pennsylvania
DEPARTMENT OF HUMAN SERVICES

# CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **EC OPCO DILLSBURG LLC**
LEGAL ENTITY

To operate **CELEBRATION VILLA OF DILLSBURG**
NAME OF FACILITY OR AGENCY

Located at **153 LOGAN ROAD, DILLSBURG, PA 17019**
(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 **80**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

PROVISIONAL

Restrictions:

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

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

and shall remain in effect from **July 21, 2023** until **January 21, 2024**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **333791**

ISSUING OFFICER

Juliet Marsala
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

pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: JULY 21, 2023

[redacted]
EC OPCO Dillsburg LLC
[redacted]

RE: Celebration Villa of Dillsburg
153 Logan Road
Dillsburg, Pennsylvania
17019 License #: 333791

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living), licensing inspections on March 29, 2023, May 31, 2023 and June 1, 2023 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

As a result of violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (333790) dated August 1, 2022 to August 1, 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);(4);(5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

| 55 Pa. Code Chapter 2600: | Class of Violation | Census at Inspection | Fine Per resident Per day | Calculated Fine = Per day | Mandated Correction Date (to avoid Fine) |
|---|---|---|---|---|---|
| 2600.16(c) | II | 55 | $5 | $275 | 5 calendar days from mailing date of this letter |
| 2600.187(d) | II | 55 | $5 | $275 | 5 calendar days from mailing date of this letter |

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

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. Your appeal must indicate the reasons for the appeal, and you must be as specific as possible regarding your areas of disagreement with the Department's decision. If you decide to appeal, 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

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,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summaries

cc: [redacted]

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

## Facility Information

**Name**: *CELEBRATION VILLA OF DILLSBURG* **License #**: *33379* **License Expiration**: *08/01/2023*

**Addre** : *153 LOGAN ROAD, DILLSBURG, PA 17019*

**County**: *YORK* **Region**: *CENTRAL*

## Administrator

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

## Legal Entity

**Name**: *EC OPCO DILLSBURG LLC*

**Address**: [redacted]

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

## Certificate(s) of Occupancy

**Type**: *C-2 LP* **Date**: *11/05/1998* **Issued By**: *Labor and Industry*

## Staffing Hours

**Resident Support Staff**: *0* **Total Daily Staff**: *55* **Waking Staff**: *41*

## Inspection Information

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

**Reason**: *Complaint* **Exit Conference Date**: *03/29/2023*

## Inspection Dates and Department Representative

*03/29/2023 - On-Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *80* **Residents Served**: *49*

### Secured Dementia Care Unit

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

### Hospice

**Current Residents**: *13*

### Number of Residents Who:

**Receive Supplemental Security Income**: *0* **Are 60 Years of Age or Older**: *49*

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

**Have Mobility Need**: *6* **Have Physical Disability**: *0*

## Inspections / Reviews

### 03/29/2023 - Partial

**Lead Inspector**: [redacted] [redacted]-**Up Type**: *POC Submission* **Follow-Up Date**: *04/21/2023*

## Inspections / Reviews *(continued)*

**04/18/2023 - POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *05/09/2023*

**Reviewer:** [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *04/21/2023*

**05/02/2023 - POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *05/09/2023*

**Reviewer:** [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *05/09/2023*

**07/12/2023 - Document Submission**

**Submitted By** [redacted] **Date Submitted:** *05/09/2023*

**Reviewer:** [redacted] **Follow-Up Type:** *Enforcement*

## 16c - Written Incident Report

**1. Requirements**

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

**Description of Violation**

*Resident 1 was not given medications on multiple occasions because the medications were not available in the home. These medication errors were not reported to the resident, the resident's designated person or the resident's physician and included:*

*1/2/23, 10:00 AM, Memantine 5 mg, Metoprolol 50 mg*
*1/3/23, 10:00 AM, Donepezil 23 mg, Memantine 5 mg*
*1/4/23, 10:00 AM, Amlodipine 10 mg, D3 50 mcg, Donepezil 23 mg, Memantine 5 mg, Metoprolol 50 mg, Polysaccharide Iron 150 mg*

*In addition, Resident 1's prescribed Lidocaine Pad 5%, to be changed every 12 hours, this medication was not available from 1/3 at 9:00 am through 9/6/23.*

