pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **SERENITY CARE KINGSTON LLC**
LEGAL ENTITY

To operate **SERENITY CARE KINGSTON**
NAME OF FACILITY OR AGENCY

Located at **700 THIRD AVENUE, KINGSTON, PA 18704**
(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 **122**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 28**

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 28, 2022** until **March 28, 2023**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **230520**

ISSUING OFFICER

Jamie L. Buchenauer
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 – 01/21

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: March 24, 2022

[redacted]
Serenity Care Kingston LLC
[redacted]

RE: Serenity Care Kingston LLC
700 Third Avenue
Kingston, Pennsylvania 18704
License #: 230520

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on October 13, 2021 and October 14, 2021 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

Jamie L. Buchenauer

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *KINGSTON MANOR PERSONAL CARE CENTER* **License #:** *22557* **License Expiration:** *12/16/2022*

Address: *700 THIRD AVENUE, KINGSTON, PA 18704*

County: *LUZERNE* **Region:** *NORTHEAST*

Administrator

Name: [redacted] **Phone:** *5702833660* **Email:** [redacted]

Legal Entity

Name: *KINGSTON MANOR PCH LLC*

Address: [redacted]

Phone: *5702833660* **Email:** [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *11/11/1994* **Issued By:** *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *58* **Waking Staff:** *44*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date:** *10/14/2021*

Inspection Dates and Department Representative

10/13/2021 - On-Site: [redacted]

10/14/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *122* **Residents Served:** *42*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *N/A* **Capacity:** *28* **Residents Served:** *12*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *17* **Are 60 Years of Age or Older:** *39*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *16* **Have Physical Disability:** *0*

Inspection Dates and Department Representative *(continued)*

Inspections / Reviews

10/13/2021 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/27/2021*

12/12/2021 - POC Submission

Reviewer: [redacted]*k* **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/17/2021*

12/14/2021 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *12/21/2021*

01/04/2022 - Document Submission

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

18 - Compliance With Laws

1. Requirements

2600.
18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The inspection certificates for the gas boiler and the gas water heater expired on 9/30/21.
The batteries in the carbon monoxide (CO) monitors located near the gas fireplace and outside the kitchen near the gas fired stove had not been replaced annually as required by the Care Facility Carbon Monoxide Monitoring Act. The batteries in the CO monitor near the fireplace were installed 4/6/20; the batteries in the CO monitor outside the kitchen were installed 3/18/20.
This is a repeat violation from 7/23/2019.

Plan of Correction ***Accept***

Per [redacted] Commissioned Boiler Inspector from the Department of Labor and Industry Pennsylvania, "The water heaters that are currently installed in your facility do not need operating certificates." The email is attached and dated for 11/9/2021.

Batteries in all the carbon monoxide monitors were checked, updated, taped and dated to be in accordance with the annual replacement policy. Maintenance staff, responsible, and trained in accordance with Care Facility Carbon Monoxide Monitoring Act. Maintenance log developed and implemented. Administrator has ultimate responsibility for all ongoing compliance.
Completion Date: *11/22/2021*

Document Submission ***Implemented***

Completion Date: 11/22/2021

Completion Date: *12/15/2021*

54a - Direct Care Staff

1. Requirements

2600.
54.a. Direct care staff persons shall have the following qualifications:
1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

The home did not have documentation that staff person A, who provides direct care to residents, has a high school diploma, GED, or active registry as a certified nurse aide. Staff person A was hired [redacted]/21.

Plan of Correction ***Accept***

Staff person A presented High School Diploma and was added to employee file. Staff person A is [redacted]. High School diploma attached. Business Office Manager and Administrator reviewed and trained on employee documentation. Audit system implemented to check all employee files for discrepancies. Administrator has ultimate responsibility for all ongoing compliance.
Completion Date: *11/22/2021*

54a - Direct Care Staff *(continued)*

Update: *12/12/2021*

Please send/Attach proof of compliance for staff person A. 12-12-2021 MM

Document Submission ***Implemented***

Attached: Staff training documentation.

Completion Date: *12/15/2021*

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person B's first day of work was [redacted]21. Staff person B did not receive training in the topics required under this regulation until [redacted]/21 according to staff person B's training documentation.

