pennsylvania
DEPARTMENT OF HUMAN SERVICES

October 18, 2019

Mr. Thomas H. Loughry
President
Crystal Waters, Inc.
4639 Route 119, Highway North
Home, Pennsylvania 15747

RE: Crystal Waters
Certificate #: 427650

Dear Mr. Loughry:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 1, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

RECEIVED
8/26/19
Western Region Field Office
Bureau of Human Services Licensing

Violation Report

Facility Information

Name: *CRYSTAL WATERS*
License Number: *427650*
Address: *4639 ROUTE 119 HWY NORTH, HOME, PA 15747*
County: *INDIANA* Region: *WESTERN*

Administrator

Name: *Tina Loughry* Phone: *7244656454* Email: *TOMLOUGHRY@MAIL COM*

Legal Entity

Name: *CRYSTAL WATERS INC*
Address: *4639 ROUTE 119 HWY NORTH, HOME, PA, 15747*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *07/07/1998* Issued By: *Dept L & I*
Type: *I-1* Date: *12/21/2010* Issued By: *Rayne Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *63* Waking Staff: *47*

Inspection

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

Inspection Dates and Department Representative

05/01/2019 - On-Site: Desmond Grace, Deborah McConnell

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *66* Residents Served: *57*

Secured Dementia Care Unit

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

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *2*
Are 60 Years of Age or Older: *57*
Diagnosed with Mental Illness: *10*
Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *6*
Have Physical Disability: *1*

3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

At 10:00 a.m., the most recent Licensing Inspection Summary, dated 4/27/18, was not posted in a conspicuous and public place in the home.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Immediately when informed that the most recent license inspection summary had been removed from bulletin board, it was reposted.

Administrator will check weekly to be sure it hasn't been removed. The administrator will also ensure that all future licensing inspection summaries issued by the Department will be posted immediately upon receipt. 8/27/19

Within 30 days of receipt of this plan of correction, all staff will be educated on ensuring that licensing inspection summaries are posted in a public and conspicuous place for review in accordance with §2600.3(c). 8/27/19

Legal Entity Representative

Tina Rae Loughry — Signature

Tina Rae Loughry Admin. — Printed Name and Title

8/1/19 — Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/27/19 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 8/27/19 (Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

18 - Compliance With Laws

Regulations

2600.

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

Description of Violation

The Influenza Awareness Act, effective July 2016, requires homes to post a copy of the Influenza Awareness Poster in a public and conspicuous place year-round. However, on 5/1/19, a copy of the Influenza Awareness Poster was not posted in the home.

The Care Facility Carbon Monoxide Alarms Standard Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. On 5/1/19, the carbon monoxide detectors installed near two furnaces and a hot water heater in the basement of the home were installed within 10' of the fossil fuel burning devices or appliances.

8/27/19
Attachment 3a

Plan of Correction (POC)

see A. →

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Influenza Awareness Posters were reposted on each floor of the facility. Administrator will check weekly to insure that they remain in place.

The carbon monoxide detectors were moved to 15 feet from furnaces and hot water heaters. Maintenance dept will monitor to insure they remain in good working order, at over 15' as required by reg.

Legal Entity Representative

Tina Rae Loughry — Signature

Tina Rae Loughry Admn. — Printed Name and Title

8/1/19 — Date

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- ☐ Not Implemented

3600.18

4. Influenza Awareness posters were reposted on flood of the facility on May 4th by the Administrator. The posters will be added to the Administrators weekly checklist.

The carbon monoxide detectors were moved to 15' from furnace + hot water heaters by head of maintenance dept on May 4th The head of the maintenance dept will add weekly checks to insure they are in good working order and remain 15' from furnace and hot water heater as required by regulation.

Tina Rae Loughry
Administrator
8-20-19

25b - Contract Signatures

Regulations

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

Resident #1s resident-home contract, dated 1/6/18, was not signed by the resident.

Resident #2's resident-home contract, dated 11/25/18, was not signed by the resident or the administrator/designee.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

The administrator met with aforementioned residents and obtained required signatures. A complete review of all contracts was conducted to insure all required signatures were on contracts.

Administrator will follow through on future contracts, obtaining required signatures.

