



July 3, 2019

Mr. Richard D. Lysle
Chief Executive Officer
Foxdale Village Corporation
500 East Marylyn Avenue
State College, Pennsylvania 16801

RE: Foxdale Village
License #: 245650

Dear Mr. Lysle:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 4, 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,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 24565 - 04/04/2019 - DeVries, Kristin
PCH Name: FOXDALE VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's notice to the fire department dated 1-2-2019 does not include the home's total license capacity.

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 annual notice to the fire department was updated to reflect the home's total licensed capacity of 64, along with outlining the current bed/room capacity of 55. A copy is attached and marked as "Exhibit A".

The annual notice to the fire department has been updated to meet regulations and saved in the Foxdale Village "shared" computer drive in order to make is accessible for all needed staff members. Personal Care Administrator, Personal Care Staff Assistant and Director of Health Services are all aware of the updated notice, as they are the employees responsible for sending the notice annually.

Personal Care Administrator will monitor for ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *DeAnna M. Calderwood*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DeAnna M. Calderwood</i> <i>Personal care Administrator</i>	Date <i>5-23-19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5-31-19</u> (Date) The above plan of correction was approved by <u>MM</u> (Initials)	Plan of correction implementation status as of <u>5-31-19</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: 24565 - 04/04/2019 - DeVries, Kristin
PCH Name: FOXDALE VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The home conducted a fire drill on 3-7-19 at 10:00am. The fire drill log does not include the number of staff participating in this fire drill.

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.

Fire drill log was corrected immediately during inspection on 4/4/19 to accurately reflect the number of staff participating in the drill.

Monthly audits will be completed on the last day of each month to ensure that all necessary information is accurately recorded on the fire drill log.

Results of monthly audits will be tracked in CQI/QAPI to monitor for ongoing compliance and measure outcomes.

Personal Care Administrator, Personal Care Staff Assistant and Director of Health Services are all aware of the updated process and auditing schedule, as these are the staff members that would be responsible in the Personal Care Administrator's absence.

Personal Care Administrator will monitor for ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

DeAnna M. Caudenwood

*Personal Care
 Administrator*

Date *5-23-19*

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 (Date)

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

Plan of correction implementation status as of 5-31-19
 (Date)

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- Not Implemented

Violation Report: 24565 - 04/04/2019 - DeVries, Kristin
PCH Name: FOXDALE VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.171(b)(4) - If staff persons or volunteers of the home provide transportation for the residents, at least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION

Per staff interviews, Staff person A and Staff person B regularly transport residents without other direct care trained staff present, and these staff have not completed the initial new hire direct care staff person training.

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 the interim, Personal Care residents will be transported with a CNA driver, CNA Escort or a individual exempt from the additional training in 65d. Education will be provided to any staff members involved in arranging transportation and driver's regarding this change in procedure to meet and maintain compliance immediately.

All Foxdale drivers that transport resident's will be trained according to all subcategories in Regulation 2600.65 within 90 days of the date of this Plan of Correction. Training requirements within 2600.65 will be added to the initial driver training for any future drivers that transport residents.

Specific annual training for driver's will be completed no later than the annual training in order to maintain compliance for 2600.65.

Daily audits will be completed for a period of 90 days to ensure that transportation of Personal Care residents is conducted by an individual that currently meets regulation standards. After 90 days, audits will be completed weekly for 3 months, then monthly for 3 months to monitor for ongoing compliance. The results of these audits will be reported and monitor through CQI/QAPI process. These audits will be completed by the Manager responsible for transportation, or her designee.

Personal Care Administrator will monitor for ongoing compliance.

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Signature of Legal Entity Representative (Required on EVERY Page) *DeAnna M. Calderwood*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DeAnna M. Calderwood* *Personal Care Administrator* **Date** *5-23-19*

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Violation Report: 24565 - 04/04/2019 - DeVries, Kristin
PCH Name: FOXDALE VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

2a. DESCRIPTION OF VIOLATION

Resident #1 self-administers medications. It has been determined through interview that the resident does not lock the bedroom when the resident leaves the room, leaving the medications unlocked and accessible.

