



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to MCCANDLESS SQUARE SENIOR LIVING LLC

LEGAL ENTITY

To operate ASHTON COMMONS SENIOR LIVING

NAME OF FACILITY OR AGENCY

Located at 551 COOPER STREET, WEXFORD, PA 15090

(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 109
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 16

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 May 3, 2023 until November 3, 2023,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **453541**


ISSUING OFFICER


ACTING 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 628P – 04/23



CERTIFIED MAIL – RETURN RECEIPT
REQUESTED MAILING DATE: May 3, 2023

[REDACTED]
McCandless Square Senior Living LLC
[REDACTED]

RE: Ashton Commons Senior Living
551 Cooper Street
Wexford, Pennsylvania 15090
License/COC #: 453541

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on August 16, 2022, August 17, 2022, and November 10, 2022, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 453540) dated April 21, 2022 – April 21, 2023, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code § 20.71(a)(2); (3); (4) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from May 3, 2023 to November 3, 2023.

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

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

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-214-1304

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

Sincerely,

A handwritten signature in dark ink, reading "Juliet Marsala". The signature is written in a cursive style with a large, stylized "J" and "M".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]
[REDACTED]
[REDACTED]

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

Facility Information

Name: *ASHTON COMMONS SENIOR LIVING* License #: *45354* License Expiration: *04/21/2023*
Address: *551 COOPER STREET, WEXFORD, PA 15090*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *MCCANDLESS SQUARE SENIOR LIVING LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *01/19/2022* Issued By: *Twp of McCandless*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *60* Waking Staff: *45*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *08/17/2022*

Inspection Dates and Department Representative

08/16/2022 - On-Site: [REDACTED]
08/17/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *109* Residents Served: *54*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care* Capacity: *16* Residents Served: *5*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *54*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *6* Have Physical Disability: *1*

Inspections / Reviews

08/16/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/05/2022*

09/06/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/12/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/09/2022

09/19/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/12/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 09/23/2022

04/07/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/12/2022

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

17 - Record Confidentiality

1. Requirements

2600.

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.

Description of Violation

On 8/16/22 at 10:11 a.m., the door to the second floor medication room was unlocked, unattended, and accessible, and contained 3 wheeled carts with approximately 30 resident records on them, including medical evaluations and assessment and support plans for resident #1, resident #2, and resident #3.

POC Submission

Accept (████) 09/19/2022)

On August 16 2022, Director of Maintenance adjusted the door closure immediately and the door closed completely when shut. On August 17th, 2022, doors to medication rooms on all three floors were inspected to ensure that doors closed completely and were also locked.

Mntce Dir or Designee will inspect Med Room Doors 3 times weekly for 3 weeks and then monthly for two months to ensure proper closure of medication room doors.

Licensee's Plan Completion Date: 11/03/2022

Implemented (████) 04/07/2023)

25a - Written Contract and Review

2. Requirements

2600.

- 25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #4, admitted (████) did not have a resident-home contract completed until 7/17/22.

POC Submission

Accept (████) 09/19/2022)

Resident #4 was admitted to SDCU from Personal Care at Ashton Commons. Contract signing was completed within two calendar days with spouse/responsible party. Administrator or designee will complete all contracts for admissions prior to, or within 24 hours of admission. Administrator/Designee will commemorate all admissions with completion of resident-home contract within 24 hours of admission. Audits will be completed by Business Office Manager with each move in to ensure completion of resident-home agreement. An audit will be conducted monthly for 2 months to ensure that all contracts are signed/completed within 24 hours.

Licensee's Plan Completion Date: 10/31/2022

Implemented (████) 04/07/2023)

25b - Contract Signatures

3. Requirements

2600.

- 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.

25b - Contract Signatures (continued)

Description of Violation

Resident #4's resident-home contract, dated 7/17/22, is not signed by the resident.

POC Submission

Accept [REDACTED] - 09/19/2022)

Resident #4 was admitted to SDCU from Personal Care at Ashton Commons. Within 24 hours of admission to the unit, resident was transferred to the hospital for evaluation. At that time, spouse/POA was unavailable to sign contract. Contract signing has been completed on August 19th, 2022 with spouse/responsible party. Administrator or designee will complete all contracts for admissions prior to, or within 24 hours of admission. Administrator/Designee will commemorate all admissions with completion of resident-home contract within 24 hours of admission. Audits will be completed by Business Office Manager with each move in to ensure completion of resident-home agreement. An audit will be conducted monthly for 2 months to ensure that all contracts are signed/completed within 24 hours.

Licensee's Plan Completion Date: 10/31/2022

Implemented [REDACTED] - 04/07/2023)

25c2 - Fee Schedule

4. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

The home charges specified amounts for individual personal needs services. The resident-home contracts for the following residents do not include a fee schedule of actual amounts charged for available services:

- *resident #1, dated 5/19/22*
- *resident #4, dated 7/17/22*
- *resident #5, dated 5/27/22*
- *resident #6, dated 5/13/22*

POC Submission

Directed [REDACTED] - 09/19/2022)

During the inspection survey, it was discovered that there was not a fee schedule placed in the resident-home contract for four (4) residents. On August 19th 2022, The Administrator/Designee updated the electronic/paper documents that are utilized for resident-home agreement signings. a fee schedule will be placed in all resident-home agreements and updated as needed. An audit will be done with each for all residents, by Administrator/Designee to ensure that fee schedules accompany all resident-home agreement documents. Audit will be done for all admissions monthly for two months.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall ensure the resident and resident's designated person receive the fee schedule added to any resident contract. 9/19/22 [REDACTED]

Directed Completion Date: 10/31/2022

Not Implemented [REDACTED] - 04/07/2023)

25c3 - Annual Assessment

5. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

3. An explanation of the annual assessment, medical evaluation and support plan requirements and procedures, which shall be followed if either the assessment or the medical evaluation indicates the need of another and more appropriate level of care.

Description of Violation

The resident-home contract for the following residents do not explain the annual assessment, medical evaluation and support plan requirements and procedures to be followed if the assessment or medical evaluation indicates the need for another or more appropriate level of care:

- *resident #1, dated 5/19/22*
- *resident #4, dated 7/17/22*
- *resident #5, dated 5/27/22*
- *resident #6, dated 5/13/22*
- *resident #7, dated 7/18/22*

POC Submission**Directed** [REDACTED] **09/19/2022)**

during survey and review of the resident-home agreement, it was identified that there was not an explanation of the annual assessment, medical evaluation and support plan. On August 19th, 2022. the contract was amended to include this information and an addendum will be added to the contracts of all current resident(s), including #1,#4,#5,#6,#7. Administrator/Designee will review resident-home agreements to ensure that all resident(s) resident-home agreement include information regarding the assessment, medical evaluation and assessment. Audit will occur monthly for two months

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall ensure the resident and resident's designated person receive any additional information added to any resident contract. 9/19/22

Directed Completion Date: 10/31/2022**Not Implemented** [REDACTED] **04/07/2023)****25c8 - Smoking****6. Requirements**

2600.

