



pennsylvania
DEPARTMENT OF HUMAN SERVICES

October 3, 2019

Ms. Dorothy Minelli
Owner
West Side Kozy Comfort Personal Care Home Inc.
906 South Main Avenue
Scranton, Pennsylvania 18504

RE: West Side Kozy Comfort Personal Care Home
License #: 204490

Dear Mr. Minelli:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 15, 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,

A handwritten signature in black ink, appearing to read "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME
Address: 906 SOUTH MAIN AVENUE, SCRANTON, PA 18504
County: LACKAWANNA Region: NORTHEAST

License Number: 204490

Administrator

Name: Buddy Minelli Phone: 5703415840 Email: minelli09@hotmail.com

Legal Entity

Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME INC
Address: 906 SOUTH MAIN AVENUE, PA, 18504

Certificate(s) of Occupancy

Type: Other Date: 04/01/2017 Issued By: City of Scranton

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 32 Waking Staff: 24

Inspection

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

Inspection Dates and Department Representative

05/15/2019 - On-Site: Ryan Novak, Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 36 Residents Served: 32

Secured Dementia Care Unit

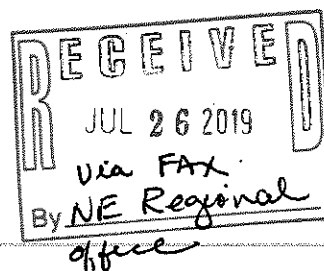
In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 32 Are 60 Years of Age or Older: 16
Diagnosed with Mental Illness: 32 Diagnosed with Intellectual Disability: 5
Have Mobility Need: 0 Have Physical Disability: 1



25d - Rent Rebate

Regulations

2600.

25.d. A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P. S. § § 4751-1—4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2600.20 (relating to financial management) may apply. There may be no charge for filing out this paperwork.

Description of Violation

The rent rebate statement of collection form for resident #1 indicates the home will collect 50% of the rent rebate but does not include the intended use of the funds.

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 rent rebate statement line was blank. No reason for it, admin didn't notice it wasn't typed in. On 7/15/19 a new one was added and had resident re-sign. Managers and admins will check to make sure all boxes are filled in while doing paper work. Copy ATTACHED:

Legal Entity Representative

[Handwritten Signature]
Signature

Buddy Mineelli Admin
Printed Name and Title

7/15/19
Date

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

The above plan of correction is approved as of *7-30-19*
(Date)

Plan of correction implementation status as of *7-30-19*
(Date)

The above plan of correction was approved by *AG*
(Initials)

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

26b - Quality Management Plan Content

Regulations

- 2600.
- 26.b.2. Complaint procedures.
- 26.b.3. Staff person training.

Description of Violation

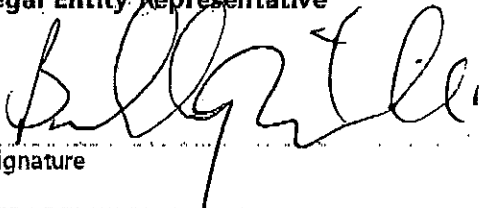
The quality management meeting held on 12/14/2018 did not include a review of staff person training or complaint procedures.

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.)

Admin didn't include staff training or complaint procedures in quality management. The Admin ~~has~~ has re-typed quality management to include these items. Admin has just forgot to add them to first one. The Admin will make sure it is included ~~to~~ from now on every year.

Legal Entity Representative



Signature

Buddy Minelli Admin 7/22/19

Printed Name and Title

Date

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X

28f - Resident's Funds and 30-day Refund

Regulations

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #2 was discharged from the home on 4/21/2019. The home did not provide the resident with an itemized account of a refund due or of funds owed to 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.)

Resident went to hospital 4/21/2019 and from there they moved him to another personal care home. So was impossible to hand him Itemized letter. But home could of mailed one, which admin made Itemized letter and will be put in his file. Anymore Admin will do Itemized letter for all discharges

Legal Entity Representative

[Handwritten Signature]
Signature

Rudoy Minelli, Admin 7/24/19
Printed Name and Title Date

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X

51 - Criminal Background Check

Regulations:

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Direct care staff member A hired 9/10/18 did not have a Pennsylvania State Police Criminal Background Check completed.

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.)

Staff member A. did not have background check on file because it got ruined. A new one was sent in and copy will be attached. The home admin will make sure all paperwork is up to date and on file.

Legal Entity Representative

[Handwritten Signature]

Signature

Buddy Minelli

Printed Name and Title

Admin
7.15.19

Date

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64c - Annual Training

Regulations

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff member B who is the homes Administrator did not complete any hours for the 24 hour annual training requirement for 2018.