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 has been provided education regarding the storage of her medications in a secure and locked location. Resident has also been provided a key to the door to her room, as she chooses not to utilize the locked bedside stand or locked medication servery provided by Foxdale Village. Resident has been educated on locking her door room when she is out.

Medication Self-Administration evaluations have been reviewed on Point Click Care and quarterly schedule has been reviewed and is set up to be completed quarterly for resident's that self-administer medications. The evaluation form includes a section on proper storage and resident education for staff to document compliance to meet the regulation requirements.

Licensed staff is responsible for completing these quarterly evaluations and have received education regarding the following; how to properly complete the form, provide necessary resident education, regulation requirements and steps to for any necessary follow up. Education was completed on May 15, 2019.

Completion of quarterly Medication Self-Administration Evaluations will be audited and outcomes will be tracked and discussed during CQI/QAPI for a period of 12 months.

Random audits will be completed monthly of residents who self-administer, to check resident's storage of medications. Audit will verify that medications are stored in a secure and locked location. Results will be tracked during CQI/QAPI process.

Personal Care Administrator will monitor for ongoing compliance.

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Signature of Legal Entity Representative
 (Required on EVERY Page) *DeAnna M. Calderwood*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DeAnna M. Calderwood</i>	<i>Personal</i>	Date <i>5-23-19</i>
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Violation Report: 24565 - 04/04/2019 - DeVries, Kristin

PCH Name: FOXDALE VILLAGE

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

Resident #2's miralax and bengay were in the resident's medication box but are not current orders.

Resident #2's PRN hydrocortisone suppository was in the medication cart but is not a current order.

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 medications listed above were removed from the medication box and medication cart.

Staff was provided immediate education regarding violations related to medication. Complete audit of all medications on site in comparison to Physician Orders and MAR was completed in April 2019. A meeting is scheduled for May 29, 2019 with Pharmacy owner to discuss violations and process improvements moving forward.

After notification and agreement of all residents, medications were removed from medication serveries in resident rooms and organized into two medication carts, to allow for easier access and closer routine auditing.

The Medication Reconciliation Process has been drafted and is receiving staff input, and will be finalized June 7, 2019. This process outlines the steps taken to cross check any medications received from the Pharmacy to reconcile the medication received with the MD Order and the MAR. This process also includes that 3rd shift compare the medication to the MAR/MD Order each night during their 24 hour Order check process.

Pharmacy comes to Personal Care monthly to exchange new medications. A Licensed staff member will be assigned to reconcile medications brought from Pharmacy during this exchange in comparison to MD Orders/MAR to check for accuracy and follow up as needed.

A routine medication auditing schedule will begin June 1, 2019. This regularly scheduled audit will be assigned to a Licensed staff member each shift and will occur indefinitely with no planned date of completion, as it will be a routine shift assignment moving forward.

Personal Care Administrator will completed random monthly audits for a period of 12 months, reporting outcomes during CQI/QAPI process.

Personal Care Administrator will monitor for ongoing compliance.

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)

DeAnna M. Calderwood

Personal Care
Administrator

Date 5-23-19

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Violation Report: 24565 - 04/04/2019 - DeVries, Kristin
PCH Name: FOXDALE VILLAGE

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
 Resident #3 has a PRN order for Dulcolax 10mg suppository. The medication label states "Insert 1 suppository rectally as needed for no BM." The medication record (MAR) states "Insert 1 suppository rectally every 72 hours as needed for constipation if MOM ineffective." It was determined that the label's directions are incorrect.

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 labels on the above medications were corrected to accurately reflect 2600.184(a).

Staff was provided immediate education regarding violations related to medication. Complete audit of all medications on site in comparison to Physician Orders and MAR was completed in April 2019. A meeting is scheduled for May 29, 2019 with Pharmacy owner to discuss violations and process improvements moving forward.

