





CERTIFIED MAIL – RETURN RECEIPT  
REQUESTED MAILING DATE: APRIL 23, 2024

[REDACTED]  
CPSR Associates LLC  
200 Stoops Drive  
Monongahela, Pennsylvania 15063

RE: Mon Valley Care Center  
License/COC #: 418161

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on February 1, 2024, and February 6, 2024, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), mistreatment or abuse of resident being cared for in the facility, failure to submit an acceptable plan to correct noncompliance items and failure to comply with the acceptable plan to correct noncompliance items, the Department hereby REVOKES your certificate of compliance (license number 418160) dated October 16, 2023 – October 16, 2024, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1); (5) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from April 23, 2024 to October 23, 2024.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]  
Pennsylvania Department of Human Services  
Bureau of Human Services Licensing  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120  
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Licensing Inspection Summary

cc: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Department of Human Services  
Bureau of Human Service Licensing  
**LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *MON VALLEY CARE CENTER* License #: *41816* License Expiration: *10/16/2024*  
Address: *200 STOOPS DRIVE, MONONGAHELA, PA 15063*  
County: *WASHINGTON* Region: *WESTERN*

**Administrator**

Name: [REDACTED] [REDACTED] [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *CPSR ASSOCIATES LLC*  
Address: *200 STOOPS DRIVE, MONONGAHELA, PA, 15063*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-1* Date: *11/04/2002* Issued By: *Department of Health*  
Type: *Other* Date: *11/18/2002* Issued By: *Carroll Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *48* Waking Staff: *36*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *02/06/2024*

**Inspection Dates and Department Representative**

02/01/2024 - On-Site: [REDACTED]  
02/06/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *41* Residents Served: *39*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *9*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *39*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *9* Have Physical Disability: *0*

Inspections / Reviews

02/01/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/14/2024*

03/19/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *04/19/2024*  
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/25/2024*

03/26/2024 - POC Submission

Submitted By: [REDACTED] [REDACTED] Date Submitted: *04/19/2024*  
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/21/2024*

04/23/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: *04/19/2024*  
Reviewer: [REDACTED] Follow-Up Type: *Enforcement*

## 16c - Written Incident Report

## 1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

## Description of Violation

On [REDACTED]/23 at approximately 8:00 pm, staff person A administered resident #1's Viberzi-100mg tablet to resident #2 in error, as resident #2 was not prescribed Viberzi. Resident #2 was transported to the hospital on the morning of [REDACTED]/23, due to side effects of the medication error. Resident #2 passed away in the hospital on resident #2's date of death; however, resident #2's death was not reported to the Department.

## Plan of Correction

Directed [REDACTED] - 03/26/2024)

In response to the violation on 02/01/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 03/12/2024 by the Administrator/Assistant administrator in training to Reported the death of Resident #2. (DIRECTED: By 3/30/24: The administrator shall ensure a copy of the incident involving resident #2 is kept in resident #2's record. [REDACTED] 3/26/24).
2. on 03/12/2024 by the Administrator/assistant administrator in training to in-serviced all staff on how and when to properly fill out the Bureau of Human services Licensing Incident Reporting Form. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 3/26/24).

To enhance the currently compliant operations:

1. on 03/12/2024 the Administrator /Administrator in training will Will review the daily communication book and assure all complaints, incidents and accidents are documented timely, initial and date after review, We will continue this audit and it will be ongoing after 5/15/24, for it is our "tool" for the staff to communicate residents needs and the PHCA/designee/Med tech to follow through. Findings will be discussed at the monthly quality management meetings.
2. on 03/12/2024 the Administrator/Administrator in training will Will audit all incident accident reports for completeness to ensure compliance with 2600.16c [REDACTED] will initial and date after review, This will be continued and ongoing after 5/15/2024 - Findings will be discussed at the monthly quality management meeting. (DIRECTED: Within 72 hours of receipt of the plan of correction: The administrator/designee shall review all internal incidents and the home's communication book daily to ensure all incidents specified in 2600.16a are reported to the Department within 24 hours in accordance with 2600.16c. [REDACTED] 3/26/24).
3. This training on 2600.16.c will be done yearly and with all new employees and all staff education and training will be kept in accordance with 2600.65i that will be kept in the staff training book -kept in the Administrators office.
4. Administrator and designee will conduct a Quality Management Assurance Meeting Monthly- (ongoing) Last Thursday of every month all items specified in 2600.26a will be addressed-reviewing all POC's of this inspection, going over all reportable incidents, complaints, accidents, audits and trainings, resident interviews, cart inspections ,all follow up actions will be done as needed by Administrator/designee. This will be documented on Monthly Quality Assurance Meeting form and kept in the Quality Management Book kept in the Administrators office for review. (DIRECTED: Beginning on 3/28/24: All items specified in 2600.26b shall be reviewed during each of the home's monthly quality management meetings. [REDACTED] 3/26/24).

**16c - Written Incident Report (continued)**

Implementation of preventive actions will be overseen by the Administrator/Administrator in training, this will be ongoing.

