

MAY 0 8 2019

Ms. Gail B. Dooley Administrator Jenner's Pond 2000 Greenbriar Drive West Grove, Pennsylvania 19390

RE: Ruston Residence

100 Sycamore Drive

West Grove, Pennsylvania 19390

License #:138890

Dear Ms. Dooley:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 22, 2018 and February 14, 2019 of the above facility, the violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence) must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely

Jacqueline L. Rowe

Director

Enclosure Violation Report

Assisted Living Residences – 55 Pa.Code § 2800

ALR Name:		License Number:
Ruston Residence		138890
Address:		County:
100 Sycamore Drive		Chester
West Grove, PA 19390		
Administrator:	000000000000000000000000000000000000000	
Gail B. Dooley		<i>:</i> .
Legal Entity Name:	`	
Jenner's Pond		,
Legal Entity Address:		
2000 Greenbriar Drive		
West Grove, PA 19390		
Certificate(s) of Occupancy:		
C2, LP (L&I)		
4/6/1998		
Type of Inspection: Full		
ruii		
Reason(s) for Inspection(s):		inthe with white the characteristic distribution of the contracted decreases an account on a contract contract of the contract con
Renewal		•
On-Site Inspections Dates and Department Represental	ivas On-Sita	
August 22, 2018	ilea oir oita.	
Sandra Wooters and David Carrion		
Off-Site Inspection Dates and Inspectors, if Applicable:		·
•	,	
Resident Demographic D	Pata as of Inspection Dates	
10 10 70		
Licensed Capacity: 70	Number of Residents who:	Automotiva
Number of Residents Served: 51 🗸	Receive Supplemental Security I	ncomo: 0 +
Nulliber of Residents Served, 51	neceive supplemental security	income, o
Secured Dementia Care Unit in Home: YES	Are 60 Years of Age or Older: 51	
, , , , , , , , , , , , , , , , , , ,		
Area: Lavender	Have Mental Iliness: 0✓	Activities
Secured Unit Capacity, If Applicable	Have an Intellectual Disability: 0)~
Number of Residents Served in Secured Dementia	Have a Mobility Need: 10 ✓	
Care Unit, if applicable: 12		
	Have a Physical Disability: 0 -	,
Number of Current Hospice Residents: 10		,
Number of Hearing Desidents in west were "	•	
Number of Hospice Residents in past year: 5		,
· .		·

Assisted Living Residences - 55 Pa.Code § 2800

ALR Name: Ruston Residence		License Number:
Address:		County:
100 Sycamore Drive	,	Chester
West, Grove Pennsylvania 19390	*	***************************************
Administrator:		
Rebecca White		
Legal Entity Name:		
Jenner's Pond		
Legal Entity Address:		
200 Greenbriar Drive	•	
West Grove, Pennsylvania 19390	,	
Certificate(s) of Occupancy:		
CZ-LP Dept, L&I		
04/06/1998	*	70 WOWN
Type of Inspection:		
Full		
Reason(s) for inspection(s): POC		ı
On-Site Inspections Dates and Department Representation	livas On-Site:	
02/14/2019	, , , , , , , , , , , , , , , , , , ,	
Jennie Heinberg	,	
Off-Site inspection Dates and inspectors, if Applicable:		· · · · · · · · · · · · · · · · · · ·
N/A	•	
	Data as of Inspection Dates	
*	-	
Licensed Capacity: 70	Number of Residents who:	
Number of Residents Served: 52	Receive Supplemental Security I	ncome: 0
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 52	
Area: Laurel Lane/ Lavender Lane	Have Mental Iliness: 0	•
Secured Unit Capacity: 12	Have an intellectual Disability: 0	•
Number of Residents Served in Secured Dementia Care Unit: 10	Have a Mobility Need: 27	· -
Number of Current Hospice Residents: 7	Have a Physical Disability: 0	•
Number of Hospice Residents in past year: 7		·,
>		

Assisted Living Residences - 55 Pa.Code § 2800

Regulation 2800.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Violation:

At 12:58 pm the nurses station was unattended and confidential medication administration records (MAR's) were found unlocked on top of the medication cart.