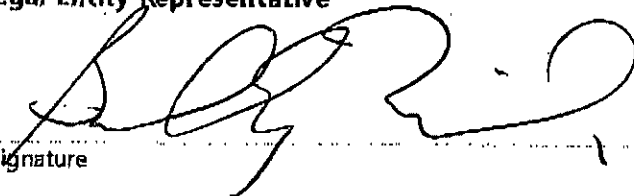
Plan of Correction (POC)

(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 home admin only had 16 hours of training for 2018. The admin will make up 8 hours in 2019. The home admin will try find other ways to get training so it doesn't fall behind again.

The Administrator will mark his first 8 hours of approved training in 2019 to be counted towards "2018" requirements. The remaining 24 approved hours will be marked "2019"

Legal Entity Representative



Signature

Buddy Minelli

Printed Name and Title

Admin

7-15-19

Date

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65a - FS Orientation 1st Day

Regulations

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:

Description of Violation

Direct care staff member A hired 9/10/18 initially started working at Angels Family Manor where the 1st day fire safety orientation was completed on 9/15/18. When the staff member started working at West Side Kozy Comfort the staff member did not have a general fire safety training specific to that building.

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.)

Staff member A. was trained for that building of west side kozy comfort. Paperwork was filled out at angel's manor. A new training paper, and training will be held today 7-15-19 and worker will be shown again, this time with right documentation.

To ensure future compliance, the Administrator will ensure that every employee will have a first day orientation to include fire safety SPECIFIC TO THAT HOME. That way employees that work in multiple buildings will be properly trained in fire safety specific to each building they work in. 7-30-19

Legal Entity Representative

[Handwritten Signature]

Signature

RUDY MINELLI
Printed Name and Title

Admin

7-15-19

Date

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65f - Training Topics

Regulations

2600.

65.f.2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

Direct care staff member C hired 11/99 did not receive training in meeting the needs of the residents as per the DME and RASP for 2018.

Repeat Violation: 5/4/18 et al

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.)

Staff member C did have training, we just didn't have a copy on hand at time of inspection. It was at other facility, Copy is being attached.
Any more Admin will make Sure copy of all training is on file at all facilities.

Legal Entity Representative

[Handwritten Signature]

Signature

Bapoyminelli

Printed Name and Title

Admin

7-15-19

Date

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65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
5. Falls and accident prevention.

Description of Violation

Ancillary staff member D hired 9/2003 did not receive any of the mandatory topics under this regulation for 2018.

Direct care staff member C hired 11/99 did not receive training in fire safety for 2018.

Repeat Violation: 5/4/18

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.)

Ancillary staff member did have training just wasn't presented at time of inspection. It was at another facility where he received it. Copy will be sent.

Direct care staff member C didn't have fire safety, we have letter from city fire, and staff member C will make it up before end 2019.

City fire safety expert is doing 2 classes for 2019. to make up for 2018

Legal Entity Representative

[Handwritten Signature]
Signature

Rudy Minelli Admin
Printed Name and Title

7/22/19
Date

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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

The doorknob for resident #3's bedroom door was broken and didn't allow for the door to be closed securely.

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 door knob was broke, but resident didn't say nothing. Resident usually always leaves door open. A new knob will be installed on 7/17/19. Workers and housecleaners will be told to look for repairs while doing their rounds. Will check all doors shut properly. picture sent w/violation

Legal Entity Representative

[Handwritten Signature]
Signature

Buddy Minelli Admin
7/15/19
Printed Name and Title Date

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96a - First Aid Kit

Regulations

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit located in the medication room did not include a CPR breathing shield or adhesive tape.

Plan of Correction (POC)

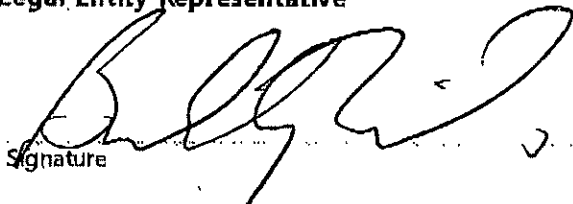
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

There was first aid kit missing CPR shield and Tape. The home went and got a new first aid kit with shield and tape in it. The homes manager will check periodically to make sure everything is in the first aid kit at all times.