Effective 03/12/2024- the Administrator/Administrator in training/designee will perform daily review incident reports and verify they are reported timely to maintain ongoing compliance with reporting an incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department, and to follow the guidelines in § 2600.15 (relating to abuse reporting covered by law). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Effective 03/12/2024- The Administrator/Administrator in training will continue these audits mentioned above in #1 and #2 to be ongoing after 5/15/24 - to be reviewed monthly at quality management meeting. This plan will be reviewed by the Administrator/Administrator in training and the daylight med tech at the monthly quality management meetings the last Thursday of the month, beginning March 28,2024 and continue ongoing indefinitely the last Thursday of the month with the Administrator and designee. Documentation of the Quality Management meetings will be on a special form titled the Quality Management Assurance Meeting, That includes all items in ( Regulation 2600.26a.) During the meeting and reviewing the POC for this inspection and following through with quality improvement and ongoing compliance the form will be used as a tool to track progress and any follow up. It will be kept in the quality management book in the Administrators office for review This will be monthly last Thursday of the month and ongoing.

Proposed Overall Completion Date: 03/28/2024

Directed Completion Date: 03/28/2024

Implemented [REDACTED] - 04/23/2024)

**42b - Abuse****2. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

On [REDACTED]/23 at approximately 8:00 pm, staff person A administered resident #1's Viberzi-100mg tablet to resident #2 in error, as resident #2 was not prescribed Viberzi. Immediately after the Viberzi was administered to resident #2, staff person A realized the medication error and contacted staff person C, who was the administrator of the home on [REDACTED]/23. Staff person C instructed [REDACTED] to report the incident to the Department and to monitor resident #2. At the change of shift at 10:00 pm on [REDACTED]/23, staff person A notified the oncoming staff person of the medication error, which was staff person B. Staff person B indicated [REDACTED] researched the side effects of Viberzi, which included side effects of stomach cramping, pancreatitis and death. Throughout the night of [REDACTED]/23, resident #2 was screaming out in pain and complaining of abdominal pain; however, resident #2 was not sent to the hospital until approximately 2:00 am on [REDACTED]/23, where [REDACTED] was admitted with a diagnosis of acute pancreatitis. During resident #2's hospital stay, resident #2's condition worsened and resident #2 was life flighted to another hospital on 10/4/23 at approximately 9:30 am, where resident #2 was admitted to the intensive care unit for additional treatment. Resident #2 passed away on resident #2's date of death. According to resident #2's death certificate, resident #2's causes of death were "hemorrhagic shock", "intra-abdominal hemorrhage" and "acute pancreatitis".

**42b - Abuse (continued)**

According to Viberzi's manufacturer's instructions, "inflammation of the pancreas (pancreatitis) has happened most often in people who do not have a gallbladder and can lead to hospitalization. Pancreatitis has led to death in some people who do not have a gallbladder. Pancreatitis usually happens within the first week of treatment with Viberzi, but can happen after 1 to 2 does of Viberzi." Viberzi's manufacturer's instructions also indicate "A spasm in a muscle of the digestive system (called the sphincter of oddi), which may cause new or worsening abdominal pain. Sphincter of oddi spasm has happened most often in people who do not have a gallbladder and can lead to hospitalization. This spasm usually happens within the first week of treatment, but can happen after 1 to 2 doses of Viberzi....Pancreatitis, with or without sphincter of oddi spasm, has been reported in patients taking either the 75mg or 100mg dosage of Viberzi, including serious cases resulting in hospitalization, primarily in patients without a gallbladder. Fatal cases have also been reported in patients without a gallbladder." Viberzi's manufacturer's instructions also indicate to not take the medication if you do not have a gallbladder. Resident #2 did not have a gallbladder. After resident #2 passed away, numerous staff persons indicated that staff person A would "joke and laugh" about resident #2's medication error. Staff person A also indicated when [REDACTED] was preparing resident #2's medications for medication administration on the evening of [REDACTED]/23, [REDACTED] did not compare the medication pharmacy labels to resident #2's October 2023 medication administration record (MAR) prior to medication administration in accordance with the procedures outlined in the Department-approved medication administration course.

**Plan of Correction****Directed [REDACTED] - 03/26/2024)**

In response to the violation on 02/01/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on [REDACTED]/2024 by the Administrator/Administrator in training to Suspend Staff Person #A due to further investigation -As to keep all residents safe.
2. on [REDACTED]/2024 by the Administrator/Administrator in training to Staff person #A was Terminated due to severity of [REDACTED] actions after investigation.
3. on 02/06/2024 by the Administrator/ Administrator in training to In-serviced all staff on regulation 2600.42.b. Abuse- A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 3/26/24).
4. on 02/06/2024 by the Administrator/Administrator in training to In service all Med Techs. on safe and proper medication administration as per the DHS medication administration training. This training will be kept in accordance with 2600.65i that will be kept in the staff training book -kept in the Administrators office.