*Repeated Violation - 11/9/22*

**Plan of Correction** ***Accept [redacted] - 04/14/2023)***

*State reportable form submitted by administrator on 4/14/2023. Administrator will conduct training with all department managers on Regulation 2600.16c by 4/30/2023. Starting 4/14/2023, Administrator and or member of leadership team will monitor daily incidents to ensure proper and timely reporting to state and all reportable events will be reviewed monthly.*

**Licensee's Proposed Overall Completion Date:** *04/30/2023*

***Not Implemented [redacted] - 06/05/2023)***

## 25b - Contract Signatures

**2. 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.

**Description of Violation**

*The resident-home contract, dated 7/31/22, for Resident 1, was not signed by the Resident.*
*The resident-home contract, dated 9/14/22, for Resident 2, was not signed by the Resident.*

**Plan of Correction** ***Accept [redacted] - 04/14/2023)***

*Contract for residents 1 and 2 are unable to be signed as they no longer reside at the community. An audit of all current resident contracts will be completed by the Administrator by 4/30/2023 to ensure all residents have signed contracts.*
*Administrator will re-educate all members of leadership on regulation 2600.25b by 4/30/2023. Starting 4/13/2023 Administrator and/or Administrative Assistant will review all new residents contracts to ensure all resident signatures are obtained.*

## 25b - Contract Signatures (continued)

**Licensee's Proposed Overall Completion Date:** *04/30/2023*

***Implemented [redacted] - 05/10/2023)***

## 42b - Abuse

**3. Requirements**

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

*On 1/6/23, Resident 1 had a medical event that resulted in [redacted] death from [redacted] disease. At the time of the incident, the resident was described in the home's progress notes as gasping for breath, unresponsive, and with no measurable vital signs. Staff did not initiate cardiopulmonary resuscitation (CPR) on Resident 1 because staff misidentified [redacted] as Resident 2, a resident who has a similar name and a valid "Do Not Resuscitate" order (DNR) on file at the home. As a result of the error, emergency medical services were also informed that Resident 1 had a DNR when [redacted] did not. The incorrect resident information was given to the ambulance crew and dropped off with the resident upon arrival at the hospital.*

*Furthermore, the home failed to obtain prescription medications in a timely manner prior to the medical event, which resulted in the following missed medications:*
*1/2/23, 10:00 AM, Memantine 5 mg, Metoprolol 50 mg*
*1/3/23, 10:00 AM, Donepezil 23 mg, Memantine 5 mg*
*1/4/23, 10:00 AM, Amlodipine 70 mg, D3 50 mcg, Donepezil 23 mg, Memantine 5 mg, Metoprolol 50 mg, Polysaccharide Iron 150 mg*

*The home's failure to correctly identify the DNR status of the resident, failure to provide CPR when the resident became unresponsive and failure to administer and ensure a consistent supply of prescribed medications resulted in the neglect of Resident 1.*

**Plan of Correction** ***Directed [redacted] - 05/02/2023)***

*An audit of all resident medical files will be completed by 4/30/2023 to ensure all current resident's code status are accurate and readily available to staff.*
*Administrator will educate all staff on the definition of abuse and neglect by 4/30/2023. All new hires will be trained by administrator on abuse, neglect/ Older Adults Protective Services Act and documentation of training will be kept. All staff will be educated by Director of nursing on where code status can be found on resident's electronic and paper chart by 4/30/2023. Beginning 4-13-23, all leadership team members will monitor daily for any signs of neglect and abuse. Staff will be educated on the location of code status/advanced directives within resident files and on their face sheets. Staff will be provided monthly education on any residents who change their code status. Administrator will review policy regarding emergency care by 4/30/2023. Medication technicians will be provided training and the steps involved if resident's medications are not available, including contacting the Director of Nursing, pharmacy and physician, by 4/30/2023.*

*(Directed)*

- *In addition to the steps outlined above, the following steps are required:*
- *The administrator will develop a system by 5/15/23 in which staff are able to identify a resident with a valid*

## 42b - Abuse (continued)

*Do-Not-Resuscitate Order (DNR) while present in the resident's room. This can be accomplished in several ways: 1) by storing a copy of the DNR in a secured area within the resident's room or 2) issuing documentation to staff during each shift that accurately reflects the current DNR status of each resident. This documentation should be carried by staff at all times and include the resident's name, room number and a picture of the resident.*

- *The administrator will train all staff on the system they choose to implement and the staff's duties and responsibilities during a medical emergency by 5/20/23.*

**Directed Completion Date:** *5/20/2023*

***Not Implemented [redacted] - 06/05/2023)***

## 63d - Certified CPR Staff

**4. Requirements**

2600.
63.d. A staff person who is trained in first aid or certified in obstructed airway techniques or CPR shall provide those services in accordance with his training, unless the resident has a do not resuscitate order.