Picture ATTACH:

The Administrator should also check to First Aid Kit to ensure there are no expired items in the kit as well. 7-30-19

Legal Entity Representative


Signature

Buddy Minecci
Printed Name and Title

Admin
7-15-19
Date

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X

103e - Left Overs

Regulations

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

The home's freezer contained 3 bags of frozen bagels that were not labeled or dated.

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.)

There was 3 bags of bagels that was not dated in freezer, the manager put them in garbage time of inspection. The homes manager will make sure everything in freezer is dated. The Admin will check periodically through week to make sure food is dated and in date.

Legal Entity Representative

[Handwritten Signature]

Signature

Buddy Mirell

Printed Name and Title

Admin
7-15-19

Date

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- Not Implemented

107c - Food/Water 3-Day Supply

Regulations

2600.

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

Description of Violation

The home's current census at the time of inspection was 32. The home had only 25 gallons of water on hand.

Plan of Correction (POC)

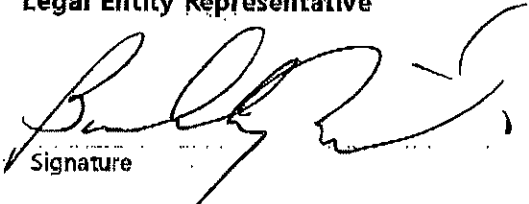
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

The home was short 11 gallons of water for max cap. of 36. This happened cause water main broke and was bad water. The home used these 11 gallons for purpose they are attend for. But home didn't replace water right away. The home has bought 11 more gallons, and will make sure when it has to be used it is replaced.

If the census of the home is 32, then the home would have needed 96 gallons of water to make up the 3 da supply. If the home uses 5 gallon water bottles on water dispensers, those bottles can be rotated out of the home's supply as long as the total on hand is = to the number of residents in the home x 3. The water can be in 5 gallon containers.

Pictures attach

Legal Entity Representative


Signature

Bussy Minelli
Printed Name and Title

Admin 7/15/19
Date

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124 - Notice to Fire Department

Regulations

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home's current notice to the fire department did not include a general description of the mobility needs of the residents or a description of the general layout of 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.)

We had paper sent to fire Dept. but information on it was not all correct things were missing. A new letter was printed by the admin to send downtown to main headquarters. Engine #17 does not have fax and said all papers go to main Dept.

Legal Entity Representative

[Handwritten Signature]

Signature

Buddy Minelli Admin 2/28/19

Printed Name and Title

Date

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X

125a - Combustible Storage

Regulations

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

A blanket was located behind the dryer in the laundry area, posing a possible fire 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.)

The 11-7 shift washed blankets night before inspection, one must have fallen behind Debbie the manager cleaned behind it the night before. She also checks on regular bases that its clean of lint. 11-7 will be told to be careful and check behind dryers as well every night. Debbie will keep checking on regular bases as well.

Legal Entity Representative

[Handwritten Signature]
Signature

Benny Mrvecci Admin
Printed Name and Title

7/15/19
Date

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132b - Safety Inspection/Fire Drill

Regulations

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home had an annual supervised fire drill by a fire safety expert on 6/1/17. The next supervised fire drill did not occur until 7/10/2018, therefore, the home's 2018 annual supervised fire drill was conducted late.

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 home got bob muller to do supervised fire drill, it was late 40 days when he came out. The home will try make sure that fire expert does it with in the yearly window given from now on. The Admin will call and try to set it up for same time every year to ensure it doesn't happen again.

Legal Entity Representative

[Handwritten Signature]
Signature

Bussya Monelli Admin 7/22/19,
Printed Name and Title Date

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132c - Fire Drill Records

Regulations

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill conducted and recorded on the fire drill log for May 2019 at 12:30am did not include the date the drill took place.

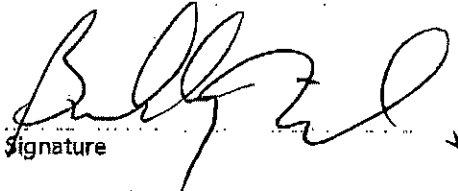
Plan of Correction (POC)

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The fire drill on May of 2019, Did not have date. The fire drill was done on May 6th 2019. We added the date to fire log. Manager Debbie was one who conducted fire drill. The home will make sure dates are on all fire drills.

To ensure future complinace, the Administrator or Building Director will review the home's monthly fire drill logs. 7-30-19

Legal Entity Representative


Signature

Buddy Minelli, Admin 7-17-19
Printed Name and Title Date

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141a-1-10 Medical Evaluation Information

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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The Documentation of Medical Evaluation (DME) form dated 4/10/2019 for resident #4 is incomplete because it doesn't include the following: ability to self - administer medications, body positioning, health status, cognitive functioning, and mobility.

