

Program Inspection Compliance Plan

Provider's Name: **EmBe Harrisburg Liberty OST** City: **Harrisburg**

Provider Number: **018042619**

Inspector: **Brooke Flemmer** Date of Inspection: **09/04/2024**

Time of Inspection: **4:35 PM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

B. Provider Practices

15. Is written consent obtained from each child ' s parent before administering all prescription and non-prescription medication? Does the consent include the child ' s name, name of medication and the dates, times, and dosage of the medication to be administered? 67:42:17:27

<p>Corrections To Be Made:</p> <p>There was not signed written consent obtained from a child's parents for a medication to be administered. Additionally, there was written medication authorization consent that was not up to date.</p> <p>Before any medication is administered to a child, written permission from the parent or guardian must be obtained and must include the name of the child, the name of the medication, and the dates, times, and dosage of the medication.</p> <p>Correction: Written consent was obtained from children's parents for a medication to be administered. All medication consent forms were updated.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">09/11/2024</td> <td style="text-align: center;">09/13/2024</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	09/11/2024	09/13/2024
Suggested Completion Date:	Actual Completion Date:				
09/11/2024	09/13/2024				

19. Are medications returned to the parent when no longer needed or the medication has expired? 67:42:17:27

<p>Corrections To Be Made:</p> <p>There was a medication on site that was no longer needed.</p> <p>The medication must be returned to the parent when no longer needed or expired.</p> <p>Correction: All medication that was no longer needed was returned to the parent.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">09/11/2024</td> <td style="text-align: center;">09/13/2024</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	09/11/2024	09/13/2024
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**Posting Information/ Emergency Preparedness/ Record Keeping/ Provider
C. Qualifications**

33. If a child in care has a known food allergy, does the provider have a written plan which includes instructions regarding food allergens, steps to be taken to avoid the food, and a detailed treatment plan to be implemented if the child has an allergic reaction? 67:42:17:29

Corrections To Be Made:	Agency Action:
There were children in care with a known food allergy that did not have a written prevention and response plan.	Compliance Plan
A provider shall have a written care plan for each child who has a known food allergy. The plan must contain instructions regarding any food allergens, steps to be taken to avoid that food, and a detailed treatment plan to be implemented if the child has an allergic reaction.	Suggested Completion Date: 09/11/2024
Correction: The program obtained a written prevention and response plan for children in care with a known food allergy.	Actual Completion Date: 09/13/2024
	Status: Corrected

35. Does each child ' s record contain all required information? 67:42:17:42

Corrections To Be Made:	Agency Action:
FB - Emergency Permission MD - Emergency Permission	Compliance Plan
	Suggested Completion Date: 09/25/2024
	Actual Completion Date: 09/19/2024
	Status: Corrected

Derrick Spader

Provider Signature

09/04/2024

Date

Brooke Flemmer

Inspector Signature

09/04/2024

Date