Plan of Correction

Regulation 2800.17

Plan of Correction

The Medication Administration Records were locked upon discovery and will be kept locked/secured in the medication cart immediately. RNs, LPNs, and Medication Technicians will be in-serviced by Director of Nursing of confidentiality resident records by November 15, 2018.

Signature of Legal EntityRepresentative (Required on all pages)	Date
Janka (A. ()	11-06-2018
DEPARTMENT USE ONLY - HOMES MAY	Y NOT WRITE BELOW THIS LINE!
The above plan of correction was approved by (Initials)	Plan of correction implementation status as of 4-16-16 (Date) Partially implemented — Adequate Progress Partially implemented — inadequate Progress Not implemented

Regulation 2800.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. The contract must run month-to-month with automatic renewal unless terminated by the resident with 14 days' notice or by the community with 30 days' notice in accordance with § 2800.228 (relating to transfer and discharge).
Violation:
Resident #1 did not sign his updated contract dated 11/18/17.
Plan of Correction
Regulation 2800.25 (b)
Plan of Correction
Assisted Living Administrator and/or designee will ensure all resident contracts, addendums, a resident transfer, or rate change will be signed by the resident to maintain compliance on admission.
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Printed Name and Title of Legal Entity Representative (Required on all LAMELA RETGER - ASSISTED LT	Pages ADMINISTRATOR	
Signafore of Legal Entity Representative (Required on all pages)	Date 11-06-2018	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of 4/6/4 (Date)	Plan of correction implementation status as of 4-16-19:	
The above plan of correction was approved by(Initials)	☐ Fully Implemented Partially Implemented - Adequate Progress	
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	☐ Not Implemented	

of the following, to assure compliance with law and with the relevant standard of care: (1) The reportable incident and condition reporting procedures. (2) Complaint procedures. (3) Staff person training. (4) Licensing violations and plans of correction, if applicable.
(5) Resident or family councils, or both, if applicable. Violation: The home's quarterly quality management plan did not include a review of the reportable incidents, staff training, licensing violations, and plans of correction.
Plan of Correction .
Regulation 2800.26 (b)
Plan of Correction
A Quality Management Plan meeting will be held on November 15, 2018. The year 2019 a Quality Management Meeting Plan will be held the first Thursday of each quarter.
January 4, 2019
April 5, 2019
September 6, 2019
December 6, 2019
The Assisted Living Administrator will be responsible for conducting the meetings and updating the Quality Management Plan.
rinted Name and Title of Legal Entity Representative (Required on all pages)
gnature of Legal Entity Representative (Required on all pages). Date 1 - 04 - 2018
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!
re above plan of correction is approved as of 4 6 9 Plan of correction implementation status as of 4 6 9:
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Assisted Living Residences - 55 Pa.Code § 2800

COPY

Regulation 2800.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. A resident must be free from mental, physical, and sexual abuse and exploitation, neglect, financial exploitation and involuntary seclusion.

Violation:

On 06-10-18 at 8:00am resident #2 was administered medications that were prescribed for another resident. The medication included Carvedilol 25 mg tablets - 2 tabs, Losartan 100 mg tablets - 1 tab and Ropinirck er 4mg tablets - 1 tab. Resident # 2 became drowsy around 8:45am, causing her blood pressure to drop to 86/64. The resident required treatment at the local hospital to stabilize her blood pressure. Staff person A did not verify the resident, room #, or medication labels before administrating the medication.

Plan of Correction

RNs LPNs and Med-Techs will be in-serviced on checking the resident's photo in the Medication Administration Record and the Five Rights of Medication Administration, to ensure medication is administered to the right resident.