8/27/19

Attachment 4a

see A. →

Legal Entity Representative

Tina Rae Loughry
Signature

Tina Rae Loughry Admn.
Printed Name and Title

8/1/19
Date

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- ☐ Not Implemented

25.b Administrator met with Resident # 1 on 5-4-19. and obtained required signature. Administrator met with Resident # 2 on 5-2-19. A complete review of all contracts was conducted by Administrator to insure all required signatures were present.

At every admission, Administer will insure all required signatures are obtained within 48 hrs of admission. Staff nurse was reeducated on completion of contracts and will review contracts before being filed.

Tina Rae Loughry
Administrator
8-20-19

25c2 - Fee Schedule

Regulations

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

Resident #2's resident-home contract, dated 11/25/18 does not specify a fee schedule that lists the allowable resident charges for each of the home's available services. This section of the form was blank.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Administrator reviewed Resident #2's contract and made the corrections. A new copy was supplied to the Resident and his POA.

Administrator will thoroughly review contracts upon resident admission to insure they are properly completed.

See attachment 5a
8/27/19

Legal Entity Representative

Tina Rae Loughry
Signature

Tina Rae Loughry Admin.
Printed Name and Title

8/1/19
Date

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- ☐ Not Implemented

25. C Administrator met with Resident #2 on 5-2-19 and fee schedule was discussed and signature was obtained. A complete review of all Contracts was conducted by Admistrator to insure all required fee schedules, signatures, and Contracts were Completed.

At every admission, Administrator will insure all required signatures are obtained within 48 hours of admission. Staff nurse was re-educated on completion of Contracts & fee schedules, she will review contracts for completeness before being filed.

Tina Rae Loughry
Administrator
8-20-19

25c4 - Payment Responsibility

Regulations

2600.

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

4. The party responsible for payment.

Description of Violation

Resident #2's resident-home contract, dated 11/25/18, does not indicate the responsible party for payment.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Administrator reviewed Resident #2's contract and made the corrections. A new copy was supplied to the resident and his POA.

Administrator will thoroughly review contracts upon resident admission to insure they are properly completed.

8/27/19

Attachment 6a

see A.

Legal Entity Representative

Tina Rae Loughry — Signature

Tina Rae Loughry Admin. — Printed Name and Title

8/1/19 — Date

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- ☐ Not Implemented

2600

25.C Administrator met with Resident #2 on 5-2-19 and fee schedule was discussed and signature was obtained. A complete review of all Contracts was conducted by Admistrator to insure all required fee schedules, signatures, and Contracts were completed.

At every admission, Administrator will insure all required signatures are obtained within 48 hours of admission. Staff nurse was re-educated on completion of Contracts & fee schedules, she will review contracts for completeness before being filed.

Tina Rae Loughry
Administrator
8-20-19

65f - Training Topics

Regulations

2600.

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

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
5. Personal care service needs of the resident.
6. Safe management techniques.

Description of Violation

Direct care staff person A, hired 8/15/16, did not receive training in the following topics during the 1/1/18-12/31/18 annual training year:

*Medication self-administration

*Instruction on meeting the needs of resident as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

*Personal care service needs of the resident.

*Safe management techniques

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Direct care staff person A left our employ to attend CNA school. She then was hired by a skilled facility and missed out on our trainings. She was gone June, July, Aug. and Sept. She resumed her trainings when she returned to employment with our facility. 8/27/19

Attachment 7a

see A →

Legal Entity Representative

Tina Rae Loughry — Signature

Tina Rae Loughry Admin. — Printed Name and Title

8/1/19 — Date

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- ☐ Not Implemented

65f. Administrator will design a chart listing all required trainings and all employees names. Staff nurse will monitor monthly to insure required trainings are being completed.
Entire Staff will be reeducated about all required trainings and their responsibility to complete them.
Chart will be submitted by August 30th

Tina Ray Loughry
Administrator
8-20-19

Within 30 days of receipt of this plan of correction, direct care staff person A will receive training in medication self-administration, instruction on meeting the needs of residents, personal care service needs of residents and safe-management techniques for the 1/1/18-12/31/18 training year. These trainings will be in addition to the trainings planned for the 2019 training year. 8/27/19

85a - Sanitary Conditions

Regulations

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

Description of Violation

On multiple dates and times resident #3's glucometer was used to take resident #4's blood glucose readings to include the following:
*4/29/19 at 7:20 p.m.
*4/23/19 at 8:56 a.m.
*4/22/19 at 7:55 p.m.
*4/16/19 at 5:42 a.m.