25.c. At a minimum, the contract must specify the following:

8. The home's rules related to home services, including whether the home permits smoking.

Description of Violation

The resident-home contracts for the following residents do not include the current home rules:

- *resident #1, dated 5/19/22*
- *resident #4, dated 7/17/22*
- *resident #5, dated 5/27/22*
- *resident #6, dated 5/13/22*
- *resident #7, dated 7/18/22*

POC Submission**Directed** [REDACTED] **- 09/19/2022)**

On August 22nd,2022 The Community Handbook was given to resident(s) #1,#4,#5,#6,#7 which contains the

25c8 - Smoking (continued)

home's rules related to home services, including whether the home permits smoking. Administrator/Designee will audit all resident-home contracts to ensure that each resident receives the Community Handbook with each resident-home contract. Audit will occur with each admission for two months.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall ensure the resident and resident's designated person receive any additional information added to any resident contract. 9/19/22

Directed Completion Date: 10/31/2022

Not Implemented () - 04/07/2023)

25c12 - Bed Hold**7. Requirements**

2600.

25.c. At a minimum, the contract must specify the following:

12. Charges to the resident for holding a bed during hospitalization or other extended absence from the home.

Description of Violation

The resident-home contracts for the following residents do not include the charges for holding a bed during an absence:

- resident #1, dated 5/19/22
- resident #4, dated 7/17/22
- resident #5, dated 5/27/22
- resident #6, dated 5/13/22
- resident #7, dated 7/18/22

POC Submission

Directed () 09/19/2022)

During the inspection survey, it was identified that 5 contracts did not specify charges to the resident for holding a bed during hospitalization or other extended absence from the home. Resident-home agreement was updated On August 22nd 2022, to reflect the appropriate bed hold information and will be utilized for all admissions moving forward. Administrator/Designee will have Addendum regarding bedhold charges signed by resident(s) #1,#4,#5,#6,#7 by September 16th, 2022. Audit will be conducted by Administrator/Designee of all resident-home agreements to ensure that all contracts include information regarding bedhold charges. Audit will occur with every admission for two months

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall ensure the resident and resident's designated person receive any additional information added to any resident contract. 9/19/22

Directed Completion Date: 11/02/2022

Not Implemented () - 04/07/2023)

25c13 - Complaint Procedure**8. Requirements**

25c13 - Complaint Procedure *(continued)*

2600.

25.c. At a minimum, the contract must specify the following:

13. Written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of rights and complaint procedures).

Description of Violation

The resident-home contracts for the following residents do not include written information on the resident's rights and complaint procedures as specified in chapter 2600.41 (related to notification of rights and complaint procedures):

- *resident #1, dated 5/19/22*
- *resident #4, dated 7/17/22*
- *resident #5, dated 5/27/22*
- *resident #6, dated 5/13/22*
- *resident #7, dated 7/18/22*

POC Submission**Directed (████ - 09/19/2022)**

During the inspection survey, it was identified that resident(s) #1,#4,#5,#6,#7 contracts did not include the complaint/grievance procedure. By September 16,2022 an addendum to resident-home agreement, with signatures of resident/representative will be added to resident contract/file. Resident-home agreement was updated on August 19th 2022, to include information regarding complaint/grievance procedures. Administrator/Designee will audit all resident-home agreements for monthly 2 months to ensure all contracts have appropriate complaint/grievance information

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall ensure the resident and resident's designated person receive any additional information added to any resident contract. 9/19/22

Directed Completion Date: 10/31/2022**Not Implemented (████ 04/07/2023)**

25e - Contract Rescission

9. Requirements

2600.

25.e. The resident, or a designated person, has the right to rescind the contract for up to 72 hours after the initial dated signature of the contract and pay only for the services received. Rescission of the contract must be in writing addressed to the home.

Description of Violation

The resident-home contracts for the following residents do not include notification of the resident's right to rescind the contract for up to 72 hours after the initial dated signature of the contract and pay for only the services received:

- *resident #1, dated 5/19/22*
- *resident #4, dated 7/17/22*
- *resident # 5, dated 5/27/22*
- *resident #6, dated 5/13/22*
- *resident #7, dated 7/18/22*

POC Submission**Directed (████ 09/19/2022)**

During the inspection survey it was noted that the resident-home agreement(s) of resident(s) #1,#4,#5,#6,#7 did

25e - Contract Rescission (continued)

not include the notification of the resident's right to rescind the contract for up to 72 hours after the initial dated signature and pay for only the services received. The resident-home agreement contract was updated on August 22nd 2022. Business Office Manager/Designee will audit all resident-home agreement signings and ensure that all contracts are appropriate at signing, this will continue for two months

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall ensure the resident and resident's designated person receive any additional information added to any resident contract. 9/19/22

Directed Completion Date: 10/31/2022

Not Implemented 04/07/2023)

42s - Privacy**10. Requirements**

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 8/16/22 at 9:39 a.m., the home was video recording the outdoor front entrance and the indoor main lobby, including the resident sitting room; however, on admission, residents of the home were not informed that these areas are subject to video recording, and there were no signs posted indicating that images are being recorded in these areas.

POC Submission

Directed 09/19/2022)

During the home inspection survey, the surveyor commented that there was no posted notification of video recording to notify public that video surveillance occurs. Notification was immediately posted on August 16 2022/ No video recording occurs in resident areas ever. Surveyor acknowledged video surveillance postings in multiple areas on August 16th, 2022.

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator or designee shall ensure the home is only video recording the home's entrances and exits and the interior corridors leading to entrances and exits. The administrator or designee will ensure the resident sitting area is not video recorded. 9/19/22

Directed Completion Date: 09/12/2022

Implemented 04/07/2023)

65a - FS Orientation 1st Day**11. 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.

65a - FS Orientation 1st Day (*continued*)

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 A, whose first day of work was 5/15/22, did not receive orientation on any of the following topics covered in chapter 2600.65(a), including evacuation procedures and staff duties and responsibilities during fire drill, as well as during emergency evacuation, transportation and at an emergency location if applicable.

POC Submission**Directed** [REDACTED] 09/19/2022)

This staff person was a transfer from our sister Community and not a brand new hire for the Company. An orientation checklist was completed on August 29th 2022. This orientation checklist was created specifically for transfers to include orientation on all above topics to be completed on their first day of transfer into our Community. This document will be utilized for any transfer into the community from any sister facility. We will request initial general orientation information from original community to validate that orientation was performed within the first 24 hours of employment and place it in the employee's permanent file.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall audit all staff training records to ensure all staff have received the required training in accordance with Regulation 2600.65(a) and the documentation is maintained in the staff records 9/19/22 [REDACTED]

Directed Completion Date: 09/12/2022**Implemented** [REDACTED] 04/07/2023)

65b - Rights/Abuse 40 Hours

12. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
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.

Description of Violation

Staff person A completed her 40th scheduled work hour; however, staff person A did not complete training in any of the topics covered in 2600.65(b), including resident rights, emergency medical plan, and mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.

