pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **ET 141 OPERATIONS LLC**
LEGAL ENTITY

To operate **ELIZABETHTOWN PERSONAL CARE**
NAME OF FACILITY OR AGENCY

Located at **141 HEISEY AVENUE, ELIZABETHTOWN, PA 17022**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **39**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **March 3, 2025** until **March 3, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **338810**

ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

pennsylvania
DEPARTMENT OF HUMAN SERVICES

EMAILING DATE: MARCH 3, 2025

[redacted]
ET 141 OPERATIONS LLC
[redacted]

RE: Elizabethtown Personal Care Home
141 Heisey Avenue
Elizabethtown, Pennsylvania 17022
License #: 338810

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 10-11, 2024, of the above facility, we have determined that your submitted plan of correction is fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-Term Living

Enclosure
<Licensing Inspection Summaries>

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

January 30, 2025

[redacted]
ET 141 OPERATIONS LLC
[redacted]

RE: ELIZABETHTOWN PERSONAL CARE
141 HEISEY AVENUE
ELIZABETHTOWN, PA, 17022
LICENSE/COC#: 33881

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/10/2024, 12/11/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[redacted]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *ELIZABETHTOWN PERSONAL CARE* **License #**: *33881* **License Expiration**: *02/23/2025*

Address: *141 HEISEY AVENUE, ELIZABETHTOWN, PA 17022*

County: *LANCASTER* **Region**: *CENTRAL*

Administrator

Name: [redacted]

Legal Entity

Name: *ET 141 OPERATIONS LLC*

Address: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *12/07/1992* **Issued By**: *Department of Labor and Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *28* **Waking Staff**: *21*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Complaint, Provisional* **Exit Conference Date**: *12/11/2024*

Inspection Dates and Department Representative

12/10/2024 - On-Site: [redacted]

12/11/2024 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *39* **Residents Served**: *28*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *16* **Are 60 Years of Age or Older**: *21*

Diagnosed with Mental Illness: *3* **Diagnosed with Intellectual Disability**: *3*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

12/10/2024 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/09/2025*

Inspections / Reviews *(continued)*

01/10/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *01/27/2025*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *01/17/2025*

01/22/2025 - POC Submission

Submitted By: [redacted] [redacted]: *01/27/2025*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *02/21/2025*

01/30/2025 - Document Submission

Submitted By: [redacted] **Date Submitted:** *01/27/2025*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

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

Resident #2 has an allergy to [redacted] which results in the following reactions: anaphylaxis, itching, nausea, vomiting, and angioedema/face swelling. On 9/6/24, the home served the resident a crab patty for lunch. Resident #2 reported taking a bite of the crab patty and immediately spitting the patty out. Then Resident #2 reported feeling tingling in [redacted] mouth and face after taking a bite out of the crab patty. The resident was sent to the emergency room and was prescribed an EpiPen as a result of the incident. The home was aware of the resident's allergy, which is identified on the resident's current medical evaluation, dated [redacted]/24, and the resident's current Resident Assessment and Support Plan (RASP), dated [redacted]/24. The home did not report this incident to the Department.

Repeated Violation - 6/4/24

Plan of Correction ***Directed ([redacted] - 01/22/2025)***

On [redacted]/2024 a resident was served seafood which [redacted] is allergic too, Med Tech staff did react immediately and sent resident out to the emergency room, and completed the required documentation such as nurse note, 24 hour report, and incidents report.
PCHA failed to send a report to the department. PCHA is aware of when and what to report, and will do so going forward even if there is a doubt about rather it is a reportable. On 09/07/2024 PCHA also taught the lead med tech how to file reports to the department in the case the PCHA isn't in the facility. PCHA will be available on the phone if there are any questions in filling out the report. Med Tech will also communicate to the PCHA before filing any reports to the department.

On 1/10/2025 PCHA sent a reportable incident to the department regarding resident 2.
On 1/10/2025 All staff were verbally told by the PCHA to send a text to [redacted] for all incidents that occur going forward [redacted] then guide the med tech on whether an incident report needs to be sent to the department.
On 1/13/2025 PCHA had an education to all med tech staff the importance of reporting, when to report and what to report. When an incident happens med tech staff will send a text or call the PCHA if [redacted] is not in the facility, to report what they are reporting to the department PCHA will give any guidance needed .
After the report is faxed to the department, it will be placed in the PCHA's folder, so [redacted] can review once [redacted] back in the facility . Once the PCHA reviews [redacted] will place in the resident chart and a copy in the reportable incident book.
This task will have no end date.

