



pennsylvania
DEPARTMENT OF HUMAN SERVICES

November 4, 2019

Mr. Corey I. Jones
CEO
The Village at Morrisons Cove
429 South Market Street
Martinsburg, Pennsylvania 16662

RE: The Village at Morrisons Cove
425 South Market Street
Martinsburg, Pennsylvania 16662
Certificate #: 303890

Dear Mr. Jones:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on September 10, 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, appearing to read "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name : THE VILLAGE AT MORRISONS COVE

License Number : 30389

Address : 425 SOUTH MARKET STREET,, MARTINSBURG, PA 16662

County: BLAIR

Region: CENTRAL

Administrator

Name : Heather Rosamilia

Phone : 8147932104

Email :

Legal Entity

Name : THE VILLAGE AT MORRISONS COVE

Address: 429 SOUTH MARKET STREET, MARTINSBURG, PA, 16662

Certificate(s) of Occupancy

Type : C-2 LP

Date : 01/23/1993

Issued By : Labor & Industry

Staffing Hours

Resident Support Staff : 0

Total Daily Staff : 26

Waking Staff : 20

Inspection

Type : Full

BHA Docket # :

Notice : Unannounced

Reason : Renewal

Inspection Dates and Department Representative

09/10/2019 - On-Site: Jason McCloskey, Cybil Bomberger

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 40

Residents Served : 26

Secured Dementia Care Unit

In Home : No

Area:

Capacity:

Residents Served:

Hospice

Current Residents : 0

Number of Residents Who:

Receive Supplemental Security Income: 19

Are 60 Years of Age or Older : 25

Diagnosed with Mental Illness : 3

Diagnosed with Intellectual Disability: 0

Have Mobility Need : 0

Have Physical Disability : 0

3c - Post Current License

Regulations

2600.
 3. c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home did not have the current license or inspection report posted.

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 license and the inspection report were posted during the survey. Completed 09/10/2019

A team was created to complete weekly facility rounds. During this round staff will complete a checklist of items to look for. The license and inspection report is added on the checklist. Rounds will start the week of 9/23/2019 and will be ongoing.

The Village at Morrisons Cove has an evening manager program where the team of managers rotates and completes rounds in the evening during Monday through Friday. Personal Care will now be added to these rounds and the manager will be looking to ensure license and inspection report are posted. This will start on 9/23/2019 and will be ongoing.

The Administrator will monitor the both checklists for 8 weeks and then monthly for two months and then quarterly on an ongoing basis.

Legal Entity Representative


 Signature

Heather Rosamilia, Administrator 9/20/19
 Printed Name and Title Date

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The above plan of correction is approved as of 9/27/2019 Plan of correction implementation status as of 9/27/2019
 (Date) (Date)

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

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

82c- Locking Poisonous Materials

Regulations

2600.
82. c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

The janitor closet on the first floor was unlocked, open and accessible to residents. There were two gallons of bleach and an aerosol can of stainless steel polish with labels stating to call poison control or a doctor if ingested. Residents in the home, including Resident 1, are not assessed to be able to safely identify and use poisonous materials.

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 door was locked immediately. Completed 09/10/2019

A team was created to complete weekly facility rounds. During this round staff will complete a checklist of items to look for and to check. Ensuring that the housekeeping closets are locked have been is added on the checklist. Rounds will start the week of 9/23/2019 and will be ongoing.

The Village at Morrisons Cove has an evening manager program where the team of managers rotates and completes rounds in the evening during Monday through Friday. Personal Care will now be added to these rounds and the manager will be looking to ensure housekeeping doors are locked. This will start on 9/23/2019 and will be ongoing.

The Administrator will monitor the both checklists for 8 weeks and then monthly for two months and then quarterly on an ongoing basis.

Legal Entity Representative

Heather Rosamilia
 Signature

Heather Rosamilia, Administrator 9/20/19
 Printed Name and Title Date

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132h - Designated Meeting Place

Regulations

2600.
 132. h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drill held on 1/10/2019 there were 24 residents in the home. On this date only 23 residents evacuated the home in response to the fire drill.