To enhance the currently compliant operations:

1. on 03/14/2024 the Administrator/Assistant administrator trainee will In- serviced the Med. Techs on the Med Error Policy and Procedure and the update made to to Policy, with a completion date of 3/22/2024-This training on the med error policy will be done yearly and with all new employees and all staff education and training will be kept in accordance with 2600.65i that will be kept in the staff training book -kept in the Administrators office.
2. on 03/15/2024 the Administrator/Administrator in training will Conduct 5 resident interview a month to assure they are not being neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. And that they are receiving their medications correct and timely, This will be documented on the "Resident Questioner Form", with a completion date of 05/15/2024.

## 42b - Abuse (continued)

- The forms will be kept in the Quality Management Book kept in the Administrators office for review.
3. on 03/12/2024 the Administrator /Administrator in training will review the daily communication book and assure all complaints, incidents and accidents are documented timely, initial and date after review, We will continue this audit and it will be ongoing for it is our "tool" for the staff to communicate residents needs and the PHCA/designee/Med tech to follow through. Findings will be discussed at the monthly quality management meetings.
  4. on 03/12/2024 the Administrator/Administrator in training will audit all incident accident reports for completeness to ensure compliance with 2600.16c [REDACTED] will initial and date after review, This will be continued and ongoing after 5/15/2024 - Findings will be discussed at the monthly quality management meeting.
  5. On 03/21/24 To assure medications are administered in accordance with prescribers orders-Administrator (who is an LPN and or Administrator in training who is also an LPN) will watch the med techs on duty complete a med pass weekly . These random checks will be started on 3/21/24, and will continue for and additional 4 weeks, then move to monthly for 4 weeks -these will be completed by the Administrator LPN/Administrator in training LPN. (DIRECTED: Each staff person qualified to administer medications shall be observed at least 1 time during each of the weekly and monthly audits. Documentation of the audits shall be kept for 2 months. [REDACTED] 3/26/24). Then it will be done twice yearly as per the medication train the trainer for the med techs bi-annual review. The audit forms will be kept in the med tech trainings kept in the Administrators office for review.
  6. on 3/22/2024 - 03/25/2024 all staff were in-serviced and educated on how to give our residents " -Timely Medical Care"- Training provided on what to look for and residents medical care concerns and who to communicate it to -the physician, PHCA/LPN, using the tool of the daily shift communication book-what to look for when giving ADL care ,passing medications, and during mealtimes and shift rounds- who, what, where and when to report findings. Training will be kept in accordance with 2600.65i that will be kept in the staff training book -kept in the Administrators office. This training on "Timely medical care" will be done yearly and with all new employees and all staff education and training will be kept in accordance with 2600.65i that will be kept in the staff training book -kept in the Administrators office.
  7. On 3/22/2024 -03/25/2024 all med tech. staff were re in serviced on the Med Error Policy for MVCC-Personal Care Facility another update was made to the med error policy- stating that if a medication was given to the Wrong resident, Wrong medication, Wrong time, Wrong dose, Wrong route you must IMMEDIATELY notify the residents physician and you can not get a hold of the residents physician contact the PCHA/LPN for direction if you can not get either you are to immediately call 911 and send the resident to the nearest Emergency Department. This training on the med error policy will be done yearly and with all new employees and all staff education and training will be kept in accordance with 2600.65i that will be kept in the staff training book -kept in the Administrators office.
  8. Administrator/designee will conduct a Quality Management Assurance Meeting Monthly- (ongoing) Last Thursday of every month all items specified in 2600.26a will be addressed-reviewing all POC's of this inspection, going over all audits and trainings, resident interviews, cart inspections ,all follow up actions will be done as needed by Administrator/designee. This will be documented on Monthly Quality Assurance Meeting form and kept in the Quality Management Book kept in the Administrators office for review. (DIRECTED: Beginning on 3/28/24: All items specified in 2600.26b shall be reviewed during each of the home's monthly quality management meetings. [REDACTED] 3/26/24).

Implementation of preventive actions will be overseen by the Administrator/Administrator in training,

**42b - Abuse (continued)**

Effective 03/15/2024 the Administrator/Administrator in training will perform monthly resident interviews and in services for staff through 03/25/2024 to maintain ongoing compliance with not neglecting, intimidating, physically or verbally abusing, mistreating, subjecting to corporal punishment or disciplining residents in any way. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 03/25/2024

Directed Completion Date: 04/21/2024

Not Implemented [REDACTED] - 04/23/2024)

**142a - Secure Medical Care****3. Requirements**

2600.

142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

**Description of Violation**

On [REDACTED]/23 at approximately 8:00 pm, staff person A administered resident #1's Viberzi-100mg tablet to resident #2 in error, as resident #2 was not prescribed Viberzi. Immediately after the Viberzi was administered to resident #2, staff person A realized the medication error and contacted staff person [REDACTED], who was the [REDACTED] of the home on [REDACTED]/23. Staff person C instructed [REDACTED] to report the incident to the Department and to monitor resident #2. At the change of shift at 10:00 pm on [REDACTED]/23, staff person A notified the oncoming staff person of the medication error, which was staff person B. Staff person B indicated [REDACTED] researched the side effects of Viberzi, which included side effects of stomach cramping, pancreatitis and death. Throughout the night of 10/1/23, resident #2 was screaming out in pain and complaining of abdominal pain; however, resident #2 was not sent to the hospital until approximately 2:00 am on [REDACTED]/23, where [REDACTED] was admitted with a diagnosis of acute pancreatitis. During resident #2's hospital stay, resident #2's condition worsened and resident #2 was life flighted to another hospital on 10/4/23 at approximately 9:30 am, where resident #2 was admitted to the intensive care unit for additional treatment. Resident #2 passed away on resident #2's date of death. According to resident #2's death certificate, resident #2's causes of death were "hemorrhagic shock", "intra-abdominal hemorrhage" and "acute pancreatitis".