After notification and agreement of all residents, medications were removed from medication serveries in resident rooms and organized into two medication carts to allow for easier access and closer routine auditing.

The Medication Reconciliation Process has been drafted and is receiving staff input, and will be finalized June 7, 2019. This process outlines the steps taken to cross check any medications received from the Pharmacy to reconcile the medication received with the MD Order and the MAR. This process also includes that 3rd shift compare the medication to the MAR/MD Order each night during their 24 hour Order check process.

Pharmacy comes to Personal Care monthly to exchange new medications. A Licensed staff member will be assigned to reconcile medications brought from Pharmacy during this exchange in comparison to MD Orders/MAR to check for accuracy and follow up as needed.

A routine medication auditing schedule will begin June 1, 2019. This regularly scheduled audit will be assigned to a Licensed staff member each shift and will occur indefinitely with no planned date of completion, as it will be a routine shift assignment moving forward.

Personal Care Administrator will completed random monthly audits for a period of 12 months, reporting outcomes during CQI/QAPI process.

Personal Care Administrator will monitor for ongoing compliance.

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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) DeAnna McCalderwood Personal Care Administrator Date 5-23-19

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Violation Report: 24565 - 04/04/2019 - DeVries, Kristin
PCH Name: FOXDALE VILLAGE

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 #2's miralax, bengay and airborne did not include 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.

The medications listed above were corrected and labeled to include the residents name and required information.

Staff was provided immediate education regarding violations related to medication. Complete audit of all medications on site in comparison to Physician Orders and MAR was completed in April 2019. A meeting is scheduled for May 29, 2019 with Pharmacy owner to discuss violations and process improvements moving forward.

After notification and agreement of all residents, medications were removed from medication serveries in resident rooms and organized into two medication carts in order to allow for easier access and closer routine auditing.

The Medication Reconciliation Process has been drafted and is receiving staff input, and will be finalized June 7, 2019. This process outlines the steps taken to cross check any medications received from the Pharmacy to reconcile the medication received with the MD Order and the MAR. This process also includes that 3rd shift compare the medication to the MAR/MD Order each night during their 24 hour Order check process.

Pharmacy comes to Personal Care monthly to exchange new medications. A Licensed staff member will be assigned to reconcile medications brought from Pharmacy during this exchange in comparison to MD Orders/MAR to check for accuracy and follow up as needed.

A routine medication auditing schedule will begin June 1, 2019. This regularly scheduled audit will be assigned to a Licensed staff member each shift and will occur indefinitely with no planned date of completion, as it will be a routine shift assignment moving forward.

Personal Care Administrator will completed random monthly audits for a period of 12 months, reporting outcomes during CQI/QAPI process.

Personal Care Administrator will monitor for ongoing compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DeAnna M. Calderwood* **Personal Care Administrator** Date *5-23-19*

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Violation Report: 24565 - 04/04/2019 - DeVries, Kristin
PCH Name: FOXDALE VILLAGE

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 #2's PRN Dulcolax suppository, fleet enema, milk of magnesium, refresh tears, saline nasal spray and tucks pads were not available at the time of the inspection.
 Resident #4's PRN Dulcolax suppository, fleet enema and milk of magnesium were not available at the time of the inspection.
 Resident #5's Artificial tears PRN was not available at time of 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.

Medications were ordered immediately and received from Pharmacy in a timely manner.

Staff was provided immediate education regarding violations related to medication. Complete audit of all medications on site in comparison to Physician Orders and MAR was completed in April 2019. A meeting is scheduled for May 29, 2019 with Pharmacy owner to discuss violations and process improvements moving forward.

After notification and agreement of all residents, medications were removed from medication serveries in resident rooms and organized into two medication carts to allow for easier access and closer routine auditing.