In-service trainings will be done by Director of Nursing or before November 15, 2018

- 1. Right Medication
- 2. Right Dosage
- 3. Right Route
- 4. Right Time
- 5. Right Person

Immediately, the Director of Nursing or a Designee will observe a medication pass by each staff person who administers medication at least two times for two weeks, then monthly for six months to ensure proper medication administration. Documentation of the observations will be kept. 2/5/19 (M)

Printed Name and Title of Legal Entity Representative (Required on all pages)		
Signature of Legal Entity Representative (Required on all pages)	Date ·	
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	☐ Not Implemented	

Violation:	
On 03/31/2018, resident #2 required assistance with hour and 28 minutes after ringing call bell.	bowel movement and did not receive care for approximately 1
Plan of Correction	
Regulation 2800.42(c)	•
Plan of Correction	
A daily audit of the SARA call bell sys Administrator and/or Director of Nur answers a resident call bell promptly	tem will be reviewed by the Assisted Living rsing to ensure a member of the care staff or within ten minutes.
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inted Name and Title of Legal Entity Representative (Required on all AMELA RETGER ASSISTE) gnature of Legal Entity Representative (Required on all pages)	(pages)
gnature of Legal Entity Representative (Required on all pages)	27VING FIDMINISTRATOR Date 11-06-2018
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Regulation 2800.56 – Except for present in the residence an avenues per week must be during	eraue ni sa nance i	ces under § 2800.56(b), the administrator shall be or more per week, in each calendar month. At least 30 hours.
Violation;		
The Interim Administrator, staff po	erson B, reported sho	e is on site at the home approximately 10 hours weekly.
Plan of Correction		
Regulation 2800.56		
Plan of Correction		
₹	In the Assisted I	Assisted Living Administrator to be on site Living Administrator's absence, the Nursing community.
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inted Name and Title of Logal Entity Representative (Requi	フ ー はくくいて	ENCIVING HUMINISTRATER
- () · · ·		Date 11-06-2018
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Regulation 2800.65(e) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation training that includes the following:

- (1) Resident rights.
- (2) Emergency medical blan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act
- (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.
- (5) Safe management techniques.
- (6) Core competency training that includes the following:
- I. Person-centered care:
- li. Communication, problem solving and relationship skills.
- III. Nutritional support according to resident preference.

Violation:

Staff person C did not receive resident rights training within 40 scheduled working hours.

Plan of Correction

Regulation 2800.65 (e)

Plan of Correction

Staff person C was in-serviced on November 1, 2018 (see attachment A, page 1 & 2). All new hires will receive Pennsylvania Assisted Living Resident Rights training on first day of employment during signing of new hire paperwork.

Printed Name and Title of Legal Entity Representative (Required on all page	5)
FAMELA (KEILER - ASSISTED)	IVING ADMINISTRATOR
Signature of Legal Entity Representative (Required on all pages)	Date
Marila (A	11-06-2019
DEPARTMENT USE ONLY - HOMES M	
The above plan of correction is approved as of 4-16-19 (Date) The above plan of correction was approved by (Initials)	Plan of correction implementation status as of; Fully Implemented Partially Implemented - Adequate Progress Description Partially Implemented - Inadequate Progress
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scheduled volunteers shall be trained annually in the following areas:
(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety
expert.
(2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
(3) Resident rights.
(4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102).
(5) Falls and accident prevention.
(6) New population groups that are being served at the residence that were not previously served, if applicable.
Violation:
Staff person D did not receive annual resident rights training.
Plan of Correction
Regulation 2800.65(j)
Plan of Correction
Staff person D is was in-serviced on November 2, 2018 (see attachment B, page 1 & 2). The Relias Staff Training module will be changed from Nursing Home Resident Rights to Assisted Living Resident Rights effective November 15, 2018. All current employees will be trained on Pennsylvania Assisted Living Resident Rights on or before November 15, 2018 by Assisted Living Administrator or Director of Nursing.
Director of ivarians.
Printed Name and Title of Legal Entity Representative (Required on all pages)
Signature of Legal Entity Representative (Required on all pages) Date
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!
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Regulation 2800.66(b) - The plan must include training all residence's direct care staff persons in carrying out their must include the following: (1) The name, position and duties of each direct care staff (2) The required training courses for each staff person. (3) The dates, times and locations of the scheduled training upcoming year.	ob responsibilities. The staff training plan	
Violation:		
The 2018 staff training plan does not include the dates and times of the scheduled training for direct care staff persons.		
Plan of Correction		
Regulation 2800.66(b)	•	
Plan of Correction		
A 2019 year training plan has been developed. The plan include the date, topic, location source and training time (see attachment C, page 1 & 2).		
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	<i>.</i> .	
ntod Name and Title of Legal Entity Representative (Required on all page)		
nature of Legal Entity Representative (Required on all pages)	Date 11-06-2015	
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Regulation 2800.88(a) - Floors, walls, ceilings, wi repair and free of hazards.	indows, doors and other surfaces must be clean, in good
Violation:	
The rose half wing between yestdont as the state of	
across the hallway.	114 had ripped carpet, approximately 12 inches in length
Plan of Correction	
Regulation 2800.88(a)	
Plan of Correction	
been fixed by maintenance. Assisted I	ose Hall wing rooms # 113 and #114 has iving Administrator/Director of Nursing will ess immediately (see attachment D, page
	· · · · · · · · · · · · · · · · · · ·
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AMELA IN ETTER - A SSISTED	ABMINISTIRATOR
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poye plan of correction is approved as of 4 Kold (Date)	Plan of correction implementation status as of 4-16-17:
ove plan of correction was approved by(Initials)	☐ Fully Implemented Partially Implemented – Adequate Progress
	11 Partially implemented Inadequate Deve-