On multiple dates and times resident #4's glucometer was used to take resident #3's blood glucose readings to include the following:
*4/30/19 at 7:53 p.m.
*4/28/19 at 8:14 p.m.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Crystal Waters purchased a new glucometer for Resident #4. Staff was reeducated on the importance of refraining from using a resident's glucometer on any other resident.
This aspect will be reiterated by staff nurse to any new med techs.

Attachment 8a
see A → 8/27/19

Legal Entity Representative

Tina Rae Loughry — Signature

Tina Rae Loughry Admin. — Printed Name and Title

8/1/19 — Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/27/19 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 9/4/19 (Date)

- ☐ Fully Implemented
- ☑ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

85a Staff will be reeducated on the importance of not using any residents glucometer on any other resident, because of the possibility of transferring diseases.

Resident #3 will be provided a new glucometer. Administrator will purchase extra batteries and 2 spare glucometers so that they can be given to a resident if theirs malfuntions. That glucometer will then become solely that residents.

2 additional glucometers were purchased by Crystal Waters PCH. They are to be delivereed by Diamond Pharmacy on 8-19-19.

Tina Ray Loughry
Administrator
8-20-19

Immediately, the administrator will notify resident #3 and resident #4's physicians regarding the sharing of glucometers and will document and follow any instructions provided by the physicians. 8/27/19

At least monthly, the administrator or designated staff person will review all of the glucometers in the home and compare readings on the glucometers to the blood glucose readings documented for each resident to ensure that no glucometers are being used for more than one resident. 8/27/19

CRYSTAL WATERS

88a - Surfaces

Regulations

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The exterior lower level emergency exit door leading from the rear of the home does not shut completely leaving an approximately 2" gap. There is also a gap under the door ranging from 1/4" to 2 1/2".

The wall adjacent to the rear exterior emergency exit leading from the lower level of the home is cracked and separated leaving enough space to see outside the home from the interior of the home. The crack extended approximately 5-6 feet in a zig-zag pattern down the wall.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Construction crew was contacted and assessed area needing repair. They agreed to complete repair by Aug. 31, 2019.

8/27/19
See Attachment 9a

Legal Entity Representative

Tina Rae Loughry — Signature

Tina Rae Loughry Admin. — Printed Name and Title

8/1/19 — Date

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Plan of correction implementation status as of 8/27/19 (Date)

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- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

88 a A. Head of maintenance will do weekly checks of building to insure floors, walls, doors, and windows are free of any hazards and in good condition, Staff will be reeducated on reporting to administrator any areas in the building that fall into disrepair.

Tina Ray Loughry
Administrator
8-20-19

CRYSTAL WATERS

94b - Non-Skid Surface

Regulations

2600.
94.b. Interior stairs, exterior steps and ramps must have nonskid surfaces.

Description of Violation

The exterior fire escape leading from the door near bedroom #17, had poorly secured non-skid surface strips on 1st, 9th, 12th, and 13th steps. The strips were either off entirely or held by one nail on one side and hanging down posing a potential fall hazard.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Repairs were made to fire escape with the stairs being painted with "Tuff Grip Extreme-Agressive Traction non skid paint."

Maintenance dept will perform Weekly checks to insure the integrity of the paint remains intact. 8/27/19

Attachment 10a

See A.

Legal Entity Representative

Tina Rae Loughry
Signature

Tina Rae Loughry Admin.
Printed Name and Title

8/1/19
Date

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- ☐ Not Implemented

. 94.b Head of maintenance will do checks.
Staff reeducated on being observant
to any hazardous conditions throughout the building
and reporting to Administrator

Tina Rae Loughry
Administrator
8-20-19

CRYSTAL WATERS

95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

At 11:35 a.m., an approximately 12" piece of the vent cover on the PTAC unit in resident #1's bedroom was broken off exposing the heating element.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

A vent cover was obtained and replaced on PTAC unit.
Maintenance dept will do weekly checks to insure equipment remains in good repair.