**Description of Violation**

*On 1/6/23, Resident 1 had a medical event that resulted in [redacted] death from [redacted] disease. As the resident's condition declined during the event, staff described the resident as unresponsive and with no measurable vital signs. Staff person A, who was present and on duty, failed to provide cardiopulmonary resuscitation (CPR) to the resident in accordance with their training as a licensed practical nurse.*

**Plan of Correction** ***Accept [redacted] - 04/14/2023)***

*Certified BLS and CPR instructor will conduct/provide in-service on CPR by 4/30/2023 to all direct care staff. All current residents' code status will be reviewed with all staff by the Director of nursing by 4/30/2023. Administrator or member of leadership will ensure that all direct care staff have current CPR certificate monthly during QA meeting starting with April 2023 meeting. Residents code status will be reviewed by Nurses monthly at all community staff meetings beginning in April 2023 and with each new resident at time of move in.*

**Licensee's Proposed Overall Completion Date:** *04/30/2023*

***Not Implemented [redacted] - 06/05/2023)***

## 183b Meds and Syringes Locked

**5. 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**

*On 3/29/23 at 9:03 AM, a medication cart was unlocked, unattended, and accessible in home's common area by the dining room.*

**Plan of Correction** ***Accept [redacted] 05/02/2023)***

*On 3/29/2023, immediately upon finding, Medication technician locked medication cart. Medication Technician was immediately re-educated that the medication cart must be locked before leaving the area by Director of Nursing. Education will be provided to all medication technicians and nursing staff by Administrator or Director of Nursing on regulation 2600.183b by 4/30/2023.*

## *183b - Meds and Syringes Locked (continued)*

*Starting 04/01/2023, Director of Nursing, Assistant Director of Nursing and or member of management team will monitor for compliance at minimum daily that all medications are stored properly with random daily checks of medication carts to ensure unattended carts are secured. Results will be documented, including date and time and signature of associate completing the inspection.*

**Licensee's Proposed Overall Completion Date:** *04/30/2023*

***Implemented ([redacted] - 05/10/2023)***

## 187d - Follow Prescriber's Orders

**6. Requirements**

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

**Description of Violation**

*Resident 1 did not receive the following prescribed medications because they were not available in the home to be given:*

*1/2/23, 10:00 AM, Memantine 5 mg, Metoprolol 50 mg*
*1/3/23, 10:00 AM, Donepezil 23 mg, Memantine 5 mg*
*1/4/23, 10:00 AM, Amlodipine 10 mg, D3 50 mcg, Donepezil 23 mg, Memantine 5 mg, Metoprolol 50 mg, Polysaccharide Iron 150 mg*

*In addition, Resident 1's prescribed Lidocaine Pad 5%, to be changed every 12 hours, was not available from 1/3 at 9:00 am through 1/6/23. Repeated Violation - 11/9/22*

**Plan of Correction** ***Accept [redacted] - 05/02/2023)***

*On 03/29/2023, Administrator re-educated Director of Nursing and Assistant Director of Nursing on who needs notified if medications are not available. Administrator will conduct training for all department managers on Regulation 2600.187d by 4/30/2023. The Director of Nursing will re-educate all current medication technicians and nurses on the proper procedure including notifying the Director of Nursing, pharmacy and physician if medications are not available for a resident by 04/30/2023.*
*Starting 4/13/2023, the Director of Nursing and/or Assistant Director of Nursing will monitor residents' medication record for compliance at a minimum 3 x week Director of Nursing or Assistant Director of Nursing will document weekly cart audits which will including identifying medications that are running low or missing. The auditor will notify the pharmacy and physician accordingly to rectify if medications are low or missing.*

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

**Licensee's Proposed Overall Completion Date:** *04/30/2023*

***Not Implemented [redacted] - 06/05/2023)***

## 188b Medication Error Reporting

**7. Requirements**

2600.
188.b. A medication error shall be immediately reported to the resident, the resident s designated person and the prescriber.