According to Viberzi's manufacturer's instructions, "inflammation of the pancreas (pancreatitis) has happened most often in people who do not have a gallbladder and can lead to hospitalization. Pancreatitis has led to death in some people who do not have a gallbladder. Pancreatitis usually happens within the first week of treatment with Viberzi, but can happen after 1 to 2 doses of Viberzi." Viberzi's manufacturer's instructions also indicate "A spasm in a muscle of the digestive system (called the sphincter of oddi), which may cause new or worsening abdominal pain. Sphincter of oddi spasm has happened most often in people who do not have a gallbladder and can lead to hospitalization. This spasm usually happens within the first week of treatment, but can happen after 1 to 2 doses of Viberzi.....Pancreatitis, with or without sphincter of oddi spasm, has been reported in patients taking either the 75mg or 100mg dosage of Viberzi, including serious cases resulting in hospitalization, primarily in patients without a gallbladder. Fatal cases have also been reported in patients without a gallbladder." Viberzi's manufacturer's instructions also indicate to not take the medication if you do not have a gallbladder. Resident #2 did not have a gallbladder.

## 142a - Secure Medical Care (continued)

**Plan of Correction****Directed** [REDACTED] - 03/26/2024)

In response to the violation on 02/01/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on [REDACTED] 01/2024 by the Administrator/Administrator in training to Suspend Staff Person #A due to further investigation -As to keep all residents safe.
2. on [REDACTED] /2024 by the Administrator/Administrator in training to Staff person #A was Terminated due to severity of [REDACTED] actions after investigation.

To enhance the currently compliant operations:

1. on 03/14/2024 the Administrator/Administrator in training will In- serviced Med. Techs on the Med Error Policy and Procedure and the update made to Policy, with a completion date of 03/22/2024. -This training on the med error policy will be done yearly and with all new employees and all staff education and training will be kept in accordance with 2600.65i that will be kept in the staff training book -kept in the Administrators office.
2. On 3/22/2024 all med tech. staff were re in serviced on the Med Error Policy for MVCC-Personal Care Facility another update was made to the med error policy- stating that if a medication was given to the Wrong resident, Wrong medication, Wrong time, Wrong dose, Wrong route you must IMMEDIATELY notify the residents physician and you can not get a hold of the residents physician contact the PCHA/LPN for direction if you can not get either you are to immediately call 911 and send the resident to the nearest Emergency Department. This training on the med error policy will be done yearly and with all new employees and all staff education and training will be kept in accordance with 2600.65i that will be kept in the staff training book -kept in the Administrators office.
3. on 03/14/2024 the Administrator/Administrator in training will In-serviced Med Techs importance of when to send a resident out to the hospital, with a completion date of 03/22/2024. -This training on when to send a resident out will be done yearly and with all new employees and all staff education and training will be kept in accordance with 2600.65i that will be kept in the staff training book -kept in the Administrators office.
4. on 03/12/2024 the Administrator /Administrator in training will Will review the daily communication book and assure all complaints, incidents and accidents are documented timely, initial and date after review, We will continue this audit and it will be ongoing for it is our "tool" for the staff to communicate residents needs and the PHCA/designee/Med tech to follow through. Findings will be discussed at the monthly quality management meetings.
5. on 03/12/2024 the Administrator/Administrator in training will Will audit all incident accident reports for completeness initial and date after review, We will continue this audit and it will be ongoing,
6. Administrator and designee will conduct a Quality Management Assurance Meeting Monthly- (ongoing) Last Thursday of every month all items specified in 2600.26a will be addressed-reviewing all POC's of this inspection, going over all audits and trainings, resident interviews, cart inspections ,all follow up actions will be done as needed by Administrator/designee. This will be documented on Monthly Quality Assurance Meeting form and kept in the Quality Management Book kept in the Administrators office for review. . (DIRECTED: Beginning on 3/28/24: All items specified in 2600.26b shall be reviewed during each of the home's monthly quality management meetings. [REDACTED] 3/26/24).

Implementation of preventive actions will be overseen by the Administrator/Administrator in training , date of 05/15/2024.We will continue this audit and it will be ongoing, after 5/15/2024. It is very important for the PHCA/designee to review the daily shift report and all incident reports daily and to review any problems at the monthly quality management meetings to look for any trends.