Plan of Correction ***Accept***

Business Office Manager and Administrator reviewed and trained on employee documentation. Audit system implemented to check all employee files for discrepancies. Administrator has ultimate responsibility for all ongoing compliance.

Completion Date: *11/22/2021*

Document Submission ***Implemented***

Completion Date: 11/22/2021

Completion Date: *12/15/2021*

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.

65f - Training Topics *(continued)*

7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Staff persons C and D did not receive training in the topics required by this regulation for the training year 2019.

Plan of Correction ***Accept***

Staff training scheduling will be the responsibility of the Business Office Manager and Administrator. Training and audits will be performed monthly and records maintained. In-service training provided by staff and outside sources. Staff person C's documentation unavailable for 2019. Staff Person's D's 2019 annual training documentation attached. Administrator has ultimate responsibility for all ongoing compliance.

Completion Date: *11/22/2021*

Update: *12/12/2021*

Please send/Attach proof of staff training. 12-12-2021 MM

Document Submission ***Implemented***

Attached: Staff training documentation.

Completion Date: *12/15/2021*

65g - Annual Training Content

1. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly 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. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite 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 home that were not previously served, if applicable.

Description of Violation

Staff persons C and D did not receive training in the topics required by this regulation for the training year 2019. Both Staff persons C and D are [redacted].

Plan of Correction ***Accept***

Staff training scheduling will be the responsibility of the Business Office Manager and Administrator. Training and audits will be performed monthly and records maintained. In-service training provided by staff and outside sources. Staff person C's documentation unavailable for 2019. Staff Person's D's 2019 annual training documentation attached. Administrator has ultimate responsibility for all ongoing compliance.

Completion Date: *11/22/2021*

Document Submission ***Implemented***

Completion Date: 11/22/2021

Completion Date: *12/15/2021*

82c - Locking Poisonous Materials

1. Requirements

2600.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

During the initial walkthrough the following poisonous materials were found unlocked in the home's memory care unit dining area cupboards: a bottle of Triple Quick disinfectant and bottles of nail polish remover.

Plan of Correction ***Accept***

Administrator and Business Office Manager removed items from memory care unit. Administrator and Business Office Manager will be responsible for the training on all PCA's, MedTech's and housekeeping staff, maintenance on the proper use and storage of poisonous materials during hire and monthly. All chemical cleaning products will be used and removed after each use by all personal involved in the cleaning process of memory care, as well as the entire building and placed under lock and key, when not in use. Implemented training protocol for all employees that handle cleaning chemical products. Weekly checking by maintenance director, business office manage. Administrator has ultimate responsibility for all ongoing compliance.

Completion Date: *11/22/2021*

Update: *12/12/2021*

Please send/Attach proof of staff training. 12-12-2021 MM

Document Submission ***Implemented***

Attached: Staff training documentation.

Completion Date: *12/15/2021*

85d - Trash Receptacles

1. Requirements

2600.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

The trash cans located in the hallway bathrooms/shower rooms did not have lids on them.

Plan of Correction ***Accept***

Lids placed on all trash cans. All PCA, MedTech's and Housekeeping that use the bathrooms/shower garbage cans, as well as all other trash receptacles, have been trained on the proper use of garbage cans and making sure the lids are always on. Audit was performed 11/23/2021 to check all resident bathrooms and kitchen to ensure garbage canisters have lids. Administrator has ultimate responsibility for all ongoing compliance.

Completion Date: *11/22/2021*

Document Submission ***Implemented***

Completion Date: 11/22/2021

Completion Date: *12/15/2021*

91 - Telephone Numbers

1. Requirements

91 - Telephone Numbers *(continued)*

2600.
91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

The required emergency numbers were not posted near the phone located in the dining area.

Plan of Correction ***Accept***

Emergency numbers were placed on phone in dining area. Administrator and Business Office Manager will check phones consistently to make sure emergency numbers remain posted. Audit performed on 11/23/2021 to ensure all telephones with an outside line have emergency telephone numbers. Administrator has ultimate responsibility for all ongoing compliance.

Completion Date: *11/22/2021*

Document Submission ***Implemented***

Completion Date: 11/22/2021

Completion Date: *12/15/2021*

101j7 - Lighting/Operable Lamp

1. 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

The lamp next to the bed located in resident room 413 was not operable. There was no other source of light at bedside for this bed.

