



Sent via e-mail [arosemas@pa.gov]

MAILING DATE: May 20, 2020

Ms. Anissa Rosemas  
Personal Care Administrator  
Hollidaysburg Veterans' Home  
P.O. Box 319  
Hollidaysburg, Pennsylvania 16648

RE: Hollidaysburg Veterans' Home  
Certificate #: 343600

Dear Ms. Rosemas:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) review on November 6, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

*Gloria Emick*

Gloria Emick  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: *HOLLIDAYSBURG VETERANS' HOME*

License Number: *34360*

Address: *P.O.BOX 319,, HOLLIDAYSBURG, PA 16648*

County: *BLAIR*

Region: *CENTRAL*

## Administrator

Name: *Anissa Rosemas*

Phone: *8146965553*

Email: *AROSEMAS@PA.GOV*

## Legal Entity

Name: *HOLLIDAYSBURG VETERANS HOME*

Address: *P.O.BOX 319, HOLLIDAYSBURG, PA, 16648*

## Certificate(s) of Occupancy

Type: *C-1*

Date: *05/13/2005*

Issued By: *Labor and Industry*

## Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *116*

Waking Staff: *87*

## Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal,Complaint*

## Inspection Dates and Department Representative

*11/06/2019 - On-Site: Kellie Cargile, Michael Showers*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *167*

Residents Served: *110*

### 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: *86*

Diagnosed with Mental Illness: *30*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *6*

Have Physical Disability: *2*

Rec'd  
12/10/19  
GE

183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 11/6/19, Novolog 100 Unit/ML prescribed for Resident #1, was in the home's medication cart. The medication expired on 10/31/19.

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.)

*See attached*

Page 2A of 5

Legal Entity Representative

*Anissa Rosemas, PCHA*  
Signature

*Anissa Rosemas, PCHA* 12/10/19  
Printed Name and Title Date

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

The above plan of correction is approved as of 1/14/20  
(Date)

Plan of correction implementation status as of 5/20/20  
(Date)

Implemented

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

Not Implemented

**Regulation Cited: 2600.183.d.** Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**How was the regulation violated:** On 11/6/2019, Novolog 100 Unit/ML prescribed for resident #1, was in the home's medication cart. The medication expired on 10/31/2019.

**Benefit of the regulation:** Ensures the home does not keep medications that are for residents no longer living in the home or that have been discontinued.

**Action plan to fix right away and prevent in the future:** The physician was notified regarding the medication errors. There were no noted undesired effects to the resident. The medication fridges were checked for additional expired insulin. No further insulin vials were noted to be expired. A medication incident investigation was initiated by the Registered Nurse Supervisor.

The licensed staff involved will be sent for retraining/education regarding the Medication Administration Policy, specifically, noting the expiration date on insulin vials and discarding per policy.

**Who is responsible for preventing future violation:** The Registered Nurse Supervisors will perform a Quality Assurance check of the medication fridges weekly for three months to ensure that there is no expired insulin, in order to prevent expired insulin from being administered. Any noted discrepancies will be addressed through remediation and progressive discipline.

**Date corrected by:** 12/23/2019

Administrator Signature: *Christa Roemer, RN* Date: 12/10/19

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

On 11/6/19, three loose pills were located in the A-wing medication cart. Two pills were white in color and identified as Loratadine. The other, was yellow in color and could not be identified.

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.)

*See attached*

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*Ariisa Rosemas, PCHA*  
Signature

*Ariisa Rosemas, PCHA 12/10/19*  
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Not Implemented

**Regulation Cited: 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.


**How was the regulation violated:** On 11/6/2019, three loose pills were located in the A-wing medication cart. Two pills were white in color and identified as Loratadine. The other, was yellow in color and could not be identified.

**Benefit of the regulation:** Ensures that medications will be stored in a manner that prevents damage or loss.

**Action plan to fix right away and prevent in the future:** Medication carts were checked for additional loose pills and none were found. The pills found were sent to pharmacy for identification. Two of the three pills were identified as Loratadine and the other was unable to be positively identified due to wear. The Medication Administration Policy will be revised to include that with each medication pass, the licensed nurse will inspect the back of the blister pack for taped or damaged foil. Blister packs with taped or damaged foil must be sent to pharmacy for replacement/repacking. Pharmacy must be notified of any medications noted to be unintentionally dislodged from the blister pack. Licensed staff on 11-7 will inspect each medication cart to ensure that there are not loose medications present. If loose medications are noted, they must be disposed of per policy.