## 142a - Secure Medical Care (continued)

Effective 03/11/2024 the Administrator/Administrator in training will perform daily review of the resident daily shift communication log and incident reports. We will continue this audit and it will be ongoing, after 5/15/2024, to maintain ongoing compliance with assisting each resident with securing medical care if a resident's health status declines, and to document the resident's need for the medical care, including updating the resident's assessment and support plan. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 03/27/2024

Directed Completion Date: 03/28/2024

Not Implemented [REDACTED] - 04/23/2024)

## 183a - Original Containers and Injections

## 4. Requirements

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

## Description of Violation

On numerous occasions, staff person A indicated [REDACTED] pre-poured resident medications into medication cups over 2 hours in advance of medication administration times. On 1/28/24 at approximately 5:00 pm, staff person A pre-poured the following medications for resident #4; however, these medications were not administered to resident #4 until approximately 10:30 pm on 1/28/24:

- Metoprolol Tartrate-25mg tablet
- Zolpidem Tartrate-10mg tablet
- Alprazolam-0.25mg tablet

## Plan of Correction

Directed [REDACTED] - 03/26/2024)

In response to the violation on 02/01/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on [REDACTED]/2024 by the Administrator/administrator in training to Suspend Staff Person #A due to further investigation -As to keep all residents safe.
2. on 0[REDACTED]24 by the Administrator/administrator in training to Staff person #A was Terminated due to severity of [REDACTED] actions after investigation.
3. on 02/06/2024 by the Administrator/administrator in training to In service all Med Techs. on safe and proper medication administration as per the DHS medication administration training. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 3/26/24).

To enhance the currently compliant operations:

1. on 03/14/2024 the Administrator/Assistant administrator trainee will In- serviced the Med. Techs on the

### 183a - Original Containers and Injections (continued)

- Med Error Policy and Procedure and the update made to to Policy, with a completion date of 3/22/2024-This training on the med error policy will be done yearly and with all new employees and all staff education and training will be kept in accordance with 2600.65i that will be kept in the staff training book -kept in the Administrators office.*
2. *On 3/22/2024 all med tech. staff were re in serviced on the Med Error Policy for MVCC-Personal Care Facility another update was made to the med error policy- stating that if a medication was given to the Wrong resident, Wrong medication, Wrong time, Wrong dose, Wrong route you must IMMEDIATELY notify the residents physician and you can not get a hold of the residents physician contact the PCHA/LPN for direction if you can not get either you are to immediately call 911 and send the resident to the nearest Emergency Department. This training on the med error policy will be done yearly and with all new employees and all staff education and training will be kept in accordance with 2600.65i that will be kept in the staff training book -kept in the Administrators office.*
  3. *on 03/14/2024 the Administrator/Administrator in training will Re-educated all med techs with proper and timely medication administration and documentation along with and regulation 2600.183a -Stressing not to pre pour medications more than 2 hours in advance of the scheduled administration, with a completion date of 03/22/2024. This training on 2600.183.a will be done yearly and training will be kept in accordance with 2600.65i that will be kept in the staff training book -kept in the Administrators office.*
  4. *on 03/15/2024 the Administrator/Administrator in training will Do a surprise med cart inspection once a week on a different shift to look for pre-poured medications out side the 2 hours time frame and document findings, with a completion date of 05/15/2024. (DIRECTED: Documentation of the audits shall be kept for 2 months. ■ 3/26/24). After 5/15/2024 it will be done twice a month on a different shift until 8/15/2024, . All findings will be documented on the med cart inspection form. It will be kept in the Quality Management Book kept in the Administrators office for review.*
  5. *on 03/27/2024 the DHS Certified Medication Train the Trainer will Re educate and In-service all med. techs in 2600.183.a and Proper medication administration and timely medication documentation, with a completion date of 03/27/2024. training will be kept in accordance with 2600.65i that will be kept in the staff training book -kept in the Administrators office.*
  6. *Administrator/designee will conduct a Quality Management Assurance Meeting Monthly- (ongoing) Last Thursday of every month all items specified in 2600.26a will be addressed-reviewing all POC's of this inspection, going over all audits and trainings, resident interviews, cart inspections ,all follow up actions will be done as needed by Administrator/designee. This will be documented on Monthly Quality Assurance Meeting form and kept in the Quality Management Book kept in the Administrators office for review. (DIRECTED: Beginning on 3/28/24: All items specified in 2600.26b shall be reviewed during each of the home's monthly quality management meetings. ■ 3/26/24).*

*Implementation of preventive actions will be overseen by the Administrator/Administrator in training,*

*Effective 03/14/2024 the Administrator/Administrator in training/designee will perform weekly inspections through 8/15/24 to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

*Proposed Overall Completion Date: 03/27/2024*

183a - Original Containers and Injections (*continued*)

Directed Completion Date: 03/28/2024

Not Implemented [REDACTED] - 04/23/2024)

## 183b - Meds and Syringes Locked

## 5. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

## Description of Violation

On 1/28/24 at approximately 10:00 pm, staff person B observed resident #3's Hydrocodone/APAP-5/325 mg tablet unlocked and unattended in a medication cup on top of the home's medication cart.