[Directed]

- *Beginning no later than 1/31/25, when an incident happens the med tech on duty will immediately notify PCHA and an incident report will be completed and sent to the Department within 24 hours. After the report is faxed to the Department, it will be placed in the PCHA's folder for review. Once the PCHA reviews the report, the PCHA will file the report in the resident chart's and a copy will be filed in the home's reportable incident book.*

16c - Written Incident Report (continued)

Proposed Overall Completion Date: 01/17/2025

Directed Completion Date: *01/31/2025*

Implemented [redacted] - 01/30/2025)

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

Resident #2 has an allergy to [redacted] which results in the following reactions: anaphylaxis, itching, nausea, vomiting, and angioedema/face swelling. On [redacted]4, the home served the resident a crab patty for lunch. Resident #2 reported taking a bite of the crab patty and immediately spitting the patty out. Then Resident #2 reported feeling tingling in [redacted] mouth and face after taking a bite out of the crab patty. The resident was sent to the emergency room and was prescribed an EpiPen as a result of the incident. The home was aware of the resident's allergy, which is identified on the resident's current medical evaluation, dated [redacted]/24, and the resident's current Resident Assessment and Support Plan (RASP), dated [redacted]/24.

Repeated Violation - 6/4/24

Plan of Correction ***Directed [redacted] - 01/22/2025)***

On 09/06/2024 resident 2 was immediately sent to the Emergency department, [redacted] was prescribed an epi pen and return to the facility that same day. Family was also notified.
On 09/07/2024 PCHA spoke with the dining service manager to make[redacted] aware that [redacted] needs to check the resident paperwork and ensure that proper information is listed so his staff are aware of allergies in personal care.
On 09/07/2024 Dining Service Manager spoke with all the dining staff the importance of looking at each resident papers when preparing/ serving the meals to prevent any more incidents. All new staff will be educated on the importance of reading the resident info before preparing/ serving me
On 01/13/2025 PCHA spoke with the dietary manager, asking [redacted] if we could change the food allergies on the resident dining sheets to bold red ink so they stand out for staff to see them , to avoid another incident. Staff are also aware that if a resident asked for something that is in the red ink that the staff will communicate to the med tech on duty, so they can discuss with the resident why they cant have the food choice.
This task will have no end date.

Proposed Overall Completion Date: 01/17/2025

[Directed]

- *Beginning no later than 2/3/25, the PCHA or designee will observe at least 2 meal services per week to ensure special diets are being followed. Documentation of these observations will be kept and available for review by the Department.*

42b - Abuse *(continued)*

Directed Completion Date: *02/03/2025*

Implemented (01/30/2025)

85a - Sanitary Conditions

3. Requirements

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

Description of Violation

On 12/10/24, at 9:20AM, there was a strong smell of urine noted in the common bathroom at the top of the stairs on the second floor. Also, the floor around the commode was sticky and had dried light brown substance surrounding the toilet.

Plan of Correction ***Accept (- 01/09/2025)***

Immediately on 12/10/2024, when the housekeeper was made aware of the strong urine odor in the common bathroom located on the 2nd floor, finished cleaning the lower level bathroom and went up and cleaned the 2nd floor bathroom. All bathrooms are cleaned daily, and more often if needed. On 12/10/2024 Housekeeping manager did educate the house keeping staff again the importance of cleaning the floors around the toilet where the grout seals the toilet, this sometimes holds the smell. House keeping will let maintenance aware of when the grout needs replaced.
Housekeeping will clean all bathrooms first thing when they start their shift at 8:00 am, and check them throughout the shift. Med tech and PCA's will check the bathrooms once house keeping leave their shift, and clean if needed. housekeeping manager will also check the bathrooms daily to ensure the odor and cleanliness are in compliance to regulation 85a. These task will be ongoing with no end date.

Licensee's Proposed Overall Completion Date: *01/02/2025*

Implemented - 01/30/2025)

101j7 - Lighting/Operable Lamp

4. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1 and Resident #2 do not have access to a source of light that can be turned on/off at bedside.

Repeated Violation - 4/2/24

Plan of Correction ***Accept - 01/22/2025)***

Immediately on 12/11/2024 when it was found that the lamps were not at bedside, maintenance was made aware and moved the lamps back to the night stands at bedside.
On 12/11/2024 PCHA made an announcement to all resident that lamps need to stay at bedside, for safety reason of needing them to see in the night if getting out of bed.
Maintenance , housekeeping , med tech, and PCA's will check rooms when in and out of them to ensure lamps are always at beside. If found that the lamps are moved, PCHA will have one on one conversation with resident.

