administrator or designee will review all contracts for newly admitted residents to ensure the required signatures have been obtained in accordance with regulation 2600.25(b). Home did send in verification contracts are now signed.

SP 07-25-19

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *GABRIELLE ANIK ADMINISTRATOR* Date *5/29/19*

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

The above plan of correction is approved as of 07-25-19
 (Date)

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

- Plan of correction implementation status as of 07-25-19
 (Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

Violation Report: 14156 - 03/27/2019 - Freeman, Sabrina
 PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 56 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 and #2's record did not contain a statement signed by the resident 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.

Residents #1's & #2's paperwork was originally signed by their power of attorneys. RHW has since explained & reviewed all of the above information w/ the residents themselves. They have signed & initialed all of the concerned paperwork.

RHW will have both parties sign all the paperwork together as the move-in process begins. A double-check system will be implemented by the Administrator & the person responsible for putting new charts together.

please see attached.....

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CATHARINE Quirk, Administrator* Date *5/29/19*

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

The above plan of correction is approved as of 07-25-19
 (Date)

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

Plan of correction implementation status as of 07-15-19
 (Date)

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

The administrator or designated staff person will review all resident records to ensure each resident has received a copy of the resident rights and there is documentation each resident and, if applicable, the resident's designated person have received a copy of the resident rights. Home did send in verification 2 residents records were updated to include procedures.

SP 07-25-19

Violation Report: 14156 - 03/27/2019 - Freeman, Sabrina
 PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(6) - Each resident shall have the following in the bedroom: A mirror.

2a. DESCRIPTION OF VIOLATION
 There is no mirror in the bedroom of resident #1.

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 full-length mirror was placed in Resident 1's room,
 hung on the outside of her closet door.

A checklist for new residents' rooms has been created.
 It will be used to double check that all necessary items
 are in the rooms.

Administrator or designee will do weekly physical site checks to ensure all resident bedrooms have all
 required elements including mirrors. Home did send in checklist.

SP 07-25-19

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **GABRIELLE ANIK, ADMINISTRATOR** Date **5/29/19**

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

The above plan of correction is approved as of 07-25-19
 (Date)

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

Plan of correction implementation status as of 07-25-19
 (Date)

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

Violation Report: 14166 - 03/27/2019 - Freeman, Sabrina
PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 55 Pa.Code §2600
2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION
On 3/27/19, the home had 20 residents, but only 53 gallons of emergency drinking water.

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.

Additional water was ordered to cover the amount immediately needed for 20 residents for a 3-day supply of water.
In addition, non-perishable food was ordered to cover a 3-day (emergency) supply for 20 residents.

To ensure enough water is always on hand, RTHW has increased the amount of water needed to cover the maximum number of residents it can house, which is 25. RTHW will always have enough water for 25 residents for a 3-day supply.

RTHW now has a designated location in the basement pantry with a 3-day supply of non-perishable food for the maximum amount of residents, a number of 25, including signage.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Gabrielle Amik* please see attached.....

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) **GABRIELLE AMIK, ADMINISTRATOR** Date **5/29/19**

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

The above plan of correction is approved as of 07-25-19
(Date)

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

Plan of correction implementation status as of 07-25-19
(Date)

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

2600.107 c

Administrator or designee will ensure home always has at least a 3-day supply of nonperishable food and drinking water for residents. Someone will monitor kitchen weekly for food and drinking water.

SP 07-25-19

Violation Report: 14156 - 03/27/2019 - Freeman, Sabrina

PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - 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. The evaluation must include the following: (2) Medical diagnosis including physical or mental disabilities of the resident, if any.

2a. DESCRIPTION OF VIOLATION

Resident #1's, 1/24/19 medical evaluation was incomplete. Section 7 of the medication addendum reads, "see attached document," there was no attachment.

Resident #2's, 9/24/18 medical evaluation was incomplete as it failed to list all of resident #2's 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.

Resident #1 - The PCP sent a list of medication dated the same day as the DME. However, it was filed incorrectly.

Resident #2 - The PCP filled out the DME on 9/24/18. RHN requested more information & the required medication list. It was sent on 10/22/18, two days before her move-in date.

A double-check system has been put in place. The administrator/responsible party for the charts will double check all paperwork.