65b - Rights/Abuse 40 Hours (continued)

POC Submission

Directed (████) 09/19/2022)

This staff person was a transfer from our sister Community and not a brand new hire for the Company. We created an orientation on August 29th 2022, specifically for transfers to include orientation on all above topics to be completed on their first day of transfer into our Community. We will request initial general orientation information from original community to validate that orientation was performed within the first 24 hours of employment and place it in the employee's permanent file.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall audit all staff training records to ensure all staff have received the required training in accordance with Regulation 2600.65(b) and the documentation is maintained in the staff records 9/19/22 (████)

Directed Completion Date: 09/12/2022

Implemented (████) 04/07/2023)

81b - Resident Personal Equipment

13. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 8/17/22 at 10:04 a.m., the bed enabler attached to resident #6's bed was uncovered, with openings measuring 10" wide at the top, and 9" from the top of the bar to the top of the bed, posing a potential entrapment hazard. Also, the bed enabler was not securely fastened to the bed and moved approximately 2"-3" in each direction when pulled, creating a potential fall hazard.

POC Submission

Directed (████) 09/19/2022)

During inspection survey it was noted that resident #6 had a bed enabler that was installed by resident's (████) unbeknownst to the community. Bed enabler was secured to bed on August 19th 2022, by (████) Maintenance Director for the community and covered so that it is not hazardous to the resident. This information has also been added to the resident's RASP. Maintenance Director/Designee will check the enabler monthly to ensure proper placement and securely fastened to the bed. All residents with enablers will be identified to the Wellness Director and added to the RASP. Wellness Director/Designee will audit resident RASPs monthly for two months to ensure that all resident personal equipment is noted to ensure safe use of equipment. Maintenance Director will monitor resident personal equipment to ensure that all is safe and appropriate for use and remove those items that are broken or damaged and report information to Wellness Director to replace and notify family/representative. This audit will take place monthly for two months.

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator or designee shall audit all devices used by residents, including enablers, monthly to ensure compliance with Regulation 2600.81(b) 9/9/22 (████)

Directed Completion Date: 10/31/2022

Implemented (████) 04/07/2023)

82c - Locking Poisonous Materials**14. 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

On 8/16/22 at 10:35 a.m., the sensory room located in the secure dementia care unit (SDCU) was unlocked, unattended, and accessible to residents, and a full bottle of OPI nail polish was in an unlocked and open storage unit, with a manufacturer's label indicating, if ingested, call the Poison Control Center or local emergency number for assistance and instructions. Seek immediate medical attention. The residents in the SDCU are not assessed capable of recognizing and using poisons safely.

POC Submission**Accept [REDACTED] - 09/19/2022)**

During the annual inspection survey it was documented that the door to the sensory room was unlocked and fingernail polish was found in the cabinet. On August 16th, the polish was immediately removed from the premises by the Director of Maintenance. Staff was inserviced on August 17th, that all poisonous materials must be kept locked and inaccessible to residents in the Secure Dementia Care Unit. Lock was placed on the cabinet to secure all supplies from SDCU residents. Memory Care Director/Designee will inspect unit for any poisonous materials three times weekly for three weeks, then monthly for two months to ensure that no hazardous materials are accessible to residents.

Licensee's Plan Completion Date: 11/03/2022

Implemented [REDACTED] - 04/07/2023)**85e - Trash Outside Home****15. Requirements**

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 8/16/22 at 10:21 a.m., the lids on both of the home's dumpsters were open, and the left dumpster contained approximately 12 bags of trash, and the right dumpster contained 3 bags of trash.

POC Submission**Accept [REDACTED] - 09/19/2022)**

During inspection, it was noted on life safety tour that dumpster lids were open. Staff was inserviced on August 30th 2022 regarding keeping the lids to the dumpsters closed at all times. Maintenance Director/Designee will inspect dumpsters weekly for two weeks then monthly for two months to ensure staff is keeping the lids on the dumpsters to prevent penetration of insects and rodents

Licensee's Plan Completion Date: 10/31/2022

Implemented [REDACTED] - 04/07/2023)**91 - Telephone Numbers****16. Requirements**

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.

91 - Telephone Numbers (*continued*)**Description of Violation**

There were no emergency telephone numbers, to include the nearest hospital and fire department, on or by the telephones in multiple areas of the home, including:

- On 8/16/22 at 9:53 a.m., in the salon on the third floor*
- On 8/16/22 at 10:02 a.m., in the fitness room on the third floor*
- On 8/16/22 at 4:00 p.m. near any of the 3 phones in resident #1's room*
- on 8/17/22 at 10:04 a.m. in resident #6's room*
- on 8/17/22 at 1:20 p.m. in resident #5's room*

POC Submission**Accept** [REDACTED] - 09/19/2022)

During life safety tour it was noted that areas in the salon, fitness room and in #1, #6, and #5's rooms did not have emergency telephone numbers posted. During the inspection survey on August 16th 2022, emergency phone number lists were placed in the above areas and in all resident occupied rooms. This was accomplished prior to exit of survey on August 17th 2022. All resident rooms have emergency phone number tags placed in them at this time as of August 19th 2022. Marketing Director/Designee will check monthly for two months to ensure emergency phone number information remains intact in the rooms and will check rooms with each discharge/turnover for the next two months.

Licensee's Plan Completion Date: 10/31/2022

Not Implemented ([REDACTED] 04/07/2023)

103e - Left Overs

17. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 8/16/22 at 10:29 a.m., there were unlabeled and undated leftovers in the SDCU refrigerator, including a plate of 2 slices of bacon, scrambled eggs, and toast, and a container of 2 chocolate cupcakes.

On 8/16/22 at approximately 11:00 a.m., there were 2 half-full, unlabeled and undated gallon-sized zippered bags of potato chips and pretzels under the counter in the pub.

POC Submission**Directed** ([REDACTED] 09/19/2022)

During the inspection survey, unmarked/undated food was discovered in the SDCU refrigerator and under the counter of the pub. The unmarked/undated food was immediately discarded on August 16th 2022, by the Administrator and staff in SDCU. Administrator/Designee will conduct an audit of all food storage areas that will be performed weekly for two weeks, then monthly for 2 months to ensure all stored food is properly labeled.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall educate all staff persons on the requirements of Regulation 2600.103e. Documentation of education shall be kept. 9/19/22 JK

Directed Completion Date: 10/31/2022

Not Implemented ([REDACTED] 04/07/2023)

107c - Food/Water 3 Day Supply

18. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 8/16/22, the home served 54 residents, requiring 162 gallons of emergency drinking water. However, the home had only 99 gallons stored in the furnace room, and the home does not have a contract with a local bottled water supplier.

POC Submission

Directed (████) - 09/19/2022)

during inspection survey, 99 gallons of water was available for emergency water. On August 17th,, 65 gallons of water was delivered to the community for emergency storage. Maintenance Director/Designee will audit emergency drinking water, monthly for 4 months. so that emergency drinking water requirements corresponds with census. Maintenance Director/Designee will also audit the water for expiration dates and replace any water that exceeds the expiration date for emergency water.