Violation:	
The courtyard to the SDCU had a water hose laying on t	the walkway causing a potential tripping hazard.
Plan of Correction	
Regulation 2000.100(b)	
Plan of Correction	
The hose in the courtyard has been re Department will ensure the hose will a prevent a potential tripping hazard (see	· · · · · · · · · · · · · · · · · · ·
•,• • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·
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AMELA NETGER - ASSISTI	PALIVENC ADMINISTRATOR Date 11-06-2018
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cove plan of correction is approved as of 4-16-19 (Date)	Plan of correction implementation status as of 4-16-19

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Partially implemented - Adequate Progress ☐ Partially Implemented – Inadequate Progress

Regulation 2800.101(j)(7) - Each resident shall have t source of lighting that can be turned on at bedside.	he following in the living unit: A	n operable lamp or other	
Violation:		-	······································
Room #112 does not have an operable lamp that can	ha turned on left at his deld-	•	4
	be turned on/off at bedside.		. ' :
Plan of Correction			
Regulation 2800.101(j)(7)			
Plan of Correction			
Room #112 now has an operable lam Resident's lamp check will be placed assignment sheets by November 15, Director of Nursing will audit Personation Compliance.	on the Personal Care M 2018, to ensure bedside	anagers' 3-11 daily lamps are working.	Межаниу баныну бания баны жана жана
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ted Name and Title of Legal Entity Representative (Required on all			
alurd of Legal Entity Representative (Required on all pages)	Dai Dai	1	
DEPARTMENT USE ONLY - HOME	S MAY NOT WRITE RELOW	1-66-2018	
above plan of correction is approved as of	Plan of correction implementation Fully Implemented		
above plan of correction was approved by	⊃ Partially Implemented – Ad	dequate Progress	
(Inilials)	☐ Partially Implemented — In	adequate Progress	

Violation: The carpet in room # 142 was not in good repair. The carpet was ripped across the living room area. Plan of Correction	
Plan of Correction .	
	OUVERNOON.
Regulation 2800.101(n)	
Plan of Correction	
The carpet in room #142 has been fixed. Housekeeping will notify the Assisted Living Administrator or Director of Nursing immediately if a carpet needs repairs (see attachment F).	
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	-

Printed Name and Title of Look Entity Poprocentative (Popular) and I	
APfinted Name and Title of Legal-Entity Representative (Required on all	pages)
+MMELA / SETGER - ASSI	STED LIVING ADMINISTRATOR
Signature of Legal Entity Representative (Required on all pages)	
	Date
Intuiti-	11-06-2018
DEPAKIMENT USE ONLY - HOMES	MAY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of 416 9 (Date) The above plan of correction was approved by (Initials)	Plan of correction implementation status as of 4.6.1: Discription Fully implemented Partially implemented – Adequate Progress Discrepancy of the progress o
	☐ Not Implemented

