Mailing Date: January 30, 2020

Mr. Yaakov Dorfman
COO
Maple Winds HealthCare and Rehabilitation Center LLC
4112 Springhill Road
Portage, Pennsylvania 15946

RE: Maple Winds Personal Care
Certificate #: 333251

Dear Mr. Dorfman

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on January 15, 2020 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is:
Acceptable - All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

If you need assistance, please contact me at 717-418-9656 or email at bswanger@pa.gov.

Sincerely,

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *MAPLE WINDS PERSONAL CARE*
License Number: *33325*
Address: *4112 SPRINGHILL ROAD,, PORTAGE, PA 15946*
County: *CAMBRIA*
Region: *CENTRAL*

Administrator

Name: *Tawyna Lamark*
Phone: *8147366000*
Email:

Legal Entity

Name: *MAPLE WINDS HEALTHCARE AND REHABILITATION CENTER LLC*
Address: *4112 SPRINGHILL ROAD, PORTAGE, PA, 15946*

Certificate(s) of Occupancy

Type: *I-2*
Date: *03/23/2011*
Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0*
Total Daily Staff: *22*
Waking Staff: *17*

Inspection

Type: *Full*
BHA Docket #:
Notice: *Unannounced*
Reason: *Renewal,Provisional*

Inspection Dates and Department Representative

01/15/2020 - On-Site: Israel Springs, Cybil Bombberger

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *22*
Residents Served: *17*

Secured Dementia Care Unit

In Home: *No*
Area:
Capacity:
Residents Served:

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0*
Are 60 Years of Age or Older: *17*
Diagnosed with Mental Illness: *0*
Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *5*
Have Physical Disability: *0*

63a - First Aid/CPR Training

Regulations

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

Between the hours of 2:30pm and 10:30 pm on 1/4/2020, 1/5/2020, 1/9/2020, 1/10/2020, and 1/11/2020, there were residents present in the home, but no staff with current training in first aid and certified in CPR and obstructed airway techniques.

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.)

PCHA scheduled a mandatory CPR training with Pj Shell to occur on 01/22/20 to have new cards issued to the staff members and Update any other members CPR cards that are close to expiring.

The administrator and HR director will monitor the dates of all CPR cards and keep them in one file, so they will not be missed placed. The Folder will be kept in the HR department and will be reviewed monthly for compliance. The Administrator will complete a monthly log of all staff's CPR cards and a second check will be done by the HR director. All CPR cards will be up to date by 01/20/20.

All Staff have been trained on CPR/obstructed air way. The administrator, LPN and Lead aide will assure that there is a staff member scheduled on each shift that always has their current CPR training . Plan of correct was implemented 1/16/2020

Legal Entity Representative

Tawnya LaMark (signature)
Signature

Tawnya LaMark PCHA — 1-28-20
Printed Name and Title — Date

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The above plan of correction is approved as of 1/30/2020 (Date)

Plan of correction implementation status as of ______ (Date)

- [ ] Implemented
- [ ] Not Implemented

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

85a - Sanitary Conditions

Regulations

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

The glucometer for Resident #1 was used to test the blood sugars for Resident #2's prescribed 7:00 am testing on 1/6/2020, 1/13/2020, 1/14/2020, and 1/15/2020.

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.)

2 residents are Diabetic and have daily blood checks. The LPN used the same monitor to check both residents. Effective Immediately all staff was reeducated by the infection control nurse on proper use of the glucometers, infection control and on the importance of using one glucometer per resident. The administrator immediately had 2 new meters delivered from the pharmacy, which arrived on 1/15/20. MD was contacted to get orders for blood testing for communicable diseases to ensure the safety of both residents. Effective Immediately, the staff will ensure that the meters being used is the residents' meter only, by having the resident identify their name on the meter and logging the response on the tracking sheets. an audit of the glucometers as compared with the documented readings in the MAR will be completed for 2 months. The Administrator and Charge LPN will complete the audit and reviews daily for 2 weeks and then weekly for 2 months, the date of completion for these audits will be done by March 1, 2020. All staff were educated on the new form on 1/16/2020 and form was implemented on 1/17/2020. Plan of correct went into effect on 01/17/2020. Upon completion, documentation will be provided to the Department for review on March 1, 2020.

Legal Entity Representative

Tawnya LaMark PCHA
Signature

Tawnya LaMark PCHA
Printed Name and Title

1-28-20
Date

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☐ Not Implemented

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 #2, completed on 12/19/2019 did not assess the resident's ability to self-administer medications.

Repeat Violation: 8/21/2019, 7/9/2019

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.)

Self-administration of medication is not able to be checked off on the Tabula system and must be completed by hand once printed. Effective immediately The LPN and Charge CNA were educated on the forms and the completion of them. Administrator contacted Tabula and their IT department is looking into this issue. This issue was resolved by the IT department on 1/17/20. Effective 1/16/20, Audit form started to monitor all DME forms for all boxes to be double checked by the LPN, Charge CNA and the Administrator. Whole house audit was completed on 1/17/2020 to ensure that all DMEs are completed correctly. A weekly audit will be completed by the Administrator and charge CNA starting 1/16/2020 to ensure all forms are completed appropriately. Plan of correct was started on 1/16/20. Documentation for the first four weeks of audits will be provided to the Department by March 1, 2020.

Legal Entity Representative

Tawnya LaMark PCHA	Tawnya LaMark PCHA	1-28-20
Signature	Printed Name and Title	Date

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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 Medication Administration Record (MAR) for Resident #1 incorrectly documented a recorded glucose reading of 243 at 11:40 on 1/10/2020. The actual reading for this test was 235 as stored in the resident's glucometer.

-The MAR for Resident #2 documented blood sugar readings of 94 on 1/6/2020, 109 on 1/4/2020, 98 on 1/3/2020, and 118 on 1/20/2020. These readings were not stored in the resident's glucometer or any other glucometer in the personal care home.

-The glucometer for Resident #1 was not calibrated for the correct date and time.

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 glucometer was found to have the wrong time, by 3 hours on the resident's machine. The staff was educated on 1/16/2020, by the infection control nurse on proper use of the glucometers and that the glucometers must have the correct time on each machine to ensure accurate documentation and history for the resident. Effective 1/16/2020. The Glucometer Calibration sheets where updated to include "correct Time Shown". The Administrator and Charge LPN will complete the audit and reviews daily for 2 weeks and then weekly for 2 months, the date of fully implementation for these audits will be done by March 1, 2020. Plan of correction went into effect on 01/18/2020. the date of completion for these audits will be done by March 1, 2020. Documentation of the audits will be provided to the department for review.

Legal Entity Representative

Tawnya LaMark PCHA | Tawnya Lamark PCHA | 1-28-20

Signature | Printed Name and Title | Date

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