



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 27, 2019

Mr. Kevin Donahue
Administrator
Kevin & Romona Donahue
1143 Lapish Road
Pittsburgh, Pennsylvania 15212

RE: Donahue’s Personal Care I
1610 Hybla Street
Pittsburgh, Pennsylvania 15212
Certificate #: 430341

Dear Mr. Donahue:

As a result of the Department’s Bureau of Human Services Licensing annual inspection on July 1, 2019 and August 14, 2019, of the above facility, the citations specified on the enclosed violation report were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), your current license # 430340 dated November 20, 2018 to November 20, 2019 is REVOKED. Additionally, your license dated November 20, 2019 to November 20, 2020 is REVOKED. A FIRST PROVISIONAL license is being issued. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated November 20, 2019 to November 20, 2020 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

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.

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 Section no.	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
185a	II	17	\$5	\$85	5 calendar days from mailing date of this letter

A fine will be assessed on a daily basis 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, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Shivani Patel, Enforcement Manager
Human Services Licensing
Department of Human Services
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,



Kevin Hancock
Deputy Secretary
Office of Long-Term Living

Enclosures
License
Violation Report



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to KEVIN & ROMONA DONAHUE
LEGAL ENTITY

To operate DONAHUE'S PERSONAL CARE I
NAME OF FACILITY OR AGENCY

Located at 1610 HYBLA STREET, PITTSBURGH, PA 15212
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

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 17
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

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 September 27, 2019 until March 27, 2020,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **430341**

Robert E. Robinson
ISSUING OFFICER

[Signature]
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.

Violation Report

8/1/2019

Facility Information

Western Region Field Office
Bureau of Human Services Licensing

Name: *DONAHUE'S PERSONAL CARE I*
 Address: *1610 HYBLA STREET, PITTSBURGH, PA 15212*
 County: *ALLEGHENY* Region: *WESTERN*

License Number: *430340*

Administrator

Name: *Kevin Donahue* Phone: *4127616421* Email: *DONAHUESPC@GMAIL.COM*

Legal Entity

Name: *KEVIN & ROMONA DONAHUE*
 Address: *1143 LAPISH ROAD, PITTSBURGH, PA, 15212*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: Issued By:

Staffing Hours

Resident Support Staff: Total Daily Staff: *17* Waking Staff: *13*

Inspection

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

Inspection Dates and Department Representative

07/01/2019 - On-Site: Lauren Spagna

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *17* Residents Served: *17*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *10*
 Diagnosed with Mental Illness: *17* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *0* Have Physical Disability: *0*

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

Residents #1 and #2's glucometer are not calibrated to the current time.

Resident #1 is prescribed blood glucose checks 4 times daily. On numerous dates/times, to include the following, resident #1's blood sugar readings did not match what was documented on the resident's June 2019 medication administration record (MAR):

<u>Date/Time</u>	<u>MAR Reading</u>	<u>Glucometer Reading</u>
* 6/4/19 at 8:00pm	472	"HI"
* 6/7/19 at 4:30pm	273	no blood glucose reading present
* 6/20/19 at 8:00am	400	"HI"
* 6/20/19 at 11:30am	490	"HI"
* 6/21/19 at 4:30pm	177	"HI"
* 6/29/19 at 4:30pm	216	225

Resident #2 is prescribed blood glucose checks 3 times daily. On numerous dates and times, to include the following, resident #2's blood sugar readings did not match what was documented on the resident's June 2019 MAR:

<u>Date/Time</u>	<u>MAR Reading</u>	<u>Glucometer Reading</u>
* 6/21/19 at 4:30pm	80	no blood glucose reading present
* 6/22/19 at 11:30am	168	101
* 6/25/19 at 11:30am	68	103
* 6/25/19 at 4:30pm	183	no blood glucose reading present
* 6/26/19 at 11:30am	85	no blood glucose reading present

REPEAT VIOLATION: 9/27/2018, et. al.

185a - Implement Storage Procedures (continued)

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.)