The Medication Reconciliation Process has been drafted and is receiving staff input, and will be finalized June 7, 2019. This process outlines the steps taken to cross check any medications received from the Pharmacy to reconcile the medication received with the MD Order and the MAR. This process also includes that 3rd shift compare the medication to the MAR/MD Order each night during their 24 hour Order check process.

Pharmacy comes to Personal Care monthly to exchange new medications. A Licensed staff member will be assigned to reconcile medications brought from Pharmacy during this exchange in comparison to MD Orders/MAR to check for accuracy and follow up as needed.

A routine medication auditing schedule will begin June 1, 2019. This regularly scheduled audit will be assigned to a Licensed staff member each shift and will occur indefinitely with no planned date of completion, as it will be a routine shift assignment moving forward.

Personal Care Administrator will completed random monthly audits for a period of 12 months, reporting outcomes during CQI/QAPI process.

Personal Care Administrator will monitor for ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *DeAnna M. Calderwood*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DeAnna M. Calderwood</i>	<i>Personal Care Administrator</i>	Date <i>5-23-19</i>
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Violation Report: 24565 - 04/04/2019 - DeVries, Kristin

PCH Name: FOXDALE VILLAGE

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 #2's metoprolol succinate ER label to the medication notes 50mg tablet one by mouth daily. The MAR notes 25mg tablet 2 tablets by mouth daily.
 Resident #4's brimodine tartrate and immodium do not include a dosage on the MAR.
 Resident #5's magnesium oxide tablet, Tylenol tablet, and artificial tear solution do not include the medication's strength on the MAR.
 Resident #5's Tums Extra Strength Chewable PRN label to the medication notes "take 1 tablet by mouth 4x daily as needed for indigestion." The MAR notes "Give 1 tablet by mouth as needed for indigestion."
 Resident #5's Tylenol label to the medication notes "Take 1 tablet by mouth 4 times daily for pain, MAX 3 GM APAP/24 hrs." The MAR notes "Give 500 mg by mouth four times a day for pain."

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.

(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) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *DeAnna M. Caudenwood* *Personal Care Administrator* Date *5-23-19*

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Violation Report: 24565 – 04/04/2019 – DeVries, Kristin

Regulation 2600.187(a)

Plan of correction (continued)

All labels for medications listed above were corrected to accurately reflect the MD Orders/MAR.

Staff was provided immediate education regarding violations related to medication. Complete audit of all medications on site in comparison to Physician Orders and MAR was completed in April 2019. A meeting is scheduled for May 29, 2019 with Pharmacy owner to discuss violations and process improvements moving forward.

After notification and agreement of all residents, medications were removed from medication serveries in resident rooms and organized into two medication carts to allow for easier access and closer routine auditing.

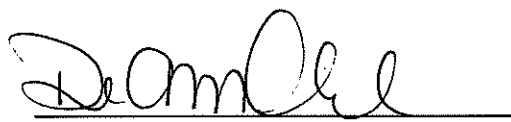
The Medication Reconciliation Process has been drafted and is receiving staff input, and will be finalized June 7, 2019. This process outlines the steps taken to cross check any medications received from the Pharmacy to reconcile the medication received with the MD Order and the MAR. This process also includes that 3rd shift compare the medication to the MAR/MD Order each night during their 24 hour Order check process.

Pharmacy comes to Personal Care monthly to exchange new medications; A Licensed staff member will be assigned to reconcile medications brought from Pharmacy during this exchange in comparison to MD Orders/MAR to check for accuracy and follow up as needed.

A routine medication auditing schedule will begin June 1, 2019. This regularly scheduled audit will be assigned to a Licensed staff member each shift and will occur indefinitely with no planned date of completion, as it will be a routine shift assignment moving forward.

Personal Care Administrator will complete random monthly audits for a period of 12 months, reporting outcomes during CQI/QAPI process.

Personal Care Administrator will monitor for ongoing compliance.



Personal Care Administrator
DeAnna M. Calderwood

5-23-19

Date 5-31-19
MM