



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

November 12, 2019

Ms. Joan Matura  
Director of Wellness  
South Mountain Memory Care LLC  
201 South Seventh Street  
Emmaus, Pennsylvania 18049

RE: South Mountain Memory Care  
License #: 227210

Dear Ms. Matura:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 29, 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, appearing to read "Kevin Hancock".

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Violation Report

# Violation Report

## Facility Information

**Name:** SOUTH MOUNTAIN MEMORY CARE

**License Number:** 22721

**Address:** 201 SOUTH SEVENTH STREET,, EMMAUS, PA 18049

**County:** LEHIGH

**Region:** NORTHEAST

## Administrator

**Name:** Joan Matura

**Phone:** 6109657662

**Email:**

MDEPALMA@SOUTHMOUNTAINMEMORYCARE.COM

## Legal Entity

**Name:** SOUTH MOUNTAIN MEMORY CARE LLC

**Address:** 201 SOUTH SEVENTH STREET, EMMAUS, PA, 18049

## Certificate(s) of Occupancy

**Type:** I-1

**Date:** 02/14/2018

**Issued By:** Emmaus Boro

## Staffing Hours

**Resident Support Staff:** 0

**Total Daily Staff:** 52

**Waking Staff:** 39

## Inspection

**Type:** Full

**BHA Docket #:**

**Notice:** Unannounced

**Reason:** Renewal

## Inspection Dates and Department Representative

09/26/2019 - On-Site: Jason Harvey

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity:** 28

**Residents Served:** 26

### Secured Dementia Care Unit

**In Home:** Yes

**Area:** Entire Building

**Capacity:** 28

**Residents Served:** 26

### Hospice

**Current Residents:** 4

### Number of Residents Who:

**Receive Supplemental Security Income:** 0

**Are 60 Years of Age or Older:** 26

**Diagnosed with Mental Illness:** 0

**Diagnosed with Intellectual Disability:** 0

**Have Mobility Need:** 26

**Have Physical Disability:** 1

184b - Resident's Meds Labeled

Regulations

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

Resident #1's Bayer Aspirin 81mg was not labeled with the resident's name.

Repeated Violation 8-10-18

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.)

This bottle of Bayer Aspirin 81 mg was just recieved from family. Staff placed in med cart and did not follow directions with labeling. Steps in place:

- 1. Cost effective to family having our pharmacy providing this medication in the talus packing system.
- 2. This ensures correct labeling, supply is maintained, and it is charted.
- 3. SM will use medications that families bring in as long as bottles are identified with the residents name, the correct directions, dosage, are visable.
- 4. After family supplied medications are exhausted, medication will be talus packaged by facility pharmacy.
- 5. Weekly audit checks of med cart will be completed by 7-3 business director, med tech, director of wellness.

Legal Entity Representative

*Joan Matura*

Signature

Joan Matura LPN DOW PCHA

Printed Name and Title

10/2/19

Date

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

The above plan of correction is approved as of 10-16-19 (Date)

Plan of correction implementation status as of 10-16-19 (Date)

The above plan of correction was approved by (Initials)

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

185a - Implement Storage Procedures

Regulations

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.

Description of Violation

The home did not properly maintain the Medication Administrator Record (MAR) for resident #2 due to staff incorrectly transcribing the blood glucose test results in the individual glucometer. Resident #2 on 6/24/15 at 7:36am the reading was 182 but was incorrectly transcribed as 187.

Repeated Violation 2-22-19

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.)

(Correction On 9/26/19 @ 0736 not 6/24/15 )

Bi-weekly audits are completed on the glucometer against the mar's. The memory is deleted every two weeks. This maintains correct day & time. The director of wellness has instructed staff to hold meter close to computer screen to ensure correct transcription of results. Director of wellness will re-educate staff of the importance of correct documentation. If in-correct documentation is noted during audits - the director of wellness will be completing negative notations.

Legal Entity Representative

*Joan Matura*

Signature

Joan Matura LPN DOW PCHA

Printed Name and Title

10/2/19

Date

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