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.)

On DME they were marked but couldn't see it fully. The home had doctor fix it. The home will make sure all DME are filled out properly. The new one will be sent attached. The Admin and manager will check all DMES when filled out.

Legal Entity Representative

[Handwritten Signature]
Signature

Susay Mirrelli Admin
Printed Name and Title

7/22/19
Date

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The above plan of correction is approved as of

7-30-19
(Date)

Plan of correction implementation status as of

7-30-19
(Date)

The above plan of correction was approved by

AG
(Initials)

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



144c2 - Smoking Area Distance

Regulations

2600.

144.c.2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

A cigar package and cellophane were located in 2 of the metal cans the home utilizes to extinguish cigarette butts.

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 home smoking area had cig butt cans with papers in them. All residents are told not to do this. All shifts check cans periodically through out the day to make sure cans are empty and no papers are in them. Will have meeting with staff to check them more often through out the day.

Legal Entity Representative

[Handwritten Signature]
Signature

BUDY MINELLI ADMIN
Printed Name and Title

7/22/19
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182b - Prescription Medication

Regulations

2600.

182.b.4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

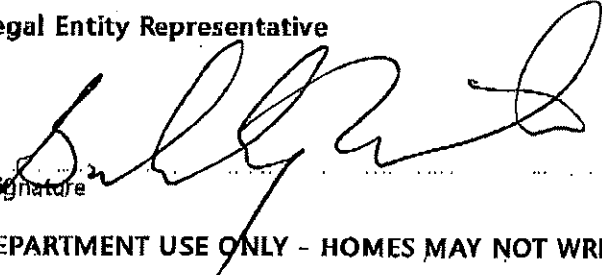
Direct care staff member E's most recent annual practicum was completed on 4/12/19, the previous annual practicum was completed on 2/13/18.

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.)

Staff member E's recent. was at angel's manor for November. on 11/23/18 Kandice did have an annual practicum, but at time of inspection admin was not there to provide it. Copy of November's is being attached.

Legal Entity Representative



Signature

Buddy Minelli Admin 7/23/19

Printed Name and Title

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185a - Implement Storage Procedures

Regulations

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

The glucometer for resident #5 was not calibrated to the correct day. The glucometer's date was two days off from the actual date.

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 home tried to fix glucometer with date. The glucometer still wouldn't put the right dates. Called glucometer company, they tried to fix it as well and couldn't. So Company sent home a brand new glucometer to replace it. The home will check periodically and when glucometers are used to make sure they are in good working condition.

Legal Entity Representative

[Handwritten Signature]

Signature

Buddy Minicci ADMIN 7-16-19

Printed Name and Title

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X

187d - Follow Prescriber's Orders

Regulations

2600.

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

Description of Violation

Resident #5 requires regular blood glucose monitoring with a straight order of insulin to be administered at 4pm, hold if the blood sugar is less than 100. On 5/3/19 the 4pm reading in the resident's meter was 401. The blood glucose tracking sheet and the medication administration record both indicate that 0 units of insulin were administered.

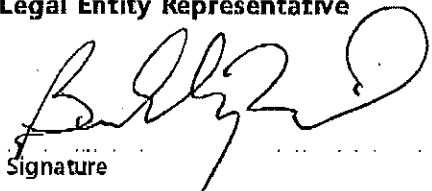
Plan of Correction (POC)

(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 staff member was brought in and asked, she said she did give correct insulin and doesn't know why she put 0 cause she remember giving it. The home had staff member take a training for documentation in MARS and med review. The homes manager will check MARS to see if it happens again and address it.

The Administrator will also ensure that the directions of the prescribing doctor are followed for every order, for every resident. The Administrator will set

Legal Entity Representative



Signature

Buddy Minelli Admin 7/22/19

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X

191 - Resident Right to Refuse

Regulations

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

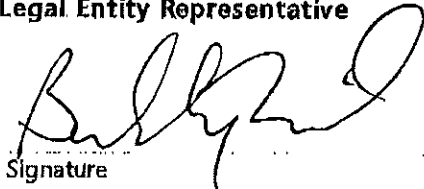
The resident rights page in resident #1's record did not include the right to question or refuse medication if the resident believes the home has made an error in administration.

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 home used an old residents rights paper with out Z on it right to refuse meds. The home used the new paper to replace it and went over it with resident and had resident sign it. The home will make sure only new resident rights papers are used, and residents under stand RRZ.

Legal Entity Representative



Signature

Buddy Minelli ADMIN

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