Plan of Correction ***Accept***

Lamp, located in memory care, was missing plastic knob that spins on. Plastic knob was replaced and tightened. Lamps will be checked consistently by housekeeping and maintenance. Housekeeping and Maintenance trained to check lamps in each room. Administrator has ultimate responsibility for all ongoing compliance.

Completion Date: *11/22/2021*

Document Submission ***Implemented***

Completion Date: 11/22/2021

Completion Date: *12/15/2021*

102h - Toilet Paper

1. Requirements

2600.
102.h. Toilet paper shall be provided for every toilet.

Description of Violation

The bathroom of resident room 301 did not have toilet paper in it.

Plan of Correction ***Accept***

Housekeeping and PCA's trained to check bathrooms and provide a minimum of two extra toilet paper rolls per

102h - Toilet Paper (continued)

bathrooms, at all times. Audit performed on 11/23/2021. Administrator has ultimate responsibility for all ongoing compliance.

Completion Date: *11/22/2021*

Update: *12/12/2021*

Please send/Attach proof of staff training. 12-12-2021 MM

Document Submission ***Implemented***

Attached: Staff training documentation.

Completion Date: *12/15/2021*

109b - Rabies Vaccination

1. Requirements

2600.
109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

The rabies vaccination for the cat, Penny, that resides in the home expired 9/28/21.

Plan of Correction ***Accept***

Penny, feline, was vaccinated on 10/27/2021 and appointment set for 9/28/2022. Vaccination attached. There are no other visiting animals currently at the facility. Administrator has ultimate responsibility for all ongoing compliance.

Completion Date: *11/22/2021*

Document Submission ***Implemented***

Completion Date: 11/22/2021

Completion Date: *12/15/2021*

121a - Unobstructed Egress

1. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The exit located in the memory care unit's dining area was blocked by a resident's walker at the time of the initial walkthrough.

Additionally, during the physical site inspection the following day the exit was again blocked by a resident seated at a table near the exit.

Plan of Correction ***Accept***

Administrator and Business Office Manager to train staff on emergency exit obstructions. Monthly training and employee onboarding training implemented. During daily morning rounds Maintenance director will monitor egress routes. Administrator has ultimate responsibility for all ongoing compliance.

Completion Date: *11/22/2021*

121a - Unobstructed Egress *(continued)*

Update: *12/12/2021*

Please send/Attach proof of staff training. 12-12-2021 MM

Document Submission ***Implemented***

Attached: Staff training documentation.

Completion Date: *12/15/2021*

182c - Medication Administration

1. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

Through several resident interviews it was determined that medications for residents are regularly being placed in cups and either left at the dining room tables for residents to take when they come to meals or left on bedside tables for residents to take at bedtime. Residents identified more than one staff person administering medications in this manner.

Plan of Correction ***Accept***

MedTech's, have been in-serviced on medication administration protocols, reinforcing previous training. PCA's also attended in-service, for observations purposes, regarding medication administration by MEdTech's. All medications in cups and in residents hands, and observe medication administration or document refusal. Each resident will be identified correctly, if prescriber orders, check vital signs and administer medication accordingly. Medtech to remove correct medication from original container, crush or split, per prescriber; place medication in medication cup, other appropriate container, or in residents hands, mouth or other route as per prescriber and complete all documentation, post administration. PrimeCare pharmacy will be conducting a medcart audit in the month of November, 2021. A co-executive Serenity Care director will be completing 'train-the-trainer' in December and will be providing in-servicing for all medtech's. Administrator/Designee will monitor med-pass randomly bi-weekly. Administrator has ultimate responsibility for all ongoing compliance.

Completion Date: *11/22/2021*

Update: *12/12/2021*

Please send/Attach proof of staff training. 12-12-2021 MM

Document Submission ***Implemented***

Attached: Staff training documentation.

Completion Date: *12/15/2021*

183d - Prescription Current

1. Requirements

183d - Prescription Current *(continued)*

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

The Lantus Solostar insulin pen belonging to resident #1 expired 6/23/21 as per the pharmacy label.
The Spiriva inhaler for resident #2 was opened for use on 5/30/21. The inhaler is required to be discarded after 3 months as per the manufacturer's instructions.

