



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Mailing Date: April 29, 2020**

Mr. Michael Reinhart  
President  
Equity Housing Corporation  
P.O. Box 219  
Willow Street, Pennsylvania 17584

RE: Willow View Home  
204 Herrville Road  
Willow Street, Pennsylvania 17584  
Certificate #: 322280

Dear Mr. Reinhart:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 9, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Brett Swanger".

Brett Swanger  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: *WILLOW VIEW HOME*

License Number: 32228

Address: *204 HERRVILLE ROAD,, WILLOW STREET, PA 17584*

County: *LANCASTER*

Region: *CENTRAL*

## Administrator

Name: *Michael Rhinehart*

Phone: *7177865519*

Email: *MIKE@WILLOWVIEWHOME.COM*

## Legal Entity

Name: *EQUITY HOUSING CORPORATION*

Address: *P.O. BOX 219, WILLOW STREET, PA, 17584*

## Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *02/04/1981*

Issued By: *L&I*

## Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *19*

Waking Staff: *14*

## Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

## Inspection Dates and Department Representative

*03/09/2020 - On-Site: Israel Springs, Laura Heemer*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *24*

Residents Served: *19*

### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: *0*

### Number of Residents Who:

Receive Supplemental Security Income: *2*

Are 60 Years of Age or Older: *17*

Diagnosed with Mental Illness: *2*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *0*

Have Physical Disability: *0*

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

The Medication Administration Record does not document the diagnosis or the purpose for Resident #2's Doc-Q Lase 100 mg and Olanzapine 15 mg, and Resident #1's Quetiapine Fum 100.

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.)

Willow View Home has a medication policy in place. (see attached) This policy is given to all residents and families on admission and annually. We also send this policy to all physicians that care for our residents annually. Included in this policy is the request that all prescriptions include the diagnosis that is being treated. We will begin to send this policy to our physicians as we find missing diagnosis'. The corrected MARs are attached. To maintain ongoing compliance we will complete a monthly MAR review with emphasis on diagnosis and accuracy. A member of our management team and a designated Med Tech will perform these checks and report any missing or incorrect information to the prescribing physician as well as our administrator. This action was implemented on March 20th 2020 and is ongoing.

Legal Entity Representative

*Michael Reinhart, Administrator*  
Signature

Michael Reinhart, Administrator  
Printed Name and Title

03/27/2020  
Date

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The above plan of correction is approved as of

3/31/2020  
(Date)

Plan of correction implementation status as of

4/29/2020  
(Date)

Implemented

Not Implemented

The above plan of correction was approved by

BAS  
(Initials)

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

The Medication Administration Record for Resident #1 shows that the resident takes Vitamin D 2 1.25 mg 50,000 u by mouth twice a month. The record is improperly initialed by staff as having been administered every day of March 2020, except for 3/7/2020.

Resident #1 is prescribed Furosemide 40 mg, Clopidogrel 7mg, Levothyroxine 75 mg, and Potassium CL ER 10. The resident's Medication Administration Record does not include the initials of the staff person who administered these medications on 3/7/2020 at 8 am.

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.)

Willow View Home has in-serviced all Med Techs on the importance of an accurate and complete MAR for every resident and each resident medication handled by our staff. We have implemented a procedure to correct and monitor this violation. Our Mars will be reviewed monthly for complete and accurate information by a designated Med Tech and a member of our management team. During this review the MARs will be updated to include highlights for medications given less that daily or that have any other special instructions. Any issues will be reported to the administrator for the purpose of continued compliance. All procedures and monitoring were implemented on 03/20/2020.

Legal Entity Representative

*Michael Reinhart*  
Signature

Michael Reinhart, Administrator  
Printed Name and Title

03/27/2020  
Date

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Not Implemented

227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The documentation of medical evaluation form for Resident#1, dated 9/6/2019, includes the resident's need for the medication glucagon 1 mg to be administered as an emergency dosage for symptomatic blood sugars less than 60. This information is not included on the current support plan developed for the resident.

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.)

All resident medication orders have been reviewed for emergency medications. All emergency medications are now listed on the resident's RASP under section 2 medical needs. All staff responsible for the creation and ongoing updates have been in-serviced on the requirements needed to complete an accurate RASP. All RASP's as of 03/17/2020 have been updated to include any special or emergency medications. To ensure continued compliance the resident's RASP will be reviewed by an appointed staff member for accuracy and completion on a quarterly basis. All staff that has access to or is required to review the RASPs have been in-serviced on these updates and the importance of this information. All staff were in-serviced on 03/20/2020.

Legal Entity Representative

  
Signature

Michael Reinhart, Administrator  
Printed Name and Title

03/27/2020  
Date

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(Initials)

Implemented  
 Not Implemented