8/27/19
Attachment 11a

See A. →

Legal Entity Representative

Tina Rae Loughry
Signature

Tina Rae Loughry Admin.
Printed Name and Title

8/1/19
Date

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- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

95. Maintenance will do checks.
Staff will be educated on reporting.
See picture

Tina Rae Loughry
Administrator
8-20-19

Within 30 days of receipt of this plan of correction, staff will also be educated on the importance of ensuring that all furniture and equipment is in good repair, clean and free of hazards. 8/27/19

CRYSTAL WATERS

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

Regulations

2600.
102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

At 11:35 a.m., the bathroom in bedroom #4 did not have a grab bar installed in the shower/bath area.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

A grab bar was installed in shower of bedroom #4.

Maintenance dept. will do weekly checks to insure grab bars remain properly attached, including showers not used by residents.

8/27/19

Attachment 12a

See A.

Legal Entity Representative

Tina Rae Loughry
Signature

Tina Rae Loughry Admin.
Printed Name and Title

8/1/19
Date

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- ☐ Fully Implemented
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- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

i. 102.d A grab bar was installed my head of maintenance on May 4, 2019.
Staff will be reeducated on reporting lack of grab bars to administrator.
picture

Tina Ray Loughry
Administrator
8-20-19

103d - Storing Food Off Floor

Regulations

2600.
103.d. Food shall be stored off the floor.

Description of Violation

At 2:45 p.m., nineteen 5-gallon containers of emergency drinking water were stored on the floor under the shelving in the main kitchen's pantry.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

The 5-gallon containers of drinking water were moved from floor in kitchen pantry and placed on shelf.

Kitchen staff will monitor weekly to insure proper storage of food and water.

8/27/19
Attachment 13a

see A. →

Legal Entity Representative

Tina Rae Loughry
Signature

Tina Rae Loughry Admin.
Printed Name and Title

8/1/19
Date

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Plan of correction implementation status as of 8/27/19 (Date)

- ☐ Fully Implemented
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- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

4. 103.d Water was placed on shelves by head of maintenance dept. on May 4, 2019.

Staff will be reeducated on proper storage of food and water storage.

Tina Ray Loughry
Administrator
8-20-19

103f - Refrigerator/Freezer Temps

Regulations

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At 2:30 p.m., there was no thermometer present in the combination refrigerator/freezer located in the activity room that contained food items.

At 1:21 p.m., the temperature in the small freezer located in the home's main kitchen was 5 degrees Fahrenheit and at 2:30 p.m., the temperature was 9 degrees Fahrenheit.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Thermometers were purchased and installed in refrigerator and freezer in activity room.
A new thermometer was installed in the small freezer in the kitchen. Temperature constantly reads 0°. (Old thermometer was discarded.
Kitchen staff will monitor kitchen thermometers weekly.
Housekeeping staff will monitor activity room refrig weekly. 8/27/19
Attachment 14a

see A. →

Legal Entity Representative

Tina Rae Loughry
Signature

Tina Rae Loughry Admin.
Printed Name and Title

8/1/19
Date

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- ☐ Not Implemented

f. 103.f Staff will be reeducated on monitoring of thermometers and importance of keeping food stored at proper temperatures.

Tina Rae Loughry
Administrator
8-20-19

141a - Medical Evaluation

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #3 was admitted to the home on 1/9/19; however, the resident's initial medical evaluation was completed on 11/9/18, which exceeds 60 days prior to admission. Multiple sections of the form to include: health status, cognitive function, and temperature were also left blank.

Resident #5 initial medical evaluation was completed 4/12/18. However, the sections for height, weight, pulse rate, blood pressure, temperature and health status were left blank.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Medical evaluations were refaxed to physicians who previously completed them.

Facility nurse will thoroughly review medical evaluations to insure they are properly completed before filing them.

8/27/19

See A. Attachment 15a

Legal Entity Representative

Tina Rae Loughry — Signature

Tina Rae Loughry Admin. — Printed Name and Title

8/1/19 — Date

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- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

4. 141 a. Staff nurse will complete appropriate sections of medical evaluations before faxing to doctors, then she will do a complete review upon it's return to insure it is properly completed by the doctor. Current computer program used by nurse enables her to medical evaluation completion dates.