101j7 - Lighting/Operable Lamp (continued)

If this continues to be an issue PCHA and maintenance will purchase stickable push on lights . These task will be ongoing with no end date.
On 1/13/2025 PCHA spoke with the staff and read through regulation 2600 101
explaining to the staff the light being left at bedside, so resident can see if getting out of bed at night.
Starting on 1/13/2025 staff will audit 5 rooms daily to ensure that lights are at bedside and they work. This will be ongoing for 4 weeks.

Proposed Overall Completion Date: 01/17/2025

Licensee's Proposed Overall Completion Date: *01/17/2025*

Implemented [redacted] 01/30/2025)

107d - Procedure Emergency Management Agency Submission

5. Requirements

2600.
107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been reviewed, updated and submitted to the local EMA since 10/25/23.

Plan of Correction ***Accept [redacted] 01/22/2025)***

Immediately on 12/10/2024 why the DHS inspectors were on site, PCHA did email changes that were made to the emergency preparedness to the local emergency management agency. On 01/02/2025 still have not received a return email. PCHA will call and see about an updated letter. On 0/07/2025 I emailed [redacted] with emergency preparedness, [redacted] stated that [redacted] did not receive the email, I resent it to [redacted] nd I am still waiting on the updated letter, [redacted] will be out of the office until the 17th of this month.
PCHA was educated by the department on 12/11/24 during the renewal inspection.
On 1/13/2025 PCHA will add to the DHS book and insert in front of the emergency preparedness for a reminder to mail the changes if any in November , so there is time to get the updated letter in a timely manner. Once the updated letter arrives PCHA will place it in the DHS book immediately.
PCHA checks the DHS book weekly , this check of the DHS book is ongoing with no end date.

Proposed Overall Completion Date: 01/17/2025

Licensee's Proposed Overall Completion Date: *01/17/2025*

Implemented ([redacted] - 01/30/2025)

132h - Designated Meeting Place

6. Requirements

2600.
132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drill held on 8/28/24, at 10:00AM, there were 25 residents in the home. However, only 24 residents

132h - Designated Meeting Place (continued)

were evacuated.

During the fire drill held on 9/27/24, at 1:15AM, there were 26 residents in the home. However, only 24 residents were evacuated.

During the fire drill held on 10/24/24, at 5:05PM, there were 31 residents in the home. However, only 29 residents were evacuated.

During the fire drill held on 11/19/24, at 10:30AM, there were 25 residents in the home. However, only 23 residents were evacuated.

Plan of Correction ***Directed [redacted] - 01/22/2025)***

Immediately on 12/10/2024 when PCHA and inspectors learned that the hospice residents were not being evacuated, we spoke with the maintenance director and explained the regulations to [redacted] that all resident must evacuate unless their is an actively a[redacted] resident and we are following the stated regulations. Maintenance was told by previous PCHA that [redacted] did not have to evacuate hospice residents during a drill.
On 12/10/2024 the department inspector handed him the regulation,[redacted] then made a copy to educate [redacted] on the regulation.
Going forward all residents will be evacuated , hospice residents will be taken to the skilled side which has fire rated doors, if possible during a drill. This will be ongoing for all drills or evacuations,

Proposed Overall Completion Date: 01/17/2025

[Directed]

- *The PCHA or designee will educate all staff on this regulation by 2/14/25. Documentation of this education will be kept and available for review by the Department.*
- *Beginning no later than 2/14/25, the PCHA or designee will audit fire drill logs monthly to ensure all residents are being evacuated. Documentation of these audits will be kept and available for review by the Department.*

Directed Completion Date: *01/17/2025*

Implemented [redacted] - 01/30/2025)

181d -Storing Medication

7. Requirements

2600.
181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident #6 self-administers medications and stores medications in [redacted] room. On 12/11/24, at approximately 10:50AM, Resident #6's bedroom was unlocked, unattended and accessible. Under the bed was Resident #6's lockbox, which contained the resident's medication. However, the key for the lock on the lockbox was located in the lock. Also, Resident #6's insulin pen was located in an unlocked desk drawer.