Plan of Correction ***Accept***

All MedTech's trained to observe current prescriptions, OTC, sample and CAM medications and make sure they are current and not expired. MedTech's trained and updated monthly on current prescription medications requirements. Audit performed on all med carts to check inhalers and insulin pens for expiration, accurate pharmacy labels, and discard after 3 months as per manufacturer on a bi-monthly basis. PrimeCare pharmacy will be conducting a medcart audit in the month of November, 2021. A co-executive Serenity Care director will be completing 'train-the-trainer' in December and will be providing in-servicing for all medtech's. Administrator has ultimate responsibility for all ongoing compliance.
Completion Date: *11/22/2021*

Update: *12/12/2021*

Please send/Attach proof of staff training - Medication Train the Trainer and staff education regarding compliance with this regulation. 12-12-2021 MM

Document Submission ***Implemented***

Attached: Staff training documentation.
Completion Date: *12/15/2021*

183e - Storing Medications

1. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

There were 3 loose pills found in different drawers of the short hall medication cart.

The Lantus Solostar insulin pen belonging to resident #1 was not dated when the pen was opened for use.

Plan of Correction ***Accept***

All MedTech's trained to observe current prescriptions, OTC, sample and CAM medications and make sure they are current and not expired. MedTech's trained and updated monthly on current prescription medications requirements. Audit performed on all med carts to check current dates on medications. Audit will be performed bi-monthly on all medcart regarding loose pills. PrimeCare pharmacy will be conducting a medcart audit in the month of November, 2021. A co-executive Serenity Care director will be completing 'train-the-trainer' in December and will be providing in-servicing for all medtech's. Administrator has ultimate responsibility for all ongoing compliance.
Completion Date: *11/22/2021*

183e - Storing Medications *(continued)*

Update: *12/12/2021*

Please send/Attach proof of staff training regarding compliance with this regulation. 12-12-2021 MM

Document Submission ***Implemented***

Attached: Staff training documentation.

Completion Date: *12/15/2021*

184a - Labeling OTC/CAM

1. 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.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The Novolog flexpen and Lantus Solostar insulin pens for resident #3 were stored in the medication cart with no pharmacy labels attached.

The Albuterol Sulfate inhaler belonging to resident #4 was not stored in a box or package and did not have a pharmacy label attached to it.

Plan of Correction ***Accept***

All MedTech's trained to observe current prescriptions, OTC, sample and CAM medications and make sure that all medications have labels containing residents name, name of medication, date prescribed, dosage and administration instructions, with name and title of prescriber. Audit on all med carts performed and bi-monthly audit implemented. PrimeCare pharmacy will be conducting a med cart audit in the month of November, 2021. A co-executive Serenity Care director will be completing 'train-the-trainer' in December and will be providing in-servicing for all medtech's. Administrator has ultimate responsibility for all ongoing compliance.

Completion Date: *11/22/2021*

Update: *12/12/2021*

Please send/Attach proof of staff training regarding compliance with this regulation. 12-12-2021 MM

Document Submission ***Implemented***

Attached: Staff training documentation.

Completion Date: *12/15/2021*

185a - Implement Storage Procedures

1. 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.

185a - Implement Storage Procedures *(continued)*

Description of Violation

Resident #3 has a PRN order for a glucagon kit to be on hand and also a PRN order for acetaminophen. Neither of these medications were currently available in the medication cart.

Plan of Correction ***Accept***

All MedTech's trained to observe current prescriptions, OTC, sample and CAM medications and make sure that all medications ordered will be readily available to the residents. Medtech's in-serviced to order all medications prior to end of shift. PrimeCare pharmacy will be conducting a medcart audit in the month of November, 2021. A co-executive Serenity Care director will be completing 'train-the-trainer' in December and will be providing in-servicing for all medtech's. Administrator has ultimate responsibility for all ongoing compliance.

Completion Date: *11/22/2021*

Update: *12/12/2021*

Please send/Attach proof of PrimeCare pharmacy medcart audit in the month of November, 2021. Also attach proof of staff training regarding compliance with this regulation. 12-12-2021 MM

Document Submission ***Implemented***

Attached: Staff training documentation. Proof of PrimeCare pharmacy medcart audit attached.