The administrator or designated staff person will review all current medical evaluations to ensure medical evaluations are completed timely, accurately and in their entirety to include a medication regimen. Any incomplete medical evaluations will be returned to the physician for completion or new in-person medical evaluations will be scheduled and completed. Home did send in verification corrections were made to these two DME's. SP 07-25-19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **GABRIELLE ANIK, ADMINISTRATOR** Date **5/29/19**

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

The above plan of correction is approved as of 07-25-19 (Date)

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

Plan of correction implementation status as of 07-25-19 (Date)

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

Violation Report: 14156 - 03/27/2019 - Freeman, Sabrina
 PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #3 had a medical evaluation completed on 4/10/17. The annual evaluation was completed on 5/17/18, however the form wasn't completed until 8/24/18 and not signed until 9/6/18.

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.

In order to prevent out-of-compliance dates on forms, all DMEA RASP due dates will be placed on the main calendar along with appointments & meetings.

: The administrator or designated staff person will review all resident records to ensure an in-person medical evaluation has been completed for all residents within the past year and the medical evaluation is completed accurately and in its entirety including all required information. Any incomplete medical evaluations will be returned to the physician for completion or new in-person medical evaluations will be scheduled and completed.

Within 30 days of receipt of the plan of correction: All staff persons involved with the medical evaluation process will be educated on the required contents of the medical evaluation form and the authorized persons (a physician, physician's assistant or certified registered nurse practitioner) who are permitted to complete a medical evaluation form. This will include when the medical evaluation form is incomplete or incorrect the medical evaluation will be corrected by the person who completed the medical evaluation or an RN or LPN will contact the person who completed the medical evaluation, obtain permission to correct the medical evaluation form and will document the date, time and the person spoken to on the form next to the correction. Documentation of education shall be kept.

SP 07-25-19

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **GABRIELLE ANITZ** Date *5/29/19*

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

The above plan of correction is approved as of 07-25-19
 (Date)

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

Plan of correction implementation status as of 07-25-19
 (Date)

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

Violation Report: 14156 - 03/27/2019 - Freeman, Sabrina
 PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

A bottle of Triamterene HCTZ was observed in resident #4's medication bin. The medication was not on resident #4's medication administration record nor was there a current doctors order for the medication.

Also observed in resident #4's medication bin was a box of test blood strips or Lanc Simp which were not on the medication administration record or prescribed to resident #4. The box of test blood strips belong to a relative of resident #4 that does not reside at 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.

All incoming medications will be double checked by the intake team. Both people will initial the log books to ensure protocol. All inappropriate medication will be given to the POA or discarded. The 11pm-7am shift responsible for MARs will now be doubling checking each other's paperwork. The PCA Supervisor moved the due date back one week to ensure the correctness of each. PCA Supervisor will double check scripts & medication at this time. Also, anyone receiving new orders/meds will report to PCA supervisor/call PCP/pharmacy to obtain all documentation needed. please see attached →

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **GABRIELLE ANIK, ADMINISTRATOR** Date **5/29/19**

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

The above plan of correction is approved as of 07-25-19
 (Date)

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

Plan of correction Implementation status as of 07-25-19
 (Date)

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

2600.183 (d)

Administrator or designee will ensure all medications are current and not expired. A designated staff person qualified to administer medications will check the storage of medications daily to ensure medications are stored under proper conditions of sanitation.

SP 07-25-19

Violation Report: 14156 - 03/27/2019 - Freeman, Sabrina
 PCH Name: ROXBOROUGH HOME FOR WOMEN

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 is diabetic and prescribed accu-checks twice daily. On 3/27/19, resident #4's glucometer was not calibrated and did not have any accu-check readings.

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's glucometer was in good working repair. However, the dates (memory dates) on the machine are not correct. The attending PCA did not understand what was being asked & was trying to locate a specific date. As a result, she answered incorrectly.

The glucometer is calibrated when a new box of test strips is opened & the machine is used as ordered.

The administrator will review and update if necessary the home's procedures for the safe storage, access, security, distribution and use of medications, including the procedures for medication accountability. All staff persons qualified to administer medications will be reeducated on the home's policy and procedures. Documentation of education shall be kept. Home did provide verification med administration staff was in-serviced on Glucometer checks, Accu-check readings and documentation.

