



SENT VIA EMAIL: pcadmin@williampenncc.com

MAILING DATE: July 9, 2020

Ms. Melissa D'Avico
Administrator
William Penn Health Care Associates, LP
2030 Ader Road
Jeannette, Pennsylvania 15644

RE: William Penn Care Center
1021 Walton Road
Jeannette, Pennsylvania 15644
License #: 444250

Dear Ms. D'Avico:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on April 29, 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 "Jody Garvey". The signature is written in a cursive style.

Jody Garvey
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: WILLIAM PENN CARE CENTER

License Number: 44425

Address: 1021 WALTON ROAD, JEANNETTE, PA 15644

County: WESTMORELAND

Region: WESTERN

Administrator

Name: Mellissa D'Avico

Phone: 7245193700

Email: PCADMIN@QUESTHCD.COM

Legal Entity

Name: WILLIAM PENN HEALTH CARE ASSOCIATES LP

Address: 2030 ADER ROAD, JEANNETTE, PA, 15644

Certificate(s) of Occupancy

Type: 1-2

Date: 02/20/2012

Issued By: Township of Penn

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 77

Waking Staff: 58

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint

Inspection Dates and Department Representative

04/29/2020 - On-Site: Desmond Grace

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 108

Residents Served: 63

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 12

Number of Residents Who:

Receive Supplemental Security Income: 4

Are 60 Years of Age or Older: 63

Diagnosed with Mental Illness: 22

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 14

Have Physical Disability: 0

184a - Labeling OTC/CAM

Regulations

2600.

- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 - 4. The prescribed dosage and instructions for administration.


Description of Violation

Resident #1 was prescribed Albuterol 2.5mg/3ml (0.083%)-administer 3ml via nebulizer every 4 hours as needed for wheezing and shortness of breath. However, the pharmacy label on the medication indicates administer 4 times per day.

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

See page 2a of 6  7/6/20

Legal Entity Representative



Signature

Melissa D'Avico, Administrator

Printed Name and Title


7/2/2020

Date

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

The above plan of correction is approved as of 7/6/20
(Date)

Plan of correction implementation status as of 7/6/20
(Date)

The above plan of correction was approved by 
(Initials)

- Implemented
- Not Implemented

Regulation 2600.184A

The original prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration

Violation:

Resident #1 was prescribed Albuterol 2.5mg/3ml (0.083%)-administer 3ml via nebulizer every 4 hours as needed for wheezing and shortness of breath. However, the pharmacy label on the medication indicates to administer 4 times per day.

Immediate Action:

- Added change sticker to the medication on 4/29/2020 at inspection by DOW.

Compliance Actions:

- Med Tech and Nurse Educations: Completed 5/15-5/27 (by Administrator)
 - Labels to be checked upon receipt of medication or order change and change of direction sticker to be placed if necessary.
 - Change of direction stickers placed in med cart for immediate use
- Label audits to be completed :
 - Ongoing monthly for 3 months starting (May 2020 – July 2020)
 - Administrator to determine timeline after July
 - At a minimum quarterly review of compliance after July 2020
 - Med tech or cart nurse to complete weekly audit attached effective 6/1/2020
 - Random audits completed throughout May 2020.
 - Director of Wellness to review weekly upon completion and report to Administrator or Designee any issues found.
 - Administrator or Designee to review monthly and sign audit.

Attachments:

- Audit tool

NOTE: Administrator in contact with pharmacy to integrate 2 way communications to assure labeling match upon arrival.

Melissa D'Avico, Administrator
7/2/2020



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 #2's prescribed Aspercream Lidocaine Patch 4% and Metamucil 4 in 1 Fiber, were not labeled with the resident's name.

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 ATTACHMENTS

See page 3a of 6

[Signature] 7/6/20

Legal Entity Representative

[Signature]

Signature

Melissa Davis, Administrator

Printed Name and Title

Date
7/2/2020

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[Initials]
(Initials)

Regulation 2600.184b

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

Violation:

Resident #2's prescribed Aspercream Lidocaine Patch 4% and Metamucil 4 in 1 Fiber, were not labeled with the Residents name.

Immediate Action:

- Resident name added to medication on 4/29/202 at time of inspection by DOW.

Compliance Actions:

- Med Tech and Nurse Educations: Completed 5/15-5/27
 - Medications to be labeled before placement in the cart.
 - Attached labels to be used for labeling OTC meds.
 - Stickers made for staff to apply and use to assure all OTC and CAM's are properly labeled.
- Cart Audits to be done weekly by Med Tech/Cart Nurse or Designated by Administrator: effective 6/1/2020 – 9/1/2020
 - DOW and Administrator to review and sign off weekly.
 - Administrator to determine level of compliance and reassign audits as needed
- Quarterly pharmacy audits to be requested through audit period.