Completion Date: *12/15/2021*

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
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

On 10/2/21 the 6am dose of Levothyroxine for resident #3 was not initialed on the Medication Administration Record (MAR) when it was administered.

Resident #3 had several medications pre-packaged in a pharmacy blisterpack that are ordered by the resident's physician but were not listed on the resident's MAR. The medications that were missing from the MAR were: Apriprazole 10mg, Aspirin 81 mg, Atorvastatin 40mg, Digoxin .25mg, Diltiazem 60mg, Duloxetine 60mg, Fenofibrate 145mg, and Hydrochloro 25mg.

187a - Medication Record *(continued)*

Plan of Correction ***Accept***

Medtech's trained on Medication Administration Record (MAR). In-service training on keeping an accurate account with cross check of medication on hand and documented on the MAR shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
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.

Bi-monthly audit of MAR by Medtech's will be performed. PrimeCare pharmacy will be conducting a medcart audit in the month of November, 2021. A co-executive Serenity Care director will be completing 'train-the-trainer' in December and will be providing in-servicing for all medtech's.
Administrator has ultimate responsibility for all ongoing compliance.
Completion Date: *11/22/2021*

Update: *12/12/2021*

Please send/Attach proof of staff training. 12-12-2021 MM

Document Submission ***Implemented***

Attached: Staff training documentation.
Completion Date: *12/15/2021*

187b - Date/Time of Medication Admin.

1. 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

Resident #3 had several medications pre-packaged in a pharmacy blisterpack that are ordered by the resident's physician but were not listed on the resident's MAR. The medications that were missing from the MAR were: Apriprazole 10mg, Aspirin 81 mg, Atorvastatin 40mg, Digoxin .25mg, Diltiazem 60mg, Duloxetine 60mg, Fenofibrate 145mg, and Hydrochloro 25mg. Staff administered these medications without initialing the resident's MAR due to the medications not being listed on the MAR. Staff failed to record the administration of these medications at the time of administration.

Also, resident #5 has an order for 2 puffs of Albuterol Sulfate daily at 9am. On 10/14/21 the medication was initialed as administered, but per the medication technician who had initialed the resident's MAR, the medication was not actually administered.

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

Plan of Correction ***Accept***

Medtech's trained on Medication Administration Record (MAR). In-service training on keeping an accurate account with cross check of medication on hand and documented on the MAR shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
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.

Bi-monthly audit of MAR by Medtech's will be performed. PrimeCare pharmacy will be conducting a medcart audit in the month of November, 2021. A co-executive Serenity Care director will be completing 'train-the-trainer' in December and will be providing in-servicing for all medtech's.

Administrator has ultimate responsibility for all ongoing compliance.

Completion Date: *11/22/2021*

Update: *12/12/2021*

Please send/Attach proof of staff training specific to compliance with this regulation. 12-12-2021 MM

Document Submission ***Implemented***

Attached: Staff training documentation.

Completion Date: *12/15/2021*

187c - Refusal of Medication

1. Requirements

2600.

187c - Refusal of Medication *(continued)*

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #1 and Resident #6 both regularly refuse insulin administration. Both residents require insulin according to a sliding scale. The home did not have proper documentation that the physicians for residents #1 and #2 were notified of the refusal and did not have documentation of the frequency in which the physicians require notification of medication refusals.

Plan of Correction ***Accept***

Resident #6 is no longer at the facility. Spoke with [redacted] regarding residents #1 refusal and plan for frequency of notifications. [redacted] in weekly and stated to keep records on residents glucose level in medical chart. Medtech's provided an in-service on residents right of prescribed medication refusal and documentation in the residents medical record. Training on reporting refusal to physician within 24 hours as well as subsequent refusals to take medication, reported as required by prescriber. Administrator has ultimate responsibility for all ongoing compliance.

Completion Date: *11/22/2021*

Update: *12/12/2021*

Please send/Attach proof of staff training. 12-12-2021 MM

Document Submission ***Implemented***

Attached: Staff training documentation.