See Page 3A of 6

Legal Entity Representative



Signature

Kevin Donahue Admin 7/30/19
Printed Name and Title Date

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

The above plan of correction is approved as of 9/4/19
(Date)

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

The above plan of correction was approved by 
(Initials)

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

2600.185a

Donahue's Personal Care understands the importance that 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.

The problem occurred due to when the glucometers were calibrated to the correct date they were not correctly calibrated to the correct time of the day. On July 27, 2019, the Administrator was able to effectively calibrate the glucometer(s) to reflect the correct time of the day. The staff is responsible to ensure the time set on the glucometer is not changed. The administrator spoke with the staff and advised to contact the Administrator should there be a battery change or if the unit itself is replaced. For the next 90 days (August 1, 2019 - October 31, 2019), the Administrator will check all glucometers bi-monthly to ensure times remain set and ensure compliance is maintained. The Administrator will create a log, record findings and save for future viewing purposes.

Resident #1 is a brittle diabetic with hard to control diabetes who has resided at Donahue's Personal Care for over 12yrs. The home Administrator is in the process of ordering and having delivered a new glucometer reading device. The problem with the readings occurred because it appears that when a reading of "HI" will only show "HI" at the time of the reading, however, when the administrator goes back through the readings the device appears to be then giving a number and then duplicating that number in the readings. The Administrator advise the staff to be contacted in addition to the PCP when a "Hi" reading occurs so that the Administrator can better understand what is happening to the recorded readings in the device thereafter. The staff is responsible to take the glucometer reading and contact the Administrator with all "hi" readings. The Administrator is then responsible to check the glucometer's readings and record any pertinent information on the back of the MAR for future review purposes.

Resident #2 is also in the process of receiving a new glucometer and for the next 90 days (August 1 – October 31) the administrator will check the readings bi-weekly to ensure accurate information is being captured and recorded on the MAR. The Administrator will ensure compliance is being maintained and that any discrepancies are recorded on the back of the MAR for future review purposes.

On July 7, 2019, the Administrator spoke to all staff members about ensuring true and correct information is recorded on the MAR at the time the glucometer reading is captured. The Administrator has staff training scheduled for August 8, 2019, to better understand the menu functions and operations of the new glucometers present in the home. The Administrator will save training record in employee file for future viewing purposes.



Kevin Donahue, Administrator



Date

187d - Follow Prescriber's Orders

Regulations

2600.

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

Description of Violation

Resident #1 is prescribed blood glucose checks 4 times daily. On numerous dates/times, to include the following, blood glucose results were recorded on resident #1's June 2019 MAR; however, no blood glucose readings were present on the resident's glucometer:

- * 6/7/19 at 4:30pm-blood glucose reading of 273
- * 6/23/19 at 8:00pm-blood glucose reading of 268

Resident #2 is prescribed blood glucose checks 3 times daily. On numerous dates/times, to include the following, blood glucose results were recorded on resident #2's June 2019 MAR; however, no blood glucose readings were present on the resident's glucometer:

- * 6/21/19 at 4:30pm-blood glucose reading of 80
- * 6/25/19 at 4:30pm-blood glucose reading of 183
- * 6/26/19 at 11:30am-a blood glucose reading of 85

On 6/17/19, resident #1 was prescribed Humalog 100 units/ml-Inject sublingually 4 times daily in accordance with sliding scale coverage as follows: Call MD if >80; 160-219=1 unit; 220-279=2 units; 280-339=3 units; 340-399=4 units; 400-459=5 units; 460-519=6 units; Call MD if >400. In addition to the sliding scale coverage, the resident was also prescribed Humalog 100 units/ml-Inject sublingually 4 times daily as follows: 7 units with breakfast, 4 units with lunch, 4 units with supper and 2 units at bedtime.

According to resident #1's June 2019 MAR, 2 units of Humalog 100 units/ml were not administered to the resident at bedtime daily from 6/17/19 through 6/30/19.