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator or designee shall audit the amount of emergency water in the home monthly to ensure compliance with Regulation 2600.107(c). 9/19/22 █████

Directed Completion Date: 12/30/2022

Not Implemented (████) 04/07/2023)

109b - Rabies Vaccination

19. 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 home does not have current certificates of rabies vaccinations for resident #8's cat, █████ and for resident #9's cat, █████ that live in the home.

POC Submission

Directed (████) - 09/19/2022)

Both resident(s) and resident's families were notified to provide up to date rabies vaccination information for the 2 cats respectively. On August 22nd, 2022 both families have provided the vaccination information to the community. Rabies Vaccine information was sent, via email on August 22nd 2022, to Amy Duncan for verification. All vaccine requirements will be met on admission. Activities Director/Designee will review all resident-home agreements and ensure that those residents who are moving in with pets have all of the appropriate vaccination records. Activity director will monitor pet records and notify residents 30 days prior of pets vaccination/license expiration. Audit with occur monthly for 2 months to ensure that all vaccination information is present and in the resident file.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall monitor the home daily for any visiting dogs or cats to ensure compliance with Regulation 2600.109(b) 9/19/22 █████

Directed Completion Date: 10/31/2022

Not Implemented (████) 04/07/2023)

171b5 - First Aid Kit

20. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

On 8/16/22 at 2:40 p.m., the first aid kit in the bus used to transport residents did not include tweezers.

POC Submission

Accepted (████) - 09/19/2022)

During inspection of community van, it was discovered that the first aid kit was without tweezers. Tweezers were obtained by the Maintenance Director on August 16th 2022, and placed in the first aid kit. Tweezers are now included in the first aid kit for the van and all of the emergency kits were checked to ensure that tweezers were included. Wellness Director/Designee will inspect any first aid kit that has/will be opened for use to ensure that all contents are replaced according to regulation and compliance.

Licensee's Plan Completion Date: 09/13/2022

Implemented (████) - 04/07/2023)

171c - Home's Vehicle Documents

21. Requirements

2600.

171.c. The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:

1. Vehicle registration.
4. Current inspection.

Description of Violation

The home's bus used to transport residents, including resident #1 on 8/17/22 at 10:00 a.m., does not have a current vehicle registration and a current inspection.

POC Submission

Directed (████) 09/19/2022)

During the inspection survey, it was discovered that the inspection sticker on the community van needed to be updated. Community is in process of obtaining Pennsylvania Insurance through the home office and Maintenance Director/Designee will have the van inspected according to regulation and compliance, by October 31 2022.

DIRECTED

Within 1 calendar days of receipt of the accepted plan of correction: The administrator or designee shall ensure only vehicles in compliance with Regulation 2600.171(c) are used to transport residents. 9/19/22 (████)

Directed Completion Date: 10/31/2022

Not Implemented (████) - 04/07/2023)

183b - Meds and Syringes Locked

22. Requirements

2600.

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

183b - Meds and Syringes Locked (*continued*)**Description of Violation**

On 8/16/22 at 10:11 a.m., the door to the second floor medication room was unlocked, unattended, and accessible, and there were numerous medications belonging to multiple residents on the counters, including a large box containing resident #5's metformin and lisinopril and resident #10's atenolol and lisinopril, and unlabeled daily pill containers and bottles belonging to resident #11, including the resident's bumetanide and ropinirol.

On 8/17/22 throughout the day, multiple medications were stored in resident #5's room, unlocked, unattended, and accessible, including medihoney, zinc oxide, and lidocaine patches.

POC Submission

Accept [REDACTED] 09/06/2022)

During the inspection survey, it was discovered that the door to the 2nd floor med room was locked, but ajar. The Maintenance Director immediately fixed the door and checked all of the remaining medication room doors to ensure that they locked upon closing. Mntce Dir or Designee will inspect Med Room Doors 3 times weekly for 3 weeks and then monthly for two months to ensure proper closure of medication room doors. Wellness Director will perform a sweep of resident's rooms monthly for two months to ensure that no medications or treatments are in the resident's room with out an order for "may keep in room"

Licensee's Plan Completion Date: 10/31/2022

Not Implemented [REDACTED] 04/07/2023)

183d - Prescription Current

23. Requirements

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

On 8/16/22, 2 bottles of resident #4's mirtazapine 30 mg tablets were in the home's medication cart; however, the medication was discontinued on 8/3/22.

On 8/17/22, resident #5's box of lidocaine 5% patches were stored in his room; however, the home does not have a current order for this prescription.

On 8/16/22, resident #6's vitamin D3 5000IU were in the home's medication cart; however, the medication was discontinued on 6/8/22.

POC Submission

Directed [REDACTED] 09/19/2022)

Within 15 calendar days of the receipt of the plan of correction, the Wellness Director will conduct an audit of all of the medication carts. The audit will include inventory of the carts to ensure that all discontinued medication is immediately removed from the cart when a physician's order to discontinue is received. Cart audits will be performed weekly for three weeks then monthly for two months.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall conduct monthly audits to ensure compliance with regulation 2600.183(d). 9/19/22 [REDACTED]

Directed Completion Date: 10/31/2022

Implemented [REDACTED] 04/07/2023)

183e - Storing Medications

24. 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

On 8/16/22 at 4:23 p.m., resident #1's Humalog and Lantus insulin pens were stored in the home's medication cart and were not labeled with the date they were opened.

POC Submission

Directed [REDACTED] 09/19/2022)

By August 30th, 2022 the Wellness Director audited all medication carts to ensure that all medications, OTC and CAM are labeled properly. New Humalog and Lantus insulin for Resident #1 were obtained from the pharmacy and dated when opened. Wellness Director/Designee will audit medication carts and review opened medication to ensure that all open medication is dated appropriately, This audit will occur weekly for two weeks then monthly for two months. Documentation will be kept.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall conduct monthly audits to ensure compliance with regulation 2600.183(e). 9/19/22 [REDACTED]

Directed Completion Date: 10/31/2022

Not Implemented [REDACTED] - 04/07/2023)

184a - Resident's Meds Labeled

25. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #1 is prescribed Humalog 100u/ml-Inject 2u subcutaneously in the morning, inject 4u subcutaneously in the evening; and refer to sliding scale before meals and at bedtime, blood glucose reading: 70-140 = 0u; 141-180=1u; 181-220=2u; 221-260=3u; 261-300=4u; 301-340 = 5U; >340=6u and call MD; however, the pharmacy label on her Humalog Kwikpen indicates-Inject 6 units subcutaneously twice daily with breakfast and lunch; inject 5 units subq daily with supper.

Resident #4 is prescribed fluticasone propionate/sal 113-14mcg-Inhale 1 puff twice a day; however, the pharmacy label indicates Advair HFA 115-21mcg-Inhale 2 puffs using inhaler twice a day.