Completion Date: *12/15/2021*

187d - Follow Prescriber's Orders

1. Requirements

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

Description of Violation

Resident #1 has an order for Humalog insulin to be administered with meals on a sliding scale. On 10/8/21 at 8am the resident's blood glucose was 353, requiring 8 units of insulin. Only 6 units of insulin were administered.

Resident #5 has an order for 2 puffs of Albuterol Sulfate daily at 9am. On 10/14/21 the medication had not yet been administered as of 11:30 am.

Plan of Correction ***Do Not Accept***

Medtech in-service to follow medication administration as specified by prescriber, and double check all of the following:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.

187d - Follow Prescriber's Orders (continued)

8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
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.
Administrator has ultimate responsibility for all ongoing compliance.
Completion Date: *11/22/2021*

Update: *12/12/2021*

Please include in plan of correction, who specifically will be responsible for ongoing monitoring and compliance with this regulation. 12-12-2021 MM

Plan of Correction ***Accept***

[redacted] *and* [redacted]*, Assistant Medical Technicians (MedTech's) Directors will be responsible for monitoring and compliance on administration of all medications. All MedTechs will be monitored on a daily basis for proper medication administration and compliance. In this specific instance; inhalers, insulin administration, and accurate time of administration. The Assistant MedTech Directors, along with all current MedTech's have undergone updated training on all aspects of medication administration. Attached is the Record of Training for 2600.187.d.*
Completion Date: *12/13/2021*

Document Submission ***Implemented***

Completion Date: 12/13/2021

Completion Date: *12/15/2021*

231c - Preadmission Screening

1. Requirements

2600.
231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #7 was admitted to the home's memory care unit on [redacted]*/21. The home did not have documentation of a cognitive screening within 72 hours prior to the resident's admission.*

Plan of Correction ***Accept***

Admission checklist developed and implemented for all admissions. Effective immediately this documentation will be utilized. The administrator/designee will review checklist as a part of admission protocol. Checklist attached.
Administrator has ultimate responsibility for all ongoing compliance.
Completion Date: *11/22/2021*

Document Submission ***Implemented***

Completion Date: 11/22/2021

Completion Date: *12/15/2021*

233c - Key-Locking Devices

1. Requirements

2600.
233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The code to open the gate of the memory care unit's courtyard was not posted near the keypad.
The code to open the memory care door leading to the non-secured area of the home was not posted near the keypad on either day of the inspection.

Plan of Correction ***Accept***

Directions for key pad were re-posted. Maintenance, PCA's and Medtech's will be trained on the importance for key pad directions to remain conspicuously posted near device. Maintenance director will observe and maintain posted directions on a bi-monthly basis. Administrator has ultimate responsibility for all ongoing compliance.
Completion Date: *11/22/2021*

Update: *12/12/2021*

Please send/Attach proof of staff training and (picture) of key pad with correct posting. 12-12-2021 MM

Document Submission ***Implemented***

Attached: Staff training documentation and Pic #1, code to open the memory care door leading to the non-secured area of the home, and Pic #2 code to open the gate of the memory care unit's courtyard.
Completion Date: *12/16/2021*

234a - Admission Support Plan

1. Requirements

2600.
234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #7 was admitted to the home's memory care unit on [redacted]/21. The support plan for the resident was not completed within 72 hours of admission. The support plan was completed on [redacted]/21.

Plan of Correction ***Accept***

Admission checklist developed and implemented for all admissions. Effective immediately this documentation will be utilized. The administrator/designee will review checklist as a part of admission protocol. Checklist attached. Administrator has ultimate responsibility for all ongoing compliance.
Completion Date: *11/22/2021*

Document Submission ***Implemented***

Completion Date: 11/22/2021

Completion Date: *12/15/2021*

236 - Staff Training

1. Requirements

2600.

236 - Staff Training *(continued)*

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Staff persons C and D did not have an additional 6 hours of training in dementia care for the 2019 training year. Staff persons C and D [redacted]

Plan of Correction ***Accept***

Staff person D 2019 training documents attached. Staff person C 2019 training documents unavailable. Staff will be trained and sign off on 6 hours of annual training related to dementia care and services, in addition to 12 hours of annual training. Administrator has ultimate responsibility for all ongoing compliance.

Completion Date: *11/22/2021*

Document Submission ***Implemented***

Completion Date: 11/22/2021

Completion Date: *12/15/2021*