181d -Storing Medication (continued)

Plan of Correction ***Directed (- 01/22/2025)***

On 12/10/2024 medication box for resident 6 was found locked but with the key hanging in the box., room door was open and resident 6 was not in the room. Within minutes resident 6 did came back to the room, PCHA did speak with of the importance of not leaving the key hanging in the box, at that point it is considered unsafe. After looking in the box , bottles of medications were found unlabeled. when the PCHA and inspector asked resident 6 what they were really had no idea but did state doesn't take them. PCHA immediately told resident 6 that would have to take medication's and dispose of them. resident 6 was in agreement. Resident 6 did seem as though knew what the other medications were and when and how to take them, and they were labeled, but PCHA thought it would be a good idea to let his PCP aware of how the box was found and what was found.
On 12/11/2024 PCP was notified by the med tech, of the box and how it was left, and also the medications that were found in the box. replied back on 12/10/2024 to discontinue the self administration. Med tech staff will administer all medication and they will be stored in the med cart. Resident was ok with decision, and knows this will be an ongoing task for med techs to give medications to him.)
On 1/14 /2025 PCHA discussed with the med tech staff the importance of checking in with the self administering resident weekly when medications are delivered to the facility
Staring immediacy when there is a resident that will be self administering medications med tech staff will sit with them monthly and complete a self administering assessment form. Checking all medications bottles making sure they are labeled correctly, there not expired and the resident is aware of how to take
When this form is complete , and it is all in satisfactory ,it will be placed in the resident chart. If there are areas on the form that are not satisfactory it will be discussed with the PCP for recommendations.
This form will be completed monthly with self administering residents with no end date. When the pharmacy delivers the medications the med tech will check the meds in with the self administering resident

Proposed Overall Completion Date: 01/17/2025

[Directed]

- *Beginning no later than 2/3/25, the PCHA or designee will complete a weekly audit of resident rooms of residents who self-administer to ensure medications are secured. Documentation of these audits will be kept and available for review by the Department.*

Directed Completion Date: *02/03/2025*

Implemented 01/30/2025)

184a - Resident's Meds Labeled

8. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.

184a - Resident's Meds Labeled *(continued)*

4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

On 12/11/24, at approximately 11:15AM, Resident #6's medication box contained five unlabeled bottles. There were pills inside each bottle. Resident #6 was unable to identify these medications.

Plan of Correction ***Accept [redacted] 01/22/2025)***

On 12/11/2024 medications were found not to be in compliant for resident 6 which was self administering [redacted] medications. All medications that were found without a label were immediately taken and destroyed, by the PCHA. PCHA and the department inspector explained to resident 6 the importance of having medications labeled correctly with a pharmacy label. Resident 6 was in agreement and okay with the medications being disposed. PCP was notified on 12/11/2024 of what was found , PCP then discontinued the self administer order on 12/11/2024 of resident no longer safe to self administer.
1/14/25 Cart audit are completed weekly , making sure all medications are properly labeled. Cart audits have been in place and will continue weekly going forward . Med techs are aware that if we have self administering residents there medications will be checked weekly when medications are delivered with an assessment formed filled out monthly. This will be ongoing with no end date.

Licensee's Proposed Overall Completion Date: *01/17/2025*

Implemented [redacted] - 01/30/2025)

185a - Implement Storage Procedures

9. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #4 is prescribed Acetaminophen 650 mg as needed. However, on 12/11/24, this medication was not available in the home.

Resident #4 is prescribed Atropine 1% eye drops as needed. However, on 12/11/24, this medication was not available in the home.

Resident #5 is prescribed Hyoscyamine 0.125 MG as needed. However, on 12/11/24, this medication was not available in the home.

Repeated Violation - 9/11/24

Plan of Correction ***Accept ([redacted] - 01/10/2025)***

At the time of the survey on 12/10 /24 and 12/11/24 resident 4 and resident 5 had medications that were ordered but not yet delivered to the facility. Medications did arrive in the evening of 12/11/2024 around 4:15 pm by the pharmacy. The medications were put in the med cart immediately by the med tech.
On 12/12/2024 PCHA put a memo out for all med techs on the importance of ordering medications in a timely manner so that we are never out of the medications. Med cart audits are completed weekly and all PRN medications that are low or about to expire should be ordered at the time of the audit. All bubble pack medications have a blue

185a - Implement Storage Procedures (continued)

colored background on the last row of medications and that is when they are to be ordered.
Starting on 01/01/2025 the lead med tech will audit 5 residents medications orders weekly x 4 weeks to ensure compliance of regulation 2600.185a

Licensee's Proposed Overall Completion Date: *01/03/2025*

Implemented [redacted] - 01/30/2025)