Resident #5 is prescribed trelegy ellipta 100mcg-62.5mcg-25mcg/inh-Inhale 1 puff every 24 hours; however, the pharmacy label indicates fluticasone 100/salmeterol inh disk 60-Inhale 1 puff orally every 12 hours. Rinse mouth after use.

Resident #5 is prescribed lisinopril 20mg tab-Take 1 tablet by mouth 2 times daily; however the pharmacy label indicates lisinopril 10mg tab.

Resident #7 is prescribed eliquis 5mg tablets-Take 1 tablet daily for 30 days; however, the pharmacy label on 3

184a - Resident's Meds Labeled (continued)

bottles indicates-Take 1 tablet twice daily, and one bottle has no pharmacy label.

Resident #7 is prescribed fluticasone/SALME AER 250/50-Inhale 1 puff by mouth every 12 hours; however, the pharmacy label indicates-Give one tablet by mouth every 12 hours.

POC Submission**Directed () 09/19/2022)**

On August 23rd, Wellness Director and Resident Care staff has conducted a medication audit to identify discrepancies with medications and appropriate labels. Pharmacy was notified and all medications were labeled correctly. By September 20, 2022 Wellness Director/Designee will conduct audits of all new medications delivered to the community to ensure that they are properly labeled and reconcile the medications with the orders to ensure that they are correct. This audit will occur weekly for two weeks and then monthly for two months. Records will be kept.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall conduct monthly audits to ensure compliance with regulation 2600.184(a). 9/19/22 ()

Directed Completion Date: 10/31/2022

Implemented () 04/07/2023)**185a - Implement Storage Procedures****26. 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

On 8/16/22, resident #1's glucometer was not calibrated to the current day and time.

On the following dates and times, resident #1's blood sugar readings on her glucometer did not match the blood sugar readings documented on the resident's August 2022 medication administration record (MAR):

<u>Date</u>	<u>Time</u>	<u>Glucometer reading</u>	<u>MAR</u>
8/16	11:48am	185	208
8/16	7:31am	182	57
8/15	4:22pm	152	154

POC Submission**Accept () 09/19/2022)**

By September 20th, 2022, Wellness Director/Designee will audit glucometers and also check calibration of all glucometers to ensure that glucometer reading are accurate and match what is documented in the medication administration record. Within 3 calendar days of Plan of Correction, Wellness Director/Designee will audit the actual readings on each resident's glucometer as compared with the documented readings on the resident's medication administration record, and also ensure the glucometer is calibrated to the current date and time. This will be done at least weekly for residents who have orders for blood sugar monitoring and shall consist of all readings for the previous week. The weekly audits will occur at least for four weeks, commencing with the receipt of this plan. Within 15 calendar days of the receipt of the plan of correction, Administrator/Designee who is trained in medication administration will observe a medication pass by each staff person who administers medication, at least two times then monthly for two months. Documentation will be kept.

185a - Implement Storage Procedures (continued)

Licensee's Plan Completion Date: 10/31/2022

Not Implemented [REDACTED] - 04/07/2023)

187a - Medication Record

27. Requirements

2600.

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

Description of Violation

Resident #7 is prescribed fluticasone/SALME AER 250/50-Inhale 1 puff by mouth every 12 hours; however, the resident's August 2022 MAR indicates-Give one tablet by mouth every 12 hours.

POC Submission

Accepted [REDACTED] - 09/19/2022)

Residents #7 pharmacy orders did not match the prescriber's orders. Within 7 calendar days of the receipt of the plan of correction - A designated staff person who is trained in medication administration will monitor the medical administration record daily to ensure medication labels are complete and accurate and all medication administration documentation is complete and accurate. Documentation will be kept. Within 15 calendar days of Plan of Correction Administrator/Designee who is licensed or trained in medication administration will observe a medication pass by each staff person who administers medication, at least two times, then monthly for three months. Documentation will be kept.

Licensee's Plan Completion Date: 11/23/2022

Not Implemented [REDACTED] 04/07/2023)

187d - Follow Prescriber's Orders

28. Requirements

2600.

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

Description of Violation

Resident #4 is prescribed eliquis 5mg-Take 2 tablets by mouth twice daily. Start taking on 8/15/22. However, on 8/16/22 at approximately 3:00 p.m., the medication was on the home's medication cart, but it had not been administered to the resident.

Resident #4 is prescribed simvastatin 40mg-Take 1 by mouth nightly; however, on 8/16/22, the medication had not been administered since 8/1/22 because it is not available in the home.

Resident #5 is prescribed docusate sod 100mg capsule-Take 1 capsule by mouth twice a day; however, on 8/16/22, the medication had not been administered in the month of August because it was not available in the home.

On 8/10/22, resident #5 was prescribed acetaminophen 500mg-Take 2 tablets every 8 hours; however, on 8/16/22, the medication had not been administered from 8/10/22 through 8/16/22 because it was not available in the home.

POC Submission

Directed [REDACTED] 09/19/2022)

Three step process has been instituted by Wellness Director: medication is faxed, emailed with a follow up phone call to ensure that order has been received. If medication is not delivery in next run, a call is again made to the

187d - Follow Prescriber's Orders (continued)

pharmacy. If it is still not available, emergency pharmacy is employed to ensure that the medication is received in a timely manner for the resident. In-service of staff regarding following the directions of the prescriber and notifying Wellness Director and pharmacy if medication is unavailable. Wellness Director/Designee will complete both a MAR audit and med cart audit once per week for one month, and then once monthly for three months for all residents to ensure that all currently prescribed medications are present and available in accordance with prescriber's orders. Documentation will be kept. Within 72 hours of receipt of this plan of corrections, resident #4 and resident #5's medications will be delivered to the community for administration. Within 15 calendar days of receipt of the plan of correction, the Administrator designee will observe a med pass by all staff that are trained to pass medications at least once a week for two weeks, then monthly thereafter to ensure that all medication administration documentation is complete current and accurate. Documentation will be kept.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall conduct monthly audits to ensure compliance with regulation 2600.187(d). 9/19/22 [REDACTED]

Directed Completion Date: 01/18/2023

Not Implemented ([REDACTED] - 04/07/2023)

227g -Support Plan Signatures**29. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #4's initial support plan, dated 7/12/22, indicates that her husband participated in the development of [REDACTED] support plan; however [REDACTED] did not sign the support plan and there is no indication if he was unable or declined to sign.

POC Submission

Accept ([REDACTED] - 09/19/2022)

Upon review of resident's RASP, it was discovered that resident's representative did not sign RASP. In-servicing will be completed by September 30th 2022 by Memory Care Director/Designee that all RASPs must be signed by all individuals who participate in the support plan. Audit will be conducted for the SDCU monthly for two months to ensure that all signatures are obtained at the time of review of the resident assessment support plan. This audit will be performed by [REDACTED] Memory Care Director. Documentation will be kept.

