



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

May 20, 2019

Ms. Beth McMaster  
Vice-President of Operations/COO  
United Church of Christ Homes, Inc.  
30 North 31<sup>st</sup> Street  
Camp Hill, Pennsylvania 17011

RE: Thornwald Home  
442 Walnut Bottom Road  
Carlisle, Pennsylvania 17013  
Certificate # 343420

Dear Ms. McMaster:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on April 24, 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](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

### Facility Information

Name: THORNWALD HOME

Address: 442 WALNUT BOTTOM ROAD, CARLISLE, PA 17013

County: CUMBERLAND

Region: CENTRAL

License Number: 343420

### Administrator

Name: *Ryanne Houser*

Phone: 7172494118

Email: *na*

### Legal Entity

Name: UNITED CHURCH OF CHRIST HOMES INC

Address: 30 NORTH 31ST STREET, PA, 17011

### Certificate(s) of Occupancy

Type: *I-2*

Date: 12/17/2010

Issued By: *Borough of Carlisle*

### Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *30*

Waking Staff: *23*

### Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

### Inspection Dates and Department Representative

04/24/2019 - *On-Site: Michael Showers, Cybil Bomberger*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *36*

Residents Served: *30*

#### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

#### Hospice

Current Residents: *0*

#### Number of Residents Who:

Receive Supplemental Security Income: *1*

Are 60 Years of Age or Older: *30*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *0*

Have Physical Disability: *2*

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

Regulations

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

There is no grab bar, hand rail or assist bar next to the toilet in the bathroom of room I-4.

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.)

On 4/24/19 at 3 pm, a maintenance technician replaced the standard toilet seat with a seat with hand rails in bedroom I-4. At that same time an audit was completed by the PCHA to ensure that all toilet and bath areas had a grab bar, hand rail or assist bars. All other bath areas and toilets were equipped with a grab bar, hand rail, or assist bar.

To assure on-going compliance, The Personal Care Room Turn-Over Checklist has been updated to include:  
Bathroom: Assist rail/bar present

A copy of the original audit and the updated checklist is attached for review.

Legal Entity Representative

*Ryanne Houser*

Signature

Ryanne Houser, PCHA

Printed Name and Title

5/2/2019

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

5/6/19

(Date)

Plan of correction implementation status as of

5/6/19

(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

BAS

(Initials)

184a - Labeling OTC/CAM

**Regulations**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

**Description of Violation**

-The pharmacy label for Resident 1's Warfarin 2mg prescription does not match what is documented on the medication administration record. The label documents 2 tablets of Warfarin every 3 days, while the medication record documents 1 tablet along with 2.5mg to equal 4.5mg daily.

-The pharmacy label for Resident 1's Warfarin 2.5mg prescription does not match what is documented on the medication administration record. The label documents 2 tablets of Warfarin daily, while the medication record documents 1 tablet along with 2mg to equal 4.5mg daily.

**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 has a Warfarin order that fluctuates dosing based on routine bloodwork (usually ordered either every 2 weeks or monthly). Personal Care LPNs neglected to put a change of directions sticker on both Warfarin labels when the physician order changed based on her most recent bloodwork. The change of direction sticker was added to both Warfarin bottles on 4/24/19 when the error was found.

When an existing order needs modified with a change in directions from the physician, the LPN shall immediately place a "Directions Change-Refer to Chart" sticker on the label following entering the changed order into the MAR. This will assure that the label and MAR match.

To assure compliance, at every medication administration, LPN shall assure that the medication label matches exactly as the electronic MAR. If there is any differences in the instructions on the label than the MAR, the LPN shall immediately check the physician orders to verify that the MAR is correct. The LPN shall immediately place a "Directions Changed-Refer to Chart" sticker on the label, covering the instructions. The stickers are kept in the top drawer of the medication cart so they are easily available when needed.



Continued on Page 3A

**Legal Entity Representative**

*Ryanne Houser*

Ryanne Houser, PCHA

5/2/2019

Signature

Printed Name and Title

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2600.184.a Plan of Correction continued

After midnight, LPN will run the "Orders Information Report" from the pharmacy computer. This report allows the LPN to pull up any "Modified" orders with in the past 24 hours on the personal care unit. LPN runs the report for the past 24 hours and places it in the Modified Orders Binder. 11-7 LPN is responsible for flagging the orders from that report to audit that the change of directions sticker had been placed on the label. Once the LPN completes this double check, that LPN initials off in red ink beside the order that was audited. PCHA will audit the Modified Orders Binder weekly to assure that the LPNS are completing this audit.