## Plan of Correction

Directed [REDACTED] - 03/26/2024)

In response to the violation on 02/01/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on [REDACTED] 1/2024 by the Administrator/Administrator in training to Suspend Staff Person #A due to further investigation -As to keep all residents safe.
2. on [REDACTED] /2024 by the Administrator/Administrator in training to Staff person #A was Terminated due to severity of [REDACTED] actions after investigation.
3. on 02/06/2024 by the Administrator/Administrator in training to In service all Med Techs. on safe and proper medication administration as per the DHS medication administration training. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 3/26/24).  
on 03/14/2024 by the Administrator/Administrator in training to Staff person B re-educated and in-serviced on regulation 2600.183.b. also included the seriousness of reporting the finding of medications in/on the med cart not under double lock and responsibility of writing up a incident report as a med error along with faxing it to the DHS.
4. on 03/14/2024 by the Administrator/Administrator in training to re-educated and in-serviced all med techs on regulation 2600.183.b. the seriousness of reporting the finding of medications in/on the med cart not under double lock and responsibility of writing up a incident report as a med error along with faxing it to the DHS. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 3/26/24).

To enhance the currently compliant operations:

1. on 03/15/2024 the Administrator/Administrator in training will Do a surprise med cart inspection once a week for 4 weeks on a different shift to look for pre-poured medications out side the 2 hours time frame and document findings, with a completion date of 05/15/2024. (DIRECTED: Documentation of the audits shall be kept for 2 [REDACTED] /26/24). Then once monthly on a different shift for 8 weeks, with a completion date of 06/10/2024.
2. on 03/14/2024 by the Administrator/Administrator in training to re-educated and in-serviced all med techs on regulation 2600.183.b. the seriousness of reporting the finding of medications in/on the med cart not under double lock and responsibility of writing up a incident report as a med error along with faxing it to the DHS. All staff education and training will be kept in accordance with 2600.65i that will be kept in the staff training book -kept in the Administrators office.

**183b - Meds and Syringes Locked (continued)**

3. on 03/27/2024 the DHS Certified Medication Train the trainer will Re educate and In-service all med. techs in Proper medication administration and timely medication documentation, along with regulation 2600.183b with a completion date of 03/27/2024. training will be kept in accordance with 2600.65i that will be kept in the staff training book -kept in the Administrators office.
4. Administrator/designee will conduct a Quality Management Assurance Meeting Monthly- (ongoing) Last Thursday of every month all items specified in 2600.26a will be addressed-reviewing all POC's of this inspection, going over all audits and trainings, resident interviews, cart inspections ,all follow up actions will be done as needed by Administrator/designee. This will be documented on Monthly Quality Assurance Meeting form and kept in the Quality Management Book kept in the Administrators office for review. (DIRECTED: Beginning on 3/28/24: All items specified in 2600.26b shall be reviewed during each of the home's monthly quality management meetings. ■ 3/26/24).

Implementation of preventive actions will be overseen by the Administrator/Administrator in training, with an overall completion date of 06/10/2024

Effective 03/15/2024 the Administrator/Administrator in training will perform weekly inspections through 06/10/2024 to maintain ongoing compliance with ensuring prescription medications, OTC medications, CAM and syringes will be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 03/27/2024

Directed Completion Date: 03/28/2024

Not Implemented ■ - 04/23/2024)

**187b - Date/Time of Medication Admin.****6. Requirements**

2600.

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

**Description of Violation**

On numerous occasions, staff person A indicated ■ pre-poured resident medications into medication cups over 2 hours in advance of medication administration times. On 1/28/24 at approximately 5:00 pm, staff person A pre-poured resident #3's Hydrocodone/APAP-5/325 mg-Take 1 tablet orally 3 times a day as needed. Staff person A documented the medication as administered to resident #3 on resident #3's January 2024 MAR on 1/28/24 at 4:59 pm; however, staff person A forgot to administer the pre-poured medication to resident #3, and the medication was administered to resident #3 by staff person B on 1/28/24 at approximately 10:00 pm.

Also, on 1/28/24 at approximately 5:00 pm, staff person A pre-poured the following evening medications for resident #4:

- Metoprolol Tartrate-25mg tablet-Take 1 tablet by mouth twice daily
- Zolpidem Tartrate-10mg tablet-Take 1 tablet by mouth at bedtime
- Alprazolam-0.25mg tablet-Take 1 tablet orally every 6 hours as needed

Staff person A documented administering resident #4's Metoprolol Tartrate and Zolpidem Tartrate to resident #4 on

**187b - Date/Time of Medication Admin. (continued)**

resident #4's January 2024 MAR on 1/28/24 at 8:00 pm, as well as documented administering resident #4's Alprazolam to resident #4 on 1/28/24 at 8:24 pm. However, staff person A forgot to administer the pre-poured medications to resident #4, and the 3 medications were administered to resident #4 by staff person B on 1/28/24 at approximately 10:30 pm.