Licensee's Plan Completion Date: 10/31/2022

Not Implemented ([REDACTED] 04/07/2023)

231b - Medical Evaluation**30. Requirements**

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

The initial medical evaluation, dated 7/12/22, for resident #4, admitted to the SDCU on 7/12/22, does not include the

231b - Medical Evaluation (continued)

resident's date of birth, height, weight, pulse rate, blood pressure, temperature, body positioning, medical professional's name and license number, and the need for the resident to be served in a secured dementia care unit. These areas of the form are blank. Also, the medication addendum indicates "see attached"; however, nothing is attached to the form.

The initial medical evaluation, dated 7/18/22, for resident #7, admitted to the SDCU on 7/18/22, does not indicate the need for the resident to be served in a secured dementia care unit.

POC Submission**Directed (██████) 09/19/2022)**

During review of resident's chart, resident #4's DME was without vital signs. On September 13 2022, Vital signs were obtained and documented on the resident's DME by the Memory Care Director with notification to MD that DME was amended. Memory Care director will audit all residents charts to ensure that diagnosis, need for SDCU and all other requirements are completed on the DME. Memory Care Director will audit all new resident to SDCU unit to ensure that DME's are complete monthly for two months. Documentation will be kept.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall have resident #7's medical evaluation updated by the medical professional whom completed the document or a new in-person medical evaluation shall be completed evaluating the resident's need to reside in a SDCU. 9/19/22 (██████)

Directed Completion Date: 10/31/2022

Not Implemented (██████) 04/07/2023)**231e - No Objection Statement****31. Requirements**

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #4 was admitted to the SDCU on (██████) however, the home has no documentation that the resident and the resident's designated person have not objected to the admission.

Resident # 7 was admitted to the SDCU on 7/18/22; however, the home has no documentation that the resident and the resident's designated person have not objected to the admission.

POC Submission**Accept (██████) 09/19/2022)**

During resident chart review it was found that resident #4 and resident #7 did not have documentation of "no objection" in resident file. Both resident files were updated on August 22 2022, with the No Objection form and signed by resident representative/POA. Administrator/Designee will audit all residents' home contracts monthly for two months to SDCU to ensure that "no objection" is completed. Documentation will be kept.

Licensee's Plan Completion Date: 10/31/2022

Implemented (██████) 04/07/2023)

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

Facility Information

Name: *ASHTON COMMONS SENIOR LIVING* License #: *45354* License Expiration: *04/21/2023*
Address: *551 COOPER STREET, WEXFORD, PA 15090*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *MCCANDLESS SQUARE SENIOR LIVING LLC*

Address: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *01/19/2022* Issued By: *Twp of McCandless*

Staffing Hours

Resident Support Staff: Total Daily Staff: *112* Waking Staff: *84*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Interim* Exit Conference Date: *11/10/2022*

Inspection Dates and Department Representative

11/10/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *109* Residents Served: *90*

Secured Dementia Care Unit

In Home: *Yes* Area: *1st floor* Capacity: *16* Residents Served: *8*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *90*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *22* Have Physical Disability: *1*

Inspections / Reviews

11/10/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/01/2022*

Inspections / Reviews (*continued*)

12/06/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/20/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/16/2022

01/10/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/20/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/20/2023

04/07/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/20/2023

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

25c2 - Fee Schedule

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

The home charges specified amounts for individual personal needs services. The resident-home contract, dated 4/29/22, for resident #1 does not include a fee schedule of actual amounts charged for available services.

Plan of Correction

Accept () 12/06/2022)

The resident home contract does include a fee schedule of actual amounts charges for available services. This is reviewed at the time of agreement signing with resident/resident representative. The Administrator/Designee will ensure that each current resident/POA of current resident will receive a fee schedule (hard copy) by December 15, 2022. The fee schedule will be mailed/emailed to each resident/resident designee respectively. BOM will work with Administrator/Designee to ensure that all residents receive the fee schedule. Audit will be conducted by BOM with each new admission to ensure that fee schedule is include in resident contract for two months.

Licensee's Proposed Overall Completion Date: 02/15/2023

Not Implemented () - 04/07/2023)

25c3 - Annual Assessment

2. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

3. An explanation of the annual assessment, medical evaluation and support plan requirements and procedures, which shall be followed if either the assessment or the medical evaluation indicates the need of another and more appropriate level of care.

Description of Violation

The resident-home contract, dated 4/29/22, for resident #1 does not explain the annual assessment, medical evaluation and support plan requirements and procedures to be followed if the assessment or medical evaluation indicates the need for another or more appropriate level of care.

Plan of Correction

Accept () 12/06/2022)

The resident home contract will be updated to include explanation of the annual assessment, medical evaluation and support plan requirements. Current resident/ resident representative will be given a contract addendum indicating this information by December 15th 2022. BOM will conduct a audit/review of all new admissions to ensure all resident home agreements include this update for two months

Licensee's Proposed Overall Completion Date: 02/15/2023

Not Implemented () 04/07/2023)

25c8 - Smoking

3. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

8. The home's rules related to home services, including whether the home permits smoking.

25c8 - Smoking (continued)

Description of Violation

The resident-home contract, dated 4/29/22, for resident #1 does not include the current home rules.

Plan of Correction

Accept [REDACTED] - 12/06/2022)

The resident home contract has been updated to include a designation of whether smoking is permitted in the home. The Administrator/Designee will ensure that each current resident/POA of current resident will receive an addendum (hard copy) of the home's smoking policy by December 15, 2022. The smoking policy addendum will be mailed/mailed to each resident/resident designee respectively. BOM will work with Administrator/Designee to ensure that all residents receive the smoking policy. Audit will be conducted by BOM with each new admission to ensure that fee schedule is include in resident contract for two months.

Licensee's Proposed Overall Completion Date: 02/15/2023

Not Implemented [REDACTED] 4/07/2023)

25c12 - Bed Hold

4. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

12. Charges to the resident for holding a bed during hospitalization or other extended absence from the home.

Description of Violation

The resident-home contract, dated 4/29/22, for resident #1 does not include the charges for holding a bed during an absence.

Plan of Correction

Accept [REDACTED] - 01/10/2023)

The parameters of the contract regarding bedholds/leaves of absence was updated on December 16th by Lisa Conklin, Executive Director to reflect how the resident is charged from 1-14 days. All residents/resident representatives will be made aware of the change/update in the resident home agreement by 01152023. Administrator/Designee will notify in writing on the amendment/clarification to the resident home agreement. Administrator/Designee will review all resident home agreements for 2 months to ensure notification and understanding of bedhold agreement.

Licensee's Proposed Overall Completion Date: 03/15/2023

Not Implemented [REDACTED] - 04/07/2023)

91 - Telephone Numbers

7. Requirements

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

At approximately 10:30 a.m., there were no emergency telephone numbers, to include the nearest hospital and fire department, on or by the telephones in the bedrooms of resident #2 and resident #3.

Plan of Correction

Accept [REDACTED] - 12/06/2022)

Administrator/Designee will ensure that all new admissions and respites have emergency telephone numbers of

91 - Telephone Numbers (continued)

hospital and fire department in the rooms prior to admission. Prior to admission, room is inspected for readiness, at that time staff will ensure that a tag is left in the room for Emergency Telephone Numbers. Administrator/Designee will check room with every admission to ensure that emergency number tag is available in room will audit for two months.