Tina Rae Loughry
Administrator
8-30-19

183b - Meds and Syringes Locked

Regulations

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 11:50 a.m., a bottle of Acetaminophen 325 mg was unlocked, unattended and accessible on the sink of the shared bathroom in bedroom #1.

At 11:18 a.m., a bottle of Stool Softener 100 mg was unlocked, unattended and accessible on the sink in the shared bathroom in bedroom #12.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

The Tylenol + Stool softener were immediately removed from bedrooms #1 and bedroom #12. Staff was reeducated on proper storage of medication and reporting any medications found unlocked in residents bedrooms.

8/27/19

See A. Attachment 16a

Legal Entity Representative

Tina Rae Loughry
Signature

Tina Rae Loughry Admin
Printed Name and Title

8/1/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/27/19 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 8/27/19 (Date)

- ☐ Fully Implemented
- ☑ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

183.6 Tylenol + Stool softener was removed by staff member Jenny Zaffuto on May 1, 2019 immediately when informed of it being there. Staff will be re-educated on proper storage of medications.

Tina Rae Loughry
Administrator
8-20-19

The administrator or a designated staff person will check the home daily on each shift to ensure all prescription medications, OTC medications, CAM and syringes are kept in an area or container that is locked. 8/27/19

183d - Prescription Current

Regulations

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

Description of Violation

The following medications for resident #6 were discontinued on 4/25/19; however, they were still present in the home on 5/1/19:

* Benzonatate 100 mg capsules-take 1 capsule orally three times daily as needed for cough.
*Acetaminophen 325mg tablets-take 2 tablets orally every 6 hours as needed for pain.

On 1/10/19, resident #3 was prescribed Nystatin 100,000 unit/gram topical power-apply to the affected are by topical route three times daily for 30 days. However, on 5/1/19, the medication was still present in the home.

Repeat Violation: 4/27/18

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

The discontinued medications were immediately removed from the med cart. A review was conducted by facility nurse with med techs about removal of discontinued medications.
Dayshift med techs will check med carts weekly to insure only correct medications are present.

8/27/19

See A. Attachment 17a

Legal Entity Representative

Tina Rae Loughry
Signature

Tina Rae Loughry Admin.
Printed Name and Title

8/1/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of	8/27/19 (Date)	Plan of correction implementation status as of	8/27/19 (Date)
The above plan of correction was approved by	(Initials)	☐ Fully Implemented ☑ Partially Implemented - Adequate Progress ☐ Partially Implemented - Inadequate Progress ☐ Not Implemented	

A. 183.d Staff nurse will complete with med techs an audit of the carts on 8-27-19. Staff will be reeducated on proper disposal of meds

Tina Rae Loughry
Administrator
8-20-19

183e - Storing Medications

Regulations

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

Resident #3 was prescribed Haloperidol 1 mg tablets-take 1 tablet orally/sublingually or rectally every 4 hours as needed for restlessness/agitation/nausea and vomiting. The prescription label on the medication indicated that the medication expired 12/2018; however, the medication was still present in the home on 5/1/19.

Resident #5 was prescribed Loperamide 2 mg capsules- take 1 capsule orally every 2 hours as needed for diarrhea. The prescription label on the mediation indicated that the medication expired on 4/20/19; however, the medication was still present in the home on 5/1/19.

Repeat Violation: 4/27/18

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Expired medications were immediately removed from carts. Staff was reeducated on removal of expired medications. Daysshift med techs were reeducated on doing weekly med cart reviews, and reeducated on not relying on pharmacy staff cart audits. 8/27/19

See attachment 18a

Legal Entity Representative

Tina Rae Loughry
Signature

Tina Rae Loughry Admin
Printed Name and Title

8/1/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/27/19 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 8/27/19 (Date)

- ☐ Fully Implemented
- ☑ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

2600

183.e. Med techs will be re-educated at staff meeting on 8-27-19 on policy for removing expired medications notifying Administrator / calling pharmacy for replacement medication.

Med Techs will peform weekly Med reviews to check for expired medications.

Tina Rae Loreghny
Administrator
8-20-19