**Plan of Correction****Directed [REDACTED] - 03/26/2024)**

In response to the violation on 02/01/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on [REDACTED]/2024 by the Administrator/Administrator in training to Suspend Staff Person #A due to further investigation -As to keep all residents safe.
2. on 0 [REDACTED]/2024 by the Administrator/Administrator in training to Staff person #A was Terminated due to severity of [REDACTED] actions after investigation.
3. on 02/06/2024 by the Administrator/Administrator in training to In service all Med Techs. on safe and proper medication administration as per the DHS medication administration training. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 3/26/24).
4. on 03/14/2024 by the Administrator/Administrator in training to Staff person B re-educated and in-serviced on regulation 2600.158.b. also included the seriousness of reporting the finding of medications in/on the med cart not under double lock and responsibility of writing up a incident report as a med error along with faxing it to the DHS.
5. on 03/14/2024 by the Administrator/Administrator in training to re-educated and in-serviced all med techs on regulation 2600.183.b. the seriousness of reporting the finding of medications in/on the med cart not under double lock and responsibility of writing up a incident report as a med error along with faxing it to the DHS. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 3/26/24).

To enhance the currently compliant operations:

1. on 03/15/2024 the Administrator/Administrator in training will Do a surprise med cart inspection once a week for 4 weeks on a different shift to look for pre-poured medications out side the 2 hours time frame and document findings, with a completion date of 05/15/2024. Then once monthly on a different shift for 8 weeks, with a completion date of 06/10/2024.
2. on 03/15/2024 the Administrator/Administrator in training will Do a surprise med cart inspection once a week on a different shift to look for pre-poured controlled medications not under double lock outside the 2 hour time frame, with a completion date of 05/15/2024. (DIRECTED: Documentation of the audits shall be kept for 2 months. [REDACTED] 3/26/24). Then once monthly on a different shift for 8 weeks, with a completion date of 06/10/2024.
3. on 03/27/2024 the DHS Certified Medication Train the trainer will Re educate and In-service all med. techs in Proper medication administration and timely medication documentation, along with regulation 2600.187b with a completion date of 03/27/2024. training will be kept in accordance with 2600.65i that will be kept in the staff training book -kept in the Administrators office.
4. Administrator/designee will conduct a Quality Management Assurance Meeting Monthly- (ongoing) Last Thursday of every month all items specified in 2600.26a will be addressed-reviewing all POC's of this inspection, going over all audits and trainings, resident interviews, cart inspections ,all follow up actions will

187b - Date/Time of Medication Admin. (continued)

be done as needed by Administrator/designee. This will be documented on Monthly Quality Assurance Meeting form and kept in the Quality Management Book kept in the Administrators office for review. (DIRECTED: Beginning on 3/28/24: All items specified in 2600.26b shall be reviewed during each of the home's monthly quality management meetings. [REDACTED] 3/26/24).

DIRECTED: Beginning on 3/30/24: The administrator/designee shall review at least 5 resident MAR's per week for 1 month, then monthly thereafter, to ensure accurate and complete medication administration documentation is present. [REDACTED] 3/26/24

Implementation of preventive actions will be overseen by the Administrator/Administrator in training, with an overall completion date of 05/15/2024.

Effective 03/15/2024 the Administrator/Administrator in training will perform weekly inspections through 05/15/2024 to maintain ongoing compliance with ensuring prescription medications, OTC medications, CAM and syringes will be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 03/24/2024

Directed Completion Date: 04/21/2024

Not Implemented [REDACTED] - 04/23/2024)

187d - Follow Prescriber's Orders

7. Requirements

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

Description of Violation

On [REDACTED]/23 at approximately 8:00 pm, staff person A administered resident #1's Viberzi-100mg tablet to resident #2 in error, as resident #2 was not prescribed Viberzi.

Plan of Correction

Directed ([REDACTED] - 03/26/2024)

In response to the violation on 02/01/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on [REDACTED]/2024 by the Administrator/Administrator in training to Suspend Staff Person #A due to further investigation -As to keep all residents safe.
2. on [REDACTED]/2024 by the Administrator/Administrator in training to Staff person #A was Terminated due to severity of [REDACTED]r actions after investigation.
3. on 02/06/2024 by the Administrator/Administrator in training to In service all Med Techs. on safe and proper medication administration as per the DHS medication administration training. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 3/26/24).

To enhance the currently compliant operations:

1. on 03/18/2024 the PHCA/designee will Audit 3 resident EMAR weekly, for 4 weeks then audit 3 EMAR every

187d - Follow Prescriber's Orders (continued)

- 2 weeks for 4 weeks then audit 3 EMAR a month for 4 weeks against all the actual resident's medications in the med cart to assure proper meds are present as prescribed by the PCP, Document on Mar audit record, with a completion date of 06/10/2024 (DIRECTED: Documentation of the audits shall be kept for 2 months. [REDACTED] 3/26/24).
- 2. on 03/27/2024 the DHS Certified Medication Train the trainer will Re educate and In-service all med. techs in Proper medication administration and timely medication documentation, along with regulation 2600.187b with a completion date of 03/27/2024. training will be kept in accordance with 2600.65i that will be kept in the staff training book -kept in the Administrators office.
- 3. Administrator/designee will conduct a Quality Management Assurance Meeting Monthly- (ongoing) Last Thursday of every month all items specified in 2600.26a will be addressed-reviewing all POC's of this inspection, going over all audits and trainings, resident interviews, cart inspections ,all follow up actions will be done as needed by Administrator/designee. This will be documented on Monthly Quality Assurance Meeting form and kept in the Quality Management Book kept in the Administrators office for review. (DIRECTED: Beginning on 3/28/24: All items specified in 2600.26b shall be reviewed during each of the home's monthly quality management meetings. [REDACTED] 3/26/24).