Regulation 2800.107(d) – The written emergency proced the local emergency management agency.	lures shall be reviewed, updated and submitted annually to
Violation:	
The written emergency procedures were not submitted	d to the local Emergency Management Agency.
Plan of Correction	
Regulation 2800.107(d)	
Plan of Correction	
The Jenner's Pond Emergency Procedu Emergency Management Coordinator of (see certified receipt attachment G).	re and Disaster Plan has been sent to the of Penn Township on November 3, 2018
· · · · · · · · · · · · · · · · · ·	
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inted Name and Title of Legal Entity Representative (Required on all page	ES LIVING ADMINISTRATOR
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Farmony	☐ Partially Implemented - Inadequate Progress

Regulation 2800.121(a) - Stairways, hallways, doorways, passageways and egress from the building must be unlocked and unobstructed.	s routes from living units and
Violation:	
The doorway of resident room #219 was obstructed by a mesh stop sign to preentrance to the room.	event immediate egress and
Plan of Correction	
Regulation 2800.121(a)	
Plan of Correction	
The mesh stop sign secured by Velcro to room #219 was re Director of Nursing and/or Charge Nurse will monitor to er not in place to prevent immediate egress in/out of a reside doorways in the community.	nsure an obstruction is
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ed Name and Ille of Legal Entity Representative (Required on all pages)	TRATA
atting of Legal Entity Representative (Required on all pages)	Date

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The above plan of correction is approved as of

The above plan of correction was approved by

Assisted Living Residences - 55 Pa.Code § 2800

Regulation 2800.141(a)(2) - The medical 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.
- (11) An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.
- (12) Information about a resident's day-to-day assisted living service needs.

Violation:

2800.141(a)(2)

Plan of Correction

No Plan of Correction is needed. Resident #1 tuberculin skin test was completed in November 2016 (see attached immunization record H, Page 1). The tuberculin skin test was not indicated on the state required ADME. The Director of Nursing will audit the ADME of new residents on admission to ensure compliance

No Plan of Correction is needed. Resident #3 tuberculin skin test was completed on June 30, 2017 (see attached immunization record I, Page 1). The tuberculin skin test was not indicted on the state required ADME. Resident #3 was admitted to community on June 30, 2017. The Director of Nursing will audit the ADME of new residents on admission to ensure compliance.

All audits to be maintained for Department review. Dalshed

Printed Name and Title of Legal Ently Representative (Required on all p	ages)
I MARELAGI KETTER - ASS	SISTED LIVING ADMINISTRATOR
Signature of Legal Entity Representative (Required on all pages)	Date
1. Janea /	11-06-2018
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1) Estationary to a distribution of the contract of the contr	THE HOT WELL DELOTE SHIP PLACE
The above plan of correction is approved as of $\frac{2/5}{1/9}$	Plan of correction implementation status as of 15/19:
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Violation:	
Resident #3's most recent medical evaluation was completed on 05/16/17.	s completed on 06/29/18. The previous medical evaluation was
Resident #4's most recent medical evaluation was was completed on 09/22/2016.	completed on 07/26/2018. The previous medical evaluation
Plan of Correction	
2800.141(b)(1)	
Plan of Correction	
annual resident's ADME on a reside	d on the PA stated regulation of obtaining an nt's date of in - person evaluation, rather than . The Director of Nursing has put a spread g ADME due dates for all residents.
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Not implemented

Regulation 2800.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the residence shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the residence, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the residence.

Violation:

Resident #5's medication Levsin SL 1-tab PRN expired 7/5/2018. Their Zofran ODT 8mg q12 expired on 7/5/18.

Plan of Correction

2800.183. (f)

Plan of Correction

The expired medications were disposed, and the pharmacy delivered new medications. Medication carts will be audited on a weekly basis by a Nurse or Medication Technician All expired medication will be disposed of properly. (see attached audit form j).

