



July 19, 2019

Ms. Jodi Murphy
Executive Director
Quincy Retirement Community
Colestock Health Center
6596 Orphanage Road
Waynesboro, Pennsylvania 17268

RE: Quincy Retirement Community
6596 Orphanage Road
Quincy, Pennsylvania 17247
Certificate #: 306520

Dear Ms. Murphy:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on June 26, 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 "Carolyn K. Ellison".

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

Enclosure
Violation Report

Violation Report

Facility Information

Name: QUINCY RETIREMENT COMMUNITY

License Number: 306520

Address: 6596 ORPHANAGE ROAD, QUINCY, PA 17247

County: FRANKLIN

Region: CENTRAL

Administrator

Name: Michael Dietrich

Phone: 7177492300

Email:

Legal Entity

Name: QUINCY RETIREMENT COMMUNITY

Address: 6596 ORPHANAGE ROAD, PA, 17268

Certificate(s) of Occupancy

Type: C-1

Date: 05/28/1975

Issued By: Labor & Industry

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 31

Waking Staff: 23

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

06/26/2019 - On-Site: Jason McCloskey, Israel Springs

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 52

Residents Served: 31

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 31

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 2

141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. 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:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The Documentation of Medical Evaluation form for Resident 1's evaluation on 3/4/2019 does not record the evaluation of the resident's special health & dietary needs, allergies, immunization history, ability to self-administer medications, body positioning and movement, health status and cognitive functioning, and mobility.

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 DME in question has been sent back to the resident's physician, was completed on 6/28/19 and is attached to this report. In the future the LPN or PCHA will complete the form in it's entirety, save for the physician's section at the bottom, per the site inspectors education. Once the form is returned from the physician, both the LPN and PCHA will review the form prior to placing on the resident's chart.

Within 30 days from the receipt of this plan, the administrator, and/or designated staff person, will audit all resident records to ensure that the most recent DME form is completed in full. BAS 7/11/19

Legal Entity Representative

Michael Dietrich PCHA
Signature

Michael Dietrich PCHA
Printed Name and Title

7-10-19
Date

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

The above plan of correction is approved as of 7/11/19
(Date)

Plan of correction implementation status as of 7/11/19
(Date)

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

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

181d -Storing Medication

Regulations

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.

Description of Violation

Resident 2 self-administers Robafen DM cough syrup, NYAMYC 100,000 Units/GM PWD and Proctozone-HC 2.5% Cream. These medications are stored in the resident's unlocked bedside table and the resident's bedroom cannot be locked.

Resident 3 self-administers all of his medications and has a locking box for storage. However, the box cannot contain all of his medications and the resident's bedroom cannot be locked. The remainder of his medications are stored in Resident 3's bedroom in an unsecured manner. These include Melatonin 3mg tablets, Aleve 220mg tablets, Triamcinalone cream, and Lantus insulin.

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 two has been given a lock box, medications placed in lock box and lock box placed in night stand drawer on 6/26/19. Resident three has been given a second lock box, routine medications placed in lock box and lock box placed in dresser drawer on 6/28/19. All of resident three's other medication and extras have been placed in the locked medication room in the nurse's station on 6/26/19. Both residents have been educated on why they must have a lock box for all of their medications and how to appropriately use their lock box. Resident three has been educated to come to the nurses station when the medications kept in the station are needed. To prevent this from occurring in the future, a review of residents approved to have bed side medication will occur and lock boxes will be provided with the appropriate education by 7/31/19 *Within 30 days from the receipt of this plan, all staff will receive re-training in proper storage of medications in residents' rooms. BAS 7/11/19

Legal Entity Representative

Michael D. Petrich
Signature

Michael D. Petrich RCHA 7-10-19
Printed Name and Title Date

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

The above plan of correction is approved as of 7/11/19 Plan of correction implementation status as of 7/11/19
(Date) (Date)

The above plan of correction was approved by BAS Partially Implemented - Adequate Progress
(Initials) Fully Implemented Partially Implemented - Inadequate Progress Not Implemented