Attachments:

- Copy of Labels given to staff to use
- Completed cart audit tracking tool for June 2020

Melissa D'Avico, Administrator
7/2/2020



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 #2 was prescribed Moxifloxacin HCL 400mg tablet-give 1 tablet by mouth 1 time a day for 10 days. On 4/24/20, the medication was administered to resident #2; however, the resident's April 2020 medication administration record (MAR) does not include the initials of the staff person who administered the 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.)

SEE ATTACHED

See page 4a of 6  7/6/20

Legal Entity Representative



Signature

Melissa Davilio, Administrator

Printed Name and Title


Date 7/2/2020

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Regulation 2600.187.b

The information listed in (a) 13 and 14 shall be recorded at the time the medication is administered.

- The residents name, Drug allergies
- The name of the medication, strength, dosage form, dose, route and frequency
- Administration times with duration or therapy with special precautions if applicable
- Diagnosis or purpose for the medication including PRN
- Date and time of medication administration
- Name and initials of the staff person administering the medication

Violation:

Resident #2 was prescribed Moxifloxacin HCL 400mg tablet – give 1 tablet by mouth 1 time per day for 10 days. On 4/24/20, the medication was administered to resident #2; however, the residents April 2020 MAR do not include the initials for the staff member that administered the medication.

Immediate Action:

- Verified from med tech on duty on 4/29/2020 medication was given on 4/24/2020. Education provided by DOW to verify medications are in the EMAR prior to administration.
- Progress note to indicate when medication was given by DOW on 4/29/2020. – see attached

Compliance Actions:

- Education to Med Techs and Nurses 5/12-5/27
- New order communication tool in place to track new orders to assure all parts of the order process followed to include the documentation of a new medication.
- June 2020 the DOW was tracking (Antibiotics, Coumadin and Pain Medications) using the tool attached.
- Upon review of process, it was found that additional oversight was needed in the order process. Therefore effective 7/1/2020 the DOW will pull a minimum of a weekly report for all new orders placed into EMAR and review it their entirety.
 - Administrator or designee will review weekly with sign off to review effectiveness.
 - This will continue through a minimum of 12/30/2020 or upon full implementation of 2 way communications with the pharmacy and EMAR.

Attachments:

- New Order Communication Tool
- Weekly report from EMAR

Melissa D'Avico, Administrator
7/2/2020



224a - Preadmission Screen Form

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #3's preadmission screening form, dated 5/30/19, did not include a determination that the needs of the resident could be met by the services provided by the home.

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

See page 5a of 6 *[Signature]* 7/6/20

Legal Entity Representative

[Signature]
Signature

Melissa Davico, Administrator
Printed Name and Title

Date 7/2/2020

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(Initials)

Implemented
 Not Implemented

Regulation 2600.224a

A determination shall be made within 30 days prior to admission and documented on the Departments preadmission screening form that the needs of the resident can be met by the services provided by the home.

Violation:

Resident #3 preadmission screening form dated 5/30/2019, did not include a determination that the needs of the residence could be met by the services provided by the home.

Immediate Action:

- Preadmission screening for resident #3 was reviewed and completed in its entirety on 4/29/2020

Compliance Actions:

- Audit for all pre admission screenings completed by DON and RCC on 5/28/2020.
- Education to Med Techs and Nurses: 5/15 -5/27/2020
 - 2 initials will be required at the bottom of completed form to verify completion and accuracy.
- Effective 5/1/2020: RCC and DOW will track all new residents who move into the community; documentation to include preadmission screening documentation filled out in its entirety.

This audit does not have an end date at this time; will continue for all new admissions.

Attachments:

- Assessment Compliance Audit
- Correct Screener for Resident #3

Melissa D'Avico, Administrator
7/2/2020



225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.


Description of Violation

Resident #3's most recent assessment, dated 6/13/19, does not include the diagnoses of depression, insomnia, atrial fibrillation, coronary artery disease/dysrhythmia, chronic kidney disease and benign prostate hypertrophy as indicated on the resident's medical evaluation dated 6/1/19.

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

See page 6a of 6  7/6/20

Legal Entity Representative



Signature

Melissa D'Aurico, Administrator


Printed Name and Title

Date 7/2/20

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Regulation 2600.225.c

The resident shall have additional assessments as follows: Annually

Violation:

Residents #3 most recent assessment, dated 6/13/2019, does not include the DX: of depression, insomnia, AFIB, CKD and BPH.

Immediate Action:

- RASP updated by administrator on 4/29/2020 to match DME

Compliance Actions:

- Education to Med Techs and Nurses: 5/15 -5/27/2020
- RCC responsible for completion of RASP/DME's
 - DOW to review and initial upon review
 - Administrator to review 10% of RASP's completed for the month and all new admissions.
- Assessment compliance tool to show new admission review by DOW and Administrator/Designee
- Monthly RASP and DME tool to show 10% completed reviewed by Administrator or designee.

This audit does not have an end date at this time; will continue for all new admissions and random RASP review for compliance.

Attachments:

- Corrected RASP for Resident #3
- Assessment Compliance tool
- RASP/DME Tracker