SP 07-25-19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *GABRIELLE ANIK, ADMINISTRATOR* Date *5/29/19*

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

The above plan of correction is approved as of 07-25-19
(Date)

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

Plan of correction implementation status as of 07-25-19
(Date)

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

Violation Report: 14156 - 03/27/2019 - Freeman, Sabrina
 PCH Name: ROXBOROUGH HOME FOR WOMEN

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 On 3/9/19, at 8AM, it was initially documented that resident #1 was administered 5mg of Eliquis & 25mg of Toprol. However, the initials that were originally on the medication administration record were crossed out. There was no indication/documentation why the initials were crossed out, documentation of who administered the medication to resident #1 or if resident #1 actually received the medication.

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 responsible med-tech has been re-trained on how to document an error. She did document that day on the back of the page that the medication was missed due to a refill not being in-house. She has since been re-trained on ordering policies.

A separate piece of documentation has been added to the MARs for immediate viewing as opposed to documentation on the back of the MAR page.

A designated staff person qualified to administer medications will review all resident MARs at least weekly to ensure the proper documentation of medication administration at the time of administration. Documentation of reviews will be kept. All med techs will be retrained on documentation within 30 days receipt of this POC.

SP 07-25-19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *GABRIELLE GRUBIK, ADMINISTRATOR* Date *5/29/19*

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

The above plan of correction is approved as of <u>07-25-19</u> (Date)	Plan of correction implementation status as of <u>07-25-19</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: 14156 - 03/27/2019 - Freeman, Sabrina
 PCH Name: ROXBOROUGH HOME FOR WOMEN

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

2a. DESCRIPTION OF VIOLATION

Resident #1 was not administered 20mg of Simvastatin which was to be taken at bedtime on: 3/13/19, 3/14/19, 3/15/19, 3/16/19 and 3/17/19.

Resident #4 was not administered 20mg of Hydrocortisone or 112mcg of Levothyroxin on 3/4/19.

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.

A new refill system has been put into place. Medications are to be ordered five (5) days before they run out, giving time for a new prescription if needed.

All med techs are now responsible after the 5th day for the refill. All meds that can be placed on automatic refill have been.

All PCAs have been notified and re-trained regarding this new policy.

Please see attached.....

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Gabrielle Anik

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

GABRIELLE ANIK, ADMINISTRATOR

Date 5/29/19

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

The above plan of correction is approved as of

07-25-19

(Date)

Plan of correction implementation status as of

07-25-19

(Date)

The above plan of correction was approved by

SP

(Initials)

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

2600.187 d

Within 30 days of receipt of the plan of correction: The administrator shall review and update if necessary, the home's procedures for the safe storage, access, security, distribution and use of medications, including the procedures for ensuring all prescribed medications are available in the home for administration and the procedures for ordering prescribed medications. All staff persons qualified to administer medications will be reeducated on the home's policy and procedures. Documentation of education shall be kept.

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).

SP 07-25-19

Violation Report: 14156 - 03/27/2019 - Freeman, Sabrina
 PCH Name: ROXBOROUGH HOME FOR WOMEN

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
 Residents #1 and #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.

RHW has since gone over all residents' rights w/ residents #1 & #2. They have signed &/or initialed all paperwork.

A double-check system has been put in place.

The administrator or designated staff person will review all current resident records to ensure all residents have been educated on the right to question of refuse medication if the resident believes there may be a medication error and the proper documentation is in the resident's record. Home did provide verification records for resident #1 and resident #2 have been updated.

SP 07-25-19

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *SABRINA ANIK ADMINISTRATOR* Date *SP 07/29/19*

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

The above plan of correction is approved as of 07-25-19
 (Date)

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

Plan of correction implementation status as of 07-25-19
 (Date)

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

Violation Report: 14156 - 03/27/2019 - Freeman, Sabrina
 PCH Name: ROXBOROUGH HOME FOR WOMEN

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

Resident #1 was admitted 1/29/19. The pre-admission screening form does not include a determination that the home can meet the service needs of resident #1.

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 pre-admission screening has been updated & corrected.

Two employees will sit w/ the potential resident during the pre-admission interview, and both parties will look over the paperwork following the interview.

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. Home did provide verification resident #1's prescreen was updated.

SP 07-25-19

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *GABRIELLE ANIK, ADMINISTRATOR* Date *5/29/19*

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

The above plan of correction is approved as of <u>07-25-19</u> (Date)	Plan of correction implementation status as of <u>07-25-19</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
The above plan of correction was approved by <u>SP</u> (Initials)	