**Description of Violation**

*Resident 1 was not given medications on multiple occasions because the medications were not available. These medication errors were not reported to the Department and included:*

*1/2/23, 10:00 AM, Memantine 5 mg, Metoprolol 50 mg*
*1/3/23, 10:00 AM, Donepezil 23 mg, Memantine 5 mg*
*1/4/23, 10:00 AM, Amlodipine 10 mg, D3 50 mcg, Donepezil 23 mg, Memantine 5 mg, Metoprolol 50 mg, Polysaccharide Iron 150 mg*

*In addition, Resident 1's prescribed Lidocaine Pad 5%, to be changed every 12 hours, was not available from 1/3 at 9:00 am through 9/6/23.*

*These medication errors were not reported to Resident 1's designated person.*

**Plan of Correction** ***Accept [redacted] 04/14/2023)***

*State reportable completed 4/14/2023 by Administrator. Administrator will conduct training for all department managers on Regulation 2600.188b by 4/30/2023. On 3/29/2023, Administrator provided education to Director of Nursing and Assistant Director of Nursing were educated on who needs notified if medications are not available or administered. All medication technicians and nursing staff will be re-trained on the procedure to follow if medication error occurs, including when a medication is not available, by April 30th, 2023, by Administrator and/or Director of Nursing.*
*Nurses and or a member of leadership will monitor at a minimum daily for medication errors and if error identified will report timely to prescriber and residents designated person.*

**Licensee's Proposed Overall Completion Date:** *04/30/2023*

***Not Implemented [redacted] - 06/05/2023)***

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

## Facility Information

**Name**: *CELEBRATION VILLA OF DILLSBURG* **License #**: *33379* **License Expiration**: *08/01/2023*

**Addre** : *153 LOGAN ROAD, DILLSBURG, PA 17019*

**County**: *YORK* **Region**: *CENTRAL*

## Administrator

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

## Legal Entity

**Name**: *EC OPCO DILLSBURG LLC*

**Address**: [redacted]

**Phone** [redacted] **Email** [redacted]

## Certificate(s) of Occupancy

**Type**: *C-2 LP* **Date**: *11/05/1998* **Issued By**: *Labor and Industry*

## Staffing Hours

**Resident Support Staff**: *0* **Total Daily Staff**: *61* **Waking Staff**: *46*

## Inspection Information

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

**Reason**: *Interim* **Exit Conference Date**: *05/31/2023*

## Inspection Dates and Department Representative

*05/31/2023 - On-Site* [redacted]

*06/01/2023 - Off-Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *80* **Residents Served**: *55*

### Secured Dementia Care Unit

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

### Hospice

**Current Residents**: *14*

### Number of Residents Who:

**Receive Supplemental Security Income**: *0* **Are 60 Years of Age or Older**: *55*

**Diagnosed with Mental Illness**: *0* **Diagnosed with Intellectual Disability**: *3*

**Have Mobility Need**: *6* **Have Physical Disability**: *0*

## Inspections / Reviews

### 05/31/2023 - Partial

**Lead Inspector** [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/16/2023*

**06/22/2023 - POC Submission**

**Submitted By** [redacted] **Date Submitted:** *06/28/2023*

**Reviewer:** [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *06/29/2023*

**07/12/2023 - Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *06/28/2023*

**Reviewer:** [redacted] **Follow-Up Type:** *Enforcement*

## 16c - Written Incident Report

**1. Requirements**

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

**Description of Violation**

*On 4/14, 4/15, 4/18, and 4/27/23, Resident 1 did not receive prescribed Vitamin D3 Tab 1000 Units, 3 Tabs once daily. These medication errors were not reported to the Department.*

*On 5/10/23, Resident 1 did not receive blood sugar check, as prescribed, once weekly on Wednesday. This error was not reported to the Department.*

*Repeated Violation - 11/9/22*

**Plan of Correction** ***Accept ([redacted] - 06/22/2023)***

*State reportable forms were previously completed and sent to BHLS by DON. The first was sent on 4/17/2023 and the 2nd was sent on 5/10/2023. The completed reportable forms are now available in the state reportable binder, located in the Administrator's office.*
*All staff will be re-educated on reg 2600.16(c) – reportable incidents and notification to DHS by 6/22/2023 by the Administrator.*
*Starting 6-9-23 Administrator or leadership team member will monitor daily to ensure timely reporting occurs to DHS. The Administrator and DON will review incident reports daily to determine if a state reportable form is required and will send the form within the required 24-hour time frame. Incidents will be reviewed at the monthly Quality Assurance meeting starting in July 2023.*

**Licensee's Proposed Overall Completion Date:** *06/22/2023*

***Not Implemented [redacted] - 07/12/2023)***

## 187a - Medication Record

**2. 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**

*Multiple medication administration records did not contain diagnosis or purpose of prescribed medications including:*