Licensee's Proposed Overall Completion Date: 02/15/2023

Not Implemented () - 04/07/2023)

103e - Left Overs**8. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At 10:09 a.m., there were 2 unlabeled and undated red plates of bacon and corned beef hash in the secure dementia care unit (SDCU) refrigerator.

Plan of Correction

Accept () - 01/10/2023)

The food was immediately removed by the Maintenance Director during the inspection on 11/10/2022. Memory Care Director/Designee will check the refrigerator daily at the end of shift to ensure that there is no unlabeled or undated food in the refrigerator for two weeks. Also, any food that is unmarked or undated will be discarded immediately. Memory Care Director/Designee will check the refrigerator daily for two weeks and weekly for ten weeks. All Dietary and food handler staff has been inserviced on regulation 103 in its entirety and specifically (e).

Licensee's Proposed Overall Completion Date: 03/15/2023

Not Implemented () - 04/07/2023)

162c - Menus Posted**9. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

Throughout the day, only the menu for the current day was posted in the home near the small dining room entrance.

Plan of Correction

Accept () 12/06/2022)

At the time of the revisit, the community was without an Executive Chef. The Regional Chef was creating the new 4 week menu and had posted it prior to exit. Monthly menu is posted currently and will continue to be available to all residents at anytime. Administrator/Designee will audit menus weekly for two weeks to ensure they are posted 1 week in advance and kept in a conspicuous place for all to access. This will be audited for 2 months

Licensee's Proposed Overall Completion Date: 11/28/2022

Implemented () - 04/07/2023)

183b - Meds and Syringes Locked

10. Requirements

2600.

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

Description of Violation

At 10:45 a.m., there was a nearly empty bottle of chlorhexidine 4% liquid on the bathroom counter in resident #4's unlocked, unattended, and accessible bedroom.

Plan of Correction**Accept** [REDACTED] 12/06/2022)

Administrator/Designee will inservice all staff regarding prescriptions medications including OTC, CAM and Syringes being kept in a container that is locked, or in the med room .Inservice will occur no later than December 15, 2022. If resident requests to keep med in room, community will obtain a "may keep at bedside order", and instruct resident to keep apartment door locked at all times. An audit will be conducted by Wellness Director/Designee to ensure that no medications are kept in resident rooms without appropriate orders. Audit will be done weekly for two weeks and then monthly for two months.

Licensee's Proposed Overall Completion Date: 02/15/2023

Not Implemented ([REDACTED] 04/07/2023)**183e - Storing Medications****11. 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

At 3:18 p.m., resident #5's Humalog insulin pen was stored in the home's medication cart and was not labeled with the date it was opened.

Plan of Correction**Accept** [REDACTED] 12/06/2022)

Resident #5's insulin was correctly dated on the day that it was discovered. Wellness Director/Designee will conduct an inservice for resident care staff including dating all insulin pens, eye drops, ear drops and any multidose medication when it is opened; to follow the manufacturer's instructions regarding dosing and expiration of medication. Wellness Director/Designee will audit medication carts for dates on multi dose medication weekly for two weeks and then monthly for two months

Licensee's Proposed Overall Completion Date: 02/15/2023

Not Implemented ([REDACTED] 04/07/2023)**185a - Implement Storage Procedures****12. 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

On 11/5/22 at 10:41 a.m., resident #1's blood sugar reading on her glucometer was 189; however, the reading was documented on the resident's November 2022 medication administration record (MAR) as 187.

185a - Implement Storage Procedures (continued)

On the following dates and times, resident #5's blood sugar readings on her glucometer did not match the blood sugar readings documented on the resident's November 2022 MAR:

<u>Date</u>	<u>Time</u>	<u>Glucometer Reading</u>	<u>MAR</u>
11/5/22	9:12 pm	281	182
11/9/22	10:06 pm	194	190

Plan of Correction

Accept [REDACTED] 12/06/2022)

Wellness Director/Designee will inservice staff regarding the importance of safe storage and security in the use of medication and equipment. Inservice will occur no later than December 15 2022. A glucometer reading book will be developed and nightshift staff will audit weekly glucometer readings for the previous week against the MAR to ensure accurate recording of blood sugars. Any discrepancies will be reported to Wellness Director who then will report medication error to DHS and notify family and physician. This weekly BS audit will be ongoing at the community. Wellness Director will check book weekly for two weeks and then monthly for two months to ensure completion and accuracy.

Licensee's Proposed Overall Completion Date: 02/15/2023

Not Implemented [REDACTED] 04/07/2023)

187a - Medication Record

13. 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.
6. Dose.
8. Frequency of administration.
9. Administration times.

Description of Violation

Resident #5 is prescribed Humalog 100u/ml-Inject 2u subcutaneously in the morning, inject 4u subcutaneously in the evening; and refer to sliding scale before meals, blood glucose reading: 70-140 = 0u; 141-180=1u; 181-220=2u; 221-260=3u; 261-300=4u; 301-340 = 5U; >340=6u and call MD; however, the resident's November 2022 MAR indicates-refer to sliding scale before meals and at bedtime, blood glucose reading: 70-140 = 0u; 141-180=1u; 181-220=2u; 221-260=3u; 261-300=4u; 301-340 = 5U; >340=6u and call MD.

Resident #6 is prescribed fluticasone 100/salmeterol 50-inhale 1 puff orally every 12 hours, rinse mouth after use; however, the resident's November 2022 MAR indicates-trelegly ellipta 100/62.5/25mcg-inhale 1 puff by mouth once daily.

Plan of Correction

Directed [REDACTED] 01/10/2023)

On 11/11/2022, [REDACTED] Wellness Director notified the pharmacy that the medication for the resident was incorrect on the medication record. The amended order for the Wixela that was sent to the pharmacy on 11.12.22, because Trelegy was not available is included in the attachments. It is dated 08/11/22. On 12/06/2022, staff were re-educated about the policy and regulation for medication to be kept and available for resident per physicians order. Specifically, 187a., 188, 185a. Wellness Director/Designee will instruct and educate staff to monitor any

187a - Medication Record (continued)

new insulin orders and monitor any current medication changes to ensure appropriate instructions on medication orders. All orders are reviewed by nightshift staff against the packing list. If medications are missing the Wellness Director will be notified for resolution and receipt of medication to the community. Pharmacy will be notified immediately for any changes to instructions that are needed. Wellness Director/Designee will audit all new orders. Wellness Director will review all physicians orders daily and follow up with electronic efax verification to ensure that order(s) were received. and any changes weekly for two weeks then monthly for two months.

DIRECTED

Within 2 calendar days of receipt of the accepted plan of correction: The administrator or wellness director shall review all resident MARs monthly for accuracy and completeness. 1/10/23 ■

Directed Completion Date: 03/15/2023

Not Implemented ■ 04/07/2023)

187d - Follow Prescriber's Orders**14. Requirements**

2600.