All audits to be maintained for Department review. 2/5/19

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Printed Name and Title of Legal Entity Representative (Required on all	pages)
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Signature of Legal Entity Representative (Required on all pages)	2.1.
James 1	Date 11-06-2018
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Assisted Living Residences – 55 Pa.Code § 2800

Regulation 2800.183 (f)- Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the residence shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State Regulations. When a resident permanently leaves the residence, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the residence. Violation:

On 02-14-19 Atropine eye drop medication with an expiration date of 9/8/18 were found in the medication cart for residents #1 and #2.

Resident #3's Medizine 12.5 mg Tab was found in the medication cart with an expiration date of 11/23/18. Resident #4's Carbamide Peroxide 6.5% Solution was found in the medication cart with an expiration date of 7/1/18.

Plan of Correction:

Regulation 2800,183(f)

Plan of Correction

- The expired medications were immediately discarded upon discovery and replaced with new unexpired medication by the pharmacy.
- There is no record of Resident #1 ever residing at the Ruston Residence. Resident #3 has moved to another community.
- All nurses and medication technicians will be in-serviced on April 18th by the Director of Nursing regarding the process and importance of auditing for expired medications, as well as, reordering and proper disposal.
- The contracted pharmacy consultant will continue monthly audits.
- The pharmacy representative will continue with random audits.
- Weekly audits will continue and be monitored by the Director of Nursing for compliance.

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Assisted Living Residences - 55 Pa.Code § 2800

Regulation 2800.187(b) - The Information in § 2800.187(a)(13) and § 2800.187(a)(14) shall be recorded at
the time the medication is administered.
Violation:
The June 2018 MAD for registers tip use and interest to the
The June 2018 MAR for resident #2 was not initiated by staff for the administration of the following medications:
Atorvastatin 10mg on 06/10/2018 at 8pm.
Sineinet 25/250 mg on 06/20/2018 and 06/21/2018 at 12pm.
Florstor cap 250mg on 06/07/18 at 5pm.
Plan of Correction
2800.187(b)
Plan of Correction
RNs, LPNs or Medication Technicians will check/review all Medication
·
Administration Records are signed out by the end of their shift. Director of
Nursing will review for compliance.
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Assisted Living Residences - 55 Pa.Code § 2800

Regulation 2800.188(a)(5) – Medication errors include the following:

- (1) Failure to administer a medication.
- (2) Administration of the wrong medication.
- (3) Administration of the wrong amount of medication.
- (4) Failure to administer a medication at the prescribed time.
- (5) Administration to the wrong resident.
- (6) Administration through the wrong route.

Violation:

On 06-10-18 at 8:00am resident #2 was administered medications that were prescribed for another resident. The medication included Carvedilol 25 mg tablets - 2 tabs, Losartan 100 mg tablets - 1 tab, and Ropinirck er 4mg tablets - 1 tab.

Plan of Correction

RNs, LPNs and Med-Technicians will be in-serviced on checking the resident photo in the Medication Administration Record and the Five Rights of Medication Administration, to ensure medication is administrator to the right resident (see attachment K record of training sheet).

In-service training will be done by Director of Nursing by November 15, 2018

- 1. Right Medication
- 2. Right Dosage
- 3. Right Route
- 4. Right Time
- 5. Right Person

Immediately, the Director of Nursing or a Designee will observe a medication pass by each staff person who administers medication at least two times for two weeks, then monthly for six months to ensure proper medication administration. Documentation of the observations will be kept. 2/5/19

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Assisted Living Residences - 55 Pa.Code § 2800

Regulation 2800.190(a) - A staff person who has successfully completed a Department-approved medication administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Violation:

Staff person E's annual practicum was conducted 11/21/2017 without the documentation being completed since 11/10/16.

Staff person F's annual practicum observations and MAR reviews were conducted on 02/15/2017 and 11/19/2017. The annual practicum document was incomplete as it lacked the recertification date and trainers signature.

Staff person G's annual practicum observations and MAR reviews were completed on 01/06/2017 and 04/03/2017. The annual practicum document was incomplete as it lacked the recertification date.

Plan of Correction

Regulation 2800.190(a)

Plan of Correction

The community will have a department approved practicum observer come to the community to conduct the annual practicum observations for Medication Technicians. The Director of Nursing will become a trainer/onsite practicum observer to conduct the observations and to ensure documentation is complete.

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