DIRECTED: Beginning on 3/30/24: The administrator shall observe a medication pass 1 time per week for 4 weeks, then 1 time per month for 4 months, for each staff person qualified to administer medications to ensure compliance with 2600.187d. Documentation of the audits shall be kept for 2 months. [REDACTED] 3/26/24)

Implementation of preventive actions will be overseen by the Administrator/Administrator in training, with an overall completion date of 06/10/2024

Effective 03/18/2024 the PCHA/designee will perform weekly audits for 4 weeks then audit 3 MAR every 2 weeks for 4 weeks then audit 3 MAR a month for 4 weeks against all the actual resident's medications in the med cart to assure proper meds are present as prescribed by the PCP, Document on Mar audit record, with a completion date of 06/10/2024 to maintain ongoing compliance with ensuring the home must follow the directions of the prescriber. (DIRECTED: Documentation of the audits shall be kept for 2 months. [REDACTED] 3/26/24). Any deficiencies will be corrected immediately, and findings will be documented and reviewed at the monthly quality management meetings for continuous improvement purposes.

Proposed Overall Completion Date: 03/27/2024

Directed Completion Date: 03/30/2024

Not Implemented [REDACTED] - 04/23/2024)

188b - Medication Error Reporting

8. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

On [REDACTED]/23 at approximately 8:00 pm, staff person A administered resident #1's Viberzi-100mg tablet to resident #2 in error, as resident #2 was not prescribed Viberzi; however, this medication error was not reported to resident #2's

**188b - Medication Error Reporting (continued)**

physician until 10/2/23.

**Plan of Correction**

**Directed (████ - 03/26/2024)**

In response to the violation on 02/01/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on █████/2024 by the Administrator/Administrator in training to Suspend Staff Person #A due to further investigation -As to keep all residents safe.
2. on 0████/2024 by the Administrator/Administrator in training to Staff person #A was Terminated due to severity of █████ actions after investigation.

To enhance the currently compliant operations:

1. on 03/14/2024 the Administrator/Administrator in training will In- serviced Med. Techs on the Med Error Policy and Procedure and the update made to Policy, with a completion date of 03/15/2024. (See below) (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. █████ 3/26/24).
2. On 3/22/2024 -03/25/24 all med tech. staff were in serviced on Regulation 2600.188.b and re in serviced on the Med Error Policy for MVCC-Personal Care Facility another update was made to the med error policy- stating that if a medication was given to the Wrong resident, Wrong medication, Wrong time, Wrong dose, Wrong route you must IMMEDIATELY notify the residents physician and you can not get a hold of the residents physician contact the PCHA/LPN for direction if you can not get either you are to immediately call 911 and send the resident to the nearest Emergency Department. This training on the med error policy will be done yearly and with all new employees and all staff education and training will be kept in accordance with 2600.65i that will be kept in the staff training book -kept in the Administrators office.
3. on 03/12/2024 the Administrator /Administrator in training will Will review the daily communication book and assure all complaints, incidents and accidents are documented timely, initial and date after review, We will continue this audit and it will be ongoing for it is our "tool" for the staff to communicate residents needs and the PHCA/designee/Med tech to follow through. Findings will be discussed at the monthly quality management meetings.
4. on 03/12/2024 the Administrator/Administrator in training will Will audit all incident accident reports for completeness to ensure compliance with 2600.16c , This will be continued and ongoing after 5/15/2024 - Findings will be discussed at the monthly quality management meeting.
5. Administrator/designee will conduct a Quality Management Assurance Meeting Monthly- (ongoing) Last Thursday of every month all items specified in 2600.26a will be addressed-reviewing all POC's of this inspection, going over all audits and trainings, resident interviews, cart inspections ,all follow up actions will be done as needed by Administrator/designee. This will be documented on Monthly Quality Assurance Meeting form and kept in the Quality Management Book kept in the Administrators office for review.  
(DIRECTED: Beginning on 3/28/24: All items specified in 2600.26b shall be reviewed during each of the home's monthly quality management meetings. █████ 3/26/24).

Implementation of preventive actions will be overseen by the Administrator/Administrator in training, with an overall completion date of 03/22/24

**188b - Medication Error Reporting (continued)**

*Effective 03/12/2024 the Administrator/Administrator in training will perform daily reviews daily resident communication book and incident reports this will be ongoing to maintain compliance with 2600.188.b ensuring a medication error must be immediately reported to the resident, the resident's designated person and the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

*Proposed Overall Completion Date: 03/24/2024*

**Directed Completion Date: 03/28/2024**

**Implemented [REDACTED] - 04/23/2024)**