187a - Medication Record

10. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #3 is prescribed Acetaminophen 325mg, Amlodipine 2.5mg, Atorvastatin Calcium 80mg, Cholecalciferol 25mcg, Clopidogrel Bisulfate 75mg, Divalproex Sodium 250mg, Dulcolax suppository, Ergocalciferol 1.25mg, Fleet Enema 7-19gm/118ml, Fluoxetine HCl 20mg, Gabapentin 100mg, Glimepiride 2mg, Levetiracetam 750mg, Lisinopril 40mg, Magnesium Glycinate 100mg, Milk of Magnesia Suspension 400mg/5ml, Nortriptyline HCl 10mg, Polyethylene Glycol 3350 powder, Risperdal 0.5mg, Semaglufide (0.25 or 0.5mg/DOS) subcutaneous solution pen-injector 2mg/3ml, Senna Plus 8.6-50mg, Sumatriptan Succinate 50mg and Tramadol HCl 50mg. However, the resident's December 2024 medication administration record (MAR) does not indicate name of these medications, strength, dosage form, dose, route of administration, frequency of administration, administration times, diagnosis or purpose for these medications, including pro re nata (PRN), date and time of medication administration, name and initials of the staff person administering the medication.

Resident #2 is prescribed IPRAT-Albut 0.5-3(2.5) MG/3ML with orders to inhale one ampule via nebulizer four times daily at 8:00AM, 12:00PM, 4:00PM and 8:00PM. On 11/25/24, the MAR indicates that the 4:00PM dose was administered by Staff Person B. However, Staff Person B is not listed as working on the schedule or in the time punch log for 11/25/24.

Resident #2 is prescribed multiple medications to be administered at 8:00PM, including Atorvastatin 80mg, Carvedilol 25mg, and Eliquis 5mg. However, these medications were not documented as being administered on the MAR on 11/5/24.

Plan of Correction ***Accept [redacted] 01/22/2025)***

Resident 3 just returned to the facility from a rehab unit. The rehab unit did give us resident 3's medications which were enough for a few days,

187a - Medication Record (continued)

Med Tech staff had called the pharmacy on the day resident 3 returned to the facility to make them aware that resident 3 had returned and that [redacted] would need medications. Pharmacy informed the med tech that they did receive the med list but it did not have the PCP signature on it there fore they could not fill the scripts.
Med tech immediately called the rehab unit to make them aware of the situation. They in return stated that they would resend the orders with PCP signature.
Med tech staff continued to call pharmacy because they were now out of the medications and resident was not in the system .
On 12/11/2024 around 5pm the resident was added to the MAR with all the correct information and the medications were delivered to the facility.
Going forward when a resident is coming back from a rehab or being admitted lead med tech will make sure all paperwork is signed and sent to the pharmacy . Lead med tech will confirm with the pharmacy that everything is in compliance before the resident is accepted back to the facility, or before the resident moves in to the facility. Medications will be in house before the resident arrives.
PCHA left all med techs aware of when this happened they should have communicated with her and a paper MAR could have been used for documentation of medications given.

on 12/11/2024 resident 3 did not receive her morning medications. Resident returned to the facility on 12/8/24 and the rehab facility that [redacted] was coming from did give enough medications to last [redacted] until 12/10/2024. Med Tech staff called the pharmacy on 12/9/2024 and let them know that we had medications until 12/10/2024 and then we would need medications staring 12/11/2024 . On
12/10/2024 when the medications were delivered and the med tech seen that resident 3 medications were not with the delivery, the med tech immediately called the pharmacy. The pharmacy stated they were in need of a signed med list. the med tech then called the rehab facility where resident 3 was staying and had a signed med list sent to the pharmacy. Again on 1/11/24 med tech called pharmacy to make sure they received the needed paperwork to deliver the medications to the facility. Later around 5pm on 12/11/24 the medications were delivered to the facility , and resident was entered back into the system.
On 1/13/2025 Med Techs were educated on resident medications when returning back to facility.
Staring 1/2025 MARS will be audited weekly when medications are delivered to ensure all mediations are in house and available for administration
On 11/5/24 med tech staff failed to document on the MAR , at this time we do not know if the medication was given , refused or if the resident was unavailable to give the medication.
On 1/14/25 PCHA had a meeting with the med tech staff making them aware of the importance of documentation of medications.
On 11/25/24 staff member B is not a med tech and would not have access to the MAR.