*- 16 medications for Resident 2 including Amlodipine Tab 2.5 mg, Carb/Levo Tab 10-100 mg, Ammonium Lac Lot 12%, Atorvastatin Tab 40 mg, Citalopram Tab 10 mg, Dexamethason Tab 2 mg, Docusate Sodium Cap 100 mg, Ferrous Sulfate Tab 324 mg, Isosord Mono Tab 30 mg, Jardiance Tab 10 mg, Metformin Tab 500 mg, Metropol Suc Tab 50 mg ER, Pantorpozole SOD DR 40 mg Tab, Ranolazine Tab 500 mg ER, Risperidone Tab 3 mg, Vitamin C Tab 250 mg*

*- 4 medications for Resident 3 including Lansoprazole Cap 30 mg DR, Latanoprost Sol 0.005%, Matolazone Tab 5 mg, Nebivolol Tab 5 mg*

## 187a - Medication Record (continued)

*- 2 medications for Resident 4 including Clindamycin Cap 150 mg and Pregabalin Cap 100 mg*

**Plan of Correction** ***Accept ( - 06/22/2023)***

*The diagnoses for Resident 2, Resident 3 and Resident 4 were added by supporting Regional Director of Operations [redacted] on 6/1/2023. A complete audit was conducted for each resident to ensure all diagnosis were present for all resident's medications on 6/2/2023.*
*Director of Nursing and Medication Technicians will be educated on regulations 187a that all diagnosis must be present for all medications by 6/16/2023 by the Administrator and Director of Nursing. Medication Technicians will be educated by the Director of Nursing that orders in the eMAR/MAR system cannot be approved unless the medication has a diagnosis by 6/16/2023 and informed of the procedure to add a diagnosis if not already completed by pharmacy.*
*Starting 6-9-23 Director of Nursing, Assistant Director of Nursing or Administrator will complete weekly audits to ensure compliance. Audits will be reviewed at the monthly Quality Assurance meeting starting July 2023.*

**Licensee's Proposed Overall Completion Date:** *06/16/2023*

***Implemented - 07/12/2023)***

## 187d - Follow Prescriber's Orders

**3. Requirements**

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

**Description of Violation**

*Resident 1 is prescribed Vitamin D3 Tab 1000 Units, 3 Tabs once daily, however, this medication was not administered on 4/14, 4/15, 4/16, 4/17, 4/18, or 4/27/23 because the medication was not available in the home.*

*Resident 1 is prescribed blood sugar checks once weekly on Wednesday. Resident 1's blood sugar was not checked from 5/3 through 5/17/23.*

*Repeated Violation 11/9/22*

**Plan of Correction** ***Accept ( - 06/22/2023)***

*The resident and PCP were notified of the medication errors when they were discovered.*
*Director of Nursing and Medication Technicians will be re-educated on regulations 2600.187(d)- following prescribed orders by 6/16/2023 by the Administrator. Director of Nursing will re-educate medication technician on the procedure to follow if a medication is not available for administration (see attached)*
*Starting 6-9-2023 Director of Nursing will monitor Medication records weekly for compliance and results will be reviewed at the monthly Quality Assurance meeting starring July 2023.*

**Licensee's Proposed Overall Completion Date:** *06/16/2023*

***Not Implemented - 07/12/2023)***

## 188b - Medication Error Reporting

**4. Requirements**

2600.
188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

**Description of Violation**

*On 4/14, 4/15, 4/18, and 4/27/23, Resident 1 did not receive prescribed Vitamin D3 Tab 1000 Units, 3 Tabs once daily. These medication errors were not reported to the resident, the resident's designated person, or the prescriber.*

**Plan of Correction** ***Accept ([redacted] - 06/22/2023)***

*PCP and resident were notified of the medication error on 4/18/2023. The resident and PCP were notified of the medication error from 4/27/2023 on 6/12/2023 by the Administrator.*
*All clinical staff will be re educated on regulations 2600.188 b following directions of the prescriber as ordered and must be reported to the resident, the resident s designated person by 6/13/2023 by the Administrator and Director of Nursing.*
*Starting in June 9 2023 Director of Nursing or member of leadership will monitor incident daily to ensure all medication incidents reported timely to MD, POA and regulatory bodies.*

**Licensee's Proposed Overall Completion Date:** *06/16/2023*

***Not Implemented [redacted] 07/12/2023)***