**Who is responsible for preventing future violation:** The Registered Nurse Supervisors will perform a random Quality Assurance check of the medication blister packs weekly for three months to ensure that there is no taped or damaged foil, in order to prevent medications from becoming dislodged. They will also inspect the carts for any loose medications. Any noted discrepancies will be addressed through remediation and progressive discipline.

Date corrected by: 12/23/2019

Administrator Signature: 

Date: 12/10/19

187d - Follow Prescriber's Orders

Regulations

2600.  
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Novolog 100 unit/ml per sliding scale as follows: Blood Sugar of 180-239 = 1 unit, 240-299 = 2 units, 300-359 = 3 units, 360-419 = 4 units, and 419+ = 5 units.

On 11/2/19, at 12 pm, Resident #1's blood sugar reading was 257 requiring 2 units of Novolog per sliding scale. The medication administration record indicated that no additional units were administered.

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.)

*See Attached*

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Not Implemented

**Regulation Cited:** 2600.187.d. The home shall follow the directions of the prescriber.

**How was the regulation violated:** Resident #1 is prescribed Novolog 100 unit/ml per sliding scale as follows: Blood sugar of 180-239= 1 unit, 240-299= 2 units, 300-359= 3 units, 360-419= 4 units, and 419+= 5 units.

On 11/2/2019, at 12pm, Resident #1's blood sugar reading was 257 requiring 2 units of Novolog per sliding scale. The medication administration record indicated that no additional units were administered.

**Benefit of the regulation:** Ensures that residents receive medications and treatments as ordered by a physician.

**Action plan to fix right away and prevent in the future:** The physician was contacted regarding the sliding scale insulin order to request clarification and review for alternate insulin orders a per facility policy. The physician maintained the sliding scale per the recommendations from the Endocrinologist. There were no adverse effects noted to the resident. The Licensed staff involved will be sent for remediation regarding the facility's Medication Administration Policy.

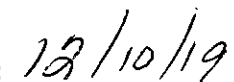
**Who is responsible for preventing future violation:** The Registered Nurse Supervisors will perform a random Quality Assurance Audit of the medication Administration records of residents with sliding scale insulin orders, weekly for 3 months to ensure that they have been administered the accurate dosage of insulin per their physician's orders and that it is documented in the Medication Administration Record. Any noted discrepancies will be addressed through remediation and progressive discipline.

**Date corrected by:** 12/23/2019

**Administrator Signature:**



**Date:**



252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Resident #1's record does not include a photograph that is less than 2 years old. The last photo was dated 10/31/17.

The resident records for Residents #1, #2, #3, #4 and #5 did not include face sheets that identified gender, social security number, race, color of hair, color of eyes, and religious affiliation.

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.)

*See Attached*

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**Regulation Cited: 2600.252.** Content of Resident Records- Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.

**How was the regulation violated:** Resident #1's record does not include a photograph that is less than 2 years old. The last phot was dated 10/31/2017. The resident records for residents #1, #2, #3, #4 and #5 did not include face sheets that identified gender, social security number, race, color of hair, color of eyes, and religious affiliation.

**Benefit of the regulation:** Having a complete record for each resident gives the home the best possible picture of who the resident is, what the residents history is, and what services or needs the resident may have.

**Action plan to fix right away and prevent in the future:** Immediately, a face sheet for every resident was printed out of our electronic medical record and placed on the resident's hard copy chart. Moving forward, every nursing unit will contain a specific binder with a copy of every resident's face sheet. This binder will be updated on a monthly basis. The intent of the regulation is to have all the identifying information easily accessible, in the event that a person is missing, etc., and information can be easily disseminated to emergency/law enforcement/medical personnel.

A new photograph has been taken of resident #1 and dated accordingly. Social Services every January will take all new photographs for every resident and date accordingly. Moving forward this exceed the compliance for this regulation.

**Who is responsible for preventing future violation:** Unit Clerk/Social Services

**Date corrected by:** 11/06/2019

**Administrator Signature:** *Cristina Thomas PCNA*

**Date:** 12/10/19