Proposed Overall Completion Date: 01/17/2025

Licensee's Proposed Overall Completion Date: *01/17/2025*

Implemented [redacted] - 01/30/2025)

187d - Follow Prescriber's Orders

11. Requirements

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

187d - Follow Prescriber's Orders *(continued)*

Description of Violation

Resident #3 did not receive any of [redacted] prescribed medications on the morning of 12/11/24, which included Acebutolol HCL, Amlodipine, Atorvastatin, Clopidogrel Bisulfate, Divalproex, Flyoxetine, Gabapentin and Levetiracetam.

On or around 6/7/24, Staff Person A's roommate found the following medication packs, belonging to Resident #1, in Staff Person A's apartment:

- *5/20/24, 5:00PM administration time. containing two Potassium CL ER 20 MEQ pills.*
- *5/20/24, 8:00PM administration time, containing one Xifaxan 550mg pill.*
- *6/3/24, 5:00PM administration time, containing two Potassium CL ER 20 MEQ pills.*
- *6/3/24, 8:00PM administration time, containing one Xifaxan 550mg pill.*

The resident's medication administration record (MAR) for 5/20/24 and 6/3/24 indicates Staff Person A successfully administered these medications.

Repeated Violation - 9/11/24, 6/4/24 and 4/2/24

Plan of Correction ***Directed [redacted] - 01/22/2025)***

On 12/11/2024 at 2:30pm PCHA spoke with staff member A about the medications found in [redacted] apartment, Staff member A seemed confused at first but then told me that resident 1 refuses [redacted] medications, [redacted] then puts them in [redacted] pocket to destroy them after [redacted] med pass, but forgot they were in her pocket.
PCHA asked staff member A why they are documented as given and [redacted] stated that she documents before [redacted] takes the medications to the room.
PCHA explained to [redacted] that isn't they way [redacted] was taught to administer medications. There should not be any documentation completed until after the the resident is asked again, during the time frame.
Staff member A agreed not to document mediations as given , until the residents actually takes the medications.
On 12/ 16/2024 PCHA re-educated staff member A on the medication administration. and documentation
Resident 3 just returned to the facility from a rehab unit. The rehab unit did give us resident 3's medications which were enough for a few days,
Med Tech staff had called the pharmacy on the day resident 3 returned to the facility to make them aware that resident 3 had returned and that [redacted] would need medications. Pharmacy informed the med tech that they did receive the med list but it did not have the PCP signature on it there fore they could not fill the scripts.
Med tech immediately called the rehab unit to make them aware of the situation. They in return stated that they would resend the orders with PCP signature.
Med tech staff continued to call pharmacy because they were now out of the medications and resident was not in the system .
On 12/11/2024 around 5pm the resident was added to the MAR with all the correct information and the medications were delivered to the facility.
Going forward when a resident is coming back from a rehab or being admitted lead med tech will make sure all paperwork is signed and sent to the pharmacy . Lead med tech will confirm with the pharmacy that everything is in compliance before the resident is accepted back to the facility, or before the resident moves in to the facility. Medications will be in house before the resident arrives.
PCHA left all med techs aware of when this happened they should have communicated with [redacted] and a paper MAR could have been used for documentation of medications given.
on 12/11/2024 resident 3 did not receive her morning medications. Resident returned to the facility on 12/8/24 and the rehab facility that [redacted] was coming from did give enough medications to last [redacted] until 12/10/2024. Med Tech

187d - Follow Prescriber's Orders (continued)

staff called the pharmacy on 12/9/2024 and let them know that we had medications until 12/10/2024 and then we would need medications staring 12/11/2024 . Onn
12/10/2024 when the medications were delivered and the med tech seen that resident 3 medications were not with the delivery, the med tech immediately called the pharmacy. The pharmacy stated they were in need of a signed med list. the med tech then called the rehab facility where resident 3 was staying and had a signed med list sent to the pharmacy. Again on 1/11/24 med tech called pharmacy to make sure they received the needed paperwork to deliver the medications to the facility. Later around 5pm on 12/11/24 the medications were delivered to the facility , and resident was entered back into the system.
On 1/14/2025 Med Techs were educated on resident medications when returning back to facility.
Staring 1/2025 MARS will be audited weekly when medications are delivered to ensure all mediations are in house and available for administration

Proposed Overall Completion Date: 01/17/2025

[Directed]

- *Beginning no later than 2/3/25, the PCHA or designee will complete weekly med cart audits and MAR reviews to ensure medications are being ordered in a timely manner and medications are being administered as prescribed. Documentation of these audits will be kept and available for review by the Department.*

Directed Completion Date: *02/03/2025*

Implemented [redacted] 01/30/2025)