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 January 10, 2019, a fire drill was conducted at 1:58pm. When apartment 117A was evacuated, 1 of 3 residents did not evacuate the apartment. At that time, each Personal Care apartment was identified by signage hanging from the ceiling outside of the entrance indicating the letter "PC". We immediately changed the signage to not only identify a PC apartment but also the number of residents residing in each apartment. The staff performing the fire drill on January 10, 2019, was re-trained that day on the signage and the importance of checking the entire apartment prior to marking the room evacuated. A fire drill was re-scheduled and successfully performed on January 14, 2019 at 8:50am.

This will be reviewed at the staff in-serviced that is scheduled to be completed prior to 10/31/2019.

A team was created to complete weekly facility rounds. During this round staff will complete a checklist of items to look for including that the signage is correct. Rounds will start the week of 9/23/2019 and will be ongoing.

Legal Entity Representative

Heather Rosamita
 Signature

Heather Rosamita Administrator 9/20/19
 Printed Name and Title Date

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162c - Menus Posted

Regulations

2600. 162. c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 9/10/19, the home had only had the current menu of 9/8/19 through 9/14/19 posted.

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 menus were posted during the survey. Completed 09/10/2019

A team was created to complete weekly facility rounds. During this round staff will complete a checklist of items to look for and to check. The menus are added on the checklist. Rounds will start the week of 9/23/2019 and will be ongoing.

The Village at Morrisons Cove has an evening manager program where the team of managers rotates and completes rounds in the evening during Monday through Friday. Personal Care will now be added to these rounds and the manager will be looking to ensure menus are posted. This will start on 9/23/2019 and will be ongoing.

The Administrator will monitor the both checklists for 8 weeks and then monthly for two months and then quarterly on an ongoing basis.

Legal Entity Representative

Signature: *Heather Rosamilia*

Printed Name and Title: Heather Rosamilia Administrator 9/20/19 Date

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183e - Storing Medications

Regulations

2600. 183. e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

There was a small white oval pill loose in one of the home's medication carts. One of the individual containers on the blister pack for Resident 2's Warfarin was punctured and opened exposing the tablet to contamination.

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.)

Weekly on Sunday the 3rd shift will examine the medication drawers in both med carts for loose pills. The staff member will sign off on a checklist. This will start on 09/22/2019 and will be ongoing. The RN Court Supervisor or designee will monitor the checklist for 8 weeks and then monthly for two months and then quarterly for two quarters.

All current med trained staff members will be trained to hold the blister packed card of meds up to available light sources in a manner that they can view translucent light through any slits in the foil holding the meds in their individual blisters. Staff will continue with procedure for destroying any meds that have enough slit in the foil to potentially fall out of blister or allow contamination to the pill. Training will be completed by 10/31/2019.

New med trained staff will be educated during their medication training effective immediately.

Legal Entity Representative

Heather Rosamilia
Signature

Heather Rosamilia Administrator 9/20/19
Printed Name and Title Date

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187b - Date/Time of Medication Admin.

Regulations

2600. 187. b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident 3 was administered her "MI-Acid Gas Chw 80mg" at 5pm on 9/6/19. However, the Medication Administration Record was not initialed to reflect the administration of this medication.

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.)

Re-education to current med trained staff to document directly after administering medications as stated in med training will be completed by 10/31/2019.

Staff will check the MAR's for documentation completion at shift changes. The oncoming staff will go through the MAR examining for missed documentation with the leaving staff member to catch any missed documentation so a completion of documentation can occur before the staff member leaves from shift. This will start on 09/20/2019 and be ongoing.

Weekly checks will occur for the next 8 weeks and then monthly checks for two months and then quarterly for two quarters. Weekly checks will be completed by staff LPN.

Legal Entity Representative

Heather Rosamilia
Signature

Heather Rosamilia Administrator 9/20/19
Printed Name and Title Date

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