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

Description of Violation

Resident #1 is prescribed the following medications which were not administered on various dates and times because they were not available in the home:

- *fluticasone 100-25-inhale 1 puff by mouth once daily; not administered on 11/4/22, 11/5/22, and 11/8/22*
- *incrusse elpt 62.5mcg-inhale 1 puff into mouth once daily; not administered on 11/1/22 at 8 a.m.*
- *jardiance 25mg-take one tablet by mouth once daily; not administered 11/1/22 -11/9/22 at 8:00 a.m.*
- *trazodone 50mg-take one tablet by mouth every night at bedtime, not administered 11/5/22-11/9/22 at 8:00 p.m.*

Resident #2 is prescribed azithromycin 250 mg-take 2 tablets by mouth on 11/4/22 and 1 tablet daily by mouth 11/5/22 through 11/8/22; however, the medication was not administered on 11/4/22 and 11/5/22 because it was not available in the home.

Resident #6 is prescribed fluticasone propionate-inhale 1 puff orally every 12 hours, rinse mouth after use; however, the medication was not administered on 11/5/22, 11/8/22, and 11/9/22 because it was not available in the home.

Plan of Correction

Accept (■ 01/10/2023)

On 11/04/2022, ■ Wellness Director reordered the medication for resident #2. The medication arrived on 11/04/22. The Jardiance for resident #1 required a prior authorization from the physician that was communicated to him. Physician did authorize the medication and office faxd to the pharmacy, community is not able to confirm exact date of physician fax, but medication is available for resident. Ellipta arrived for resident on 12/19/22, physician, resident and family are aware. Fluticasone (Wixela) was available for resident #6 from 08/09/22 per VA services. On 12/06/2022 staff were re-educated about the policy and regulation for medication to be kept and available for resident per physicians order. Specifically, 188, 185a and 15c. Wellness Director/Designee will instruct and educate staff to monitor any new orders and monitor any current medication changes to ensure appropriate instructions on medication orders. Inservice will occur no later than December 15 2022. all orders are reviewed everyday by nightshift staff against the packing list. If medications are missing the Wellness Director will be

187d - Follow Prescriber's Orders (continued)

notified for resolution and receipt of medication to the community. Pharmacy will be notified immediately for any changes to instructions that are needed. Wellness Director/Designee will audit all new orders. Wellness Director will review all physicians orders daily and follow up with electronic efax verification to ensure that order(s) were received. and any changes weekly for two weeks then monthly for two months.

Licensee's Proposed Overall Completion Date: 03/15/2023

Not Implemented [REDACTED] - 04/07/2023)

224a - Preadmission Screen Form**15. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #7's preadmission screening form, dated 4/20/22, does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept [REDACTED] - 01/10/2023)

On 11/11/2022. Wellness Director updated the prescreen form to ensure that it was completed and updated appropriately. Administrator/Designee will inservice all employees that complete the Preadmission Screen Form to ensure an understanding of the form and that all questions are addressed. This will ensure that the needs of the resident can be met by the community. The inservice will occur no later than December 30th. Administrator/Designee will audit all Prescreen forms to ensure that all areas are completed appropriately. This audit will occur for two months.

Licensee's Proposed Overall Completion Date: 03/15/2023

Not Implemented [REDACTED] 4/07/2023)

225a - Assessment 15 Days**16. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident 7's initial assessment is undated; therefore, it is unable to be determined if the assessment was completed timely.

Plan of Correction

Directed [REDACTED] - 01/10/2023)

Administrator/Designee will review all assessments for future admissions to ensure that they are dated at the time of assessment. An audit will be conducted for two months to ensure that this process occurs without interruption. This is to ensure that the assessment occurs no later that 15 days after admission of the resident to the community.

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator or wellness director shall audit all current resident assessments to ensure accuracy and completeness. 1/10/23 [REDACTED]

225a - Assessment 15 Days (continued)

Directed Completion Date: 02/15/2023

Implemented (████) 04/07/2023)

227a - Support Plan 30 Days

17. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #7's initial support plan is undated; therefore, it is unable to be determined if the assessment was completed timely. In addition, the resident's initial assessment indicates the resident has service needs for eating, securing healthcare, shopping, supervision, judgment, and the diagnoses of COPD and Alzheimers; however, there is no responsible party indicated to meet these needs, and the summary and determination section is blank.

Plan of Correction

Directed (████) 01/10/2023)

Wellness Director/Designee will audit support plans to ensure that support plans are dated and signed at time of review. Also, support plans will include the distinction of ability to sign with each support plan. Lastly, Administrator/Designee will ensure that the support plan indicates the responsible party who will meet the needs of the resident. This will occur for those individual who reside in the SDCU area and those that reside in Personal Care. This will occur with each support plan review and Administrator/Designee will audit this process for two months.

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator or wellness director shall audit all current resident support plans to ensure accuracy and completeness. 1/10/23 (████)

Directed Completion Date: 02/15/2023

Not Implemented (████) 04/07/2023)

227g -Support Plan Signatures

18. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #7's initial support plan, which is undated, is not signed by the resident, and there is no indication that the resident is unable or declined to sign.

Resident #8's (████) participated in the development of (████) support plan, dated 9/16/22; however, the resident's (████) did not sign the support plan, and there is no indication that he is unable or declined to sign.

Plan of Correction

Directed (████) - 01/10/2023)

Wellness Director obtained signature from granddaughter of resident #7 on 12/19/22. the box is checked that resident is unable to sign d/t dementia diagnosis. Administrator/Designee will audit support plans to ensure that support plans are dated and signed at time of review. Also, support plans will include the distinction of ability to sign with each support plan. This will occur for those individual who reside in the SDCU area and those that reside in

227g -Support Plan Signatures (continued)

Personal Care. This will occur with each support plan review and Administrator/Designee will audit this process for two months.

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator or wellness director shall audit all current resident assessments to ensure accuracy and completeness, including required signatures. 1/10/23

Directed Completion Date: 02/15/2023

Not Implemented () - 04/07/2023)

231b - Medical Evaluation**19. Requirements**

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

The status change medical evaluation for resident #8, admitted to the SDCU on [REDACTED] is undated in the areas for the date resident evaluated and dated form completed, and the resident's pulse rate and temperature are not indicated. These areas of the form are blank.

Plan of Correction

Directed () - 01/10/2023)

On 12/04/2022 Wellness Director amended the medical evaluation and reviewed /obtained permission from physician to complete the forms. The Documentation of Medical Evaluation was signed and dated at the bottom of the DME, but not at the "evaluation/completed "area. Administrator/Designee will ensure that all medical evaluations are dated and completed with no empty boxes for all residents: those that are transitioning to the SDCU area and also those that are being admitted to Personal Care. Administrator/Designee will audit all transfer DME's and new admission DME's for at least two months to ensure completeness. Also, medical evaluations will be evaluated for completeness annually as well.

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator or wellness director shall audit all current resident medical evaluations to ensure accuracy and completeness. 1/10/23. [REDACTED]

Directed Completion Date: 03/15/2023

Not Implemented () - 04/07/2023)