According to resident #1's June 2019 MAR, the resident's Humalog 100 units/ml were not administered in accordance with the physician's orders on numerous dates/times, to include the following:

- * 6/20/19 at 8:00am-blood glucose reading was 400; however, 6 units of Humalog was administered
- * 6/18/19 at 11:30am-blood glucose reading of 493; however 10 units of Humalog was administered
- * 6/25/19 at 4:30pm-blood glucose reading of 342; however 6 units of Humalog was administered
- * 6/28/19 at 8:00pm- blood glucose reading of 275; however 9 units of Humalog was administered

Description of Violation *(continued)*

Resident #1's blood glucose readings were greater than 400 on numerous dates, to include the following; however, the resident's physician was not notified in accordance with the physician's orders:

<u>Date/Time</u>	<u>Blood Glucose Reading</u>
* 6/18/19 at 11:30am	493
* 6/20/19 at 11:30am	490
* 6/21/19 at 8:00am	442
* 6/24/19 at 8:00am	588
* 6/25/19 at 8:00am	447

Resident #1's physician's orders, dated 6/17/19, indicate if the resident's blood glucose reading registers as "HI" on the glucometer, the resident is to be taken to the nearest emergency room. On numerous dates, to include the following, the resident's glucometer indicated a blood glucose reading as "HI"; however, the resident was not taken to the emergency room:

- * 6/4/19 at 8:00pm
- * 6/20/19 at 8:00am
- * 6/20/19 at 11:30am
- * 6/21/19 at 4:30pm

REPEAT VIOLATION: 9/27/2018, 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.)

See Page 6A of 6

187d - Follow Prescriber's Orders (continued)

Legal Entity Representative

	<i>Kevin Donahue</i>	<i>7/30/19</i>
Signature	Printed Name and Title	Date

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

The above plan of correction is approved as of	<u>9/4/19</u> (Date)		Plan of correction implementation status as of	<u>9/4/19</u> (Date)
The above plan of correction was approved by	<u>LM</u> (Initials)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

2600.187d

Donahue's Personal Care emphatically recognizes the importance that the home shall follow the directions of the prescriber. Resident #1 and #2 have resided in Donahue's Personal Care for over a decade all the while receiving valuable continuum of care as the same staff and in-home visiting Primary Care Physician (PCP) have been on board since the resident's admission into the home.

On July 1, 2019, the Administrator contacted the contracted pharmacy to confirm the correct orders were printed on the resident's monthly MAR. The pharmacy then confirmed the up to date order is/was printed on the MAR by the ordering PCP.

On July 3, 2019, the Administrator spoke to the in-home visiting PCP regarding diabetic care for resident #1 and #2. The Administrator was able to better establish a process for "hi" readings. The PCP provided an additional number and contact person for "hi" readings and diabetic questions to be utilized Monday – Friday 8:00 a.m. to 4:30 p.m. The PCP also advised to contact the office should any of the resident's return to the home from the hospital with an order that changes the diabetic care plan for resident #1 and #2. The Administrator reminded the PCP that the office will need to immediately fax change/special instruction orders to the home. The Administrator will save all related orders in the residents file for future viewing purposes.

On July 7, 2019, the Administrator spoke to the staff to discuss all possible issues with the homes processes for diabetic care. The staff understands the potential issues and agreed that all involved shall be more aware of how the glucometers are reading and more diligent in accurately recoding the information to the MAR. The staff also agreed to contact the Administrator in addition to the PCP whenever a question or concern arises.

The Administrator advised the staff that there will be staff training /discussion for review purposes the second Friday of each month for the next 90 days (8/9, 9/13, 10/11), to ensure a collaborative effort to meet and maintain compliance. The Administrator will record training sessions on a training record and save in employee file for future viewing purposes. The Administrator has developed and posted a quick reference guide for the staff to follow regarding "hi" readings and special instructions in relation to resident diabetic care. All employees have been advised of possible disciplinary action for failing to follow protocol and for failing to record correct glucometer readings.

For the next 90 days (8/1-10/31) the Administrator will perform bi-monthly MAR and glucometer checks to ensure information is being recorded correctly. The Administrator will keep a log of the bi-monthly checks and save for future viewing purposes. The Administrator will take immediate action should there be discrepancy or questions regarding possible change orders.



Kevin Donahue, Administrator



Date

Violation Report

Facility Information

Name: *DONAHUE'S PERSONAL CARE I*

License Number: *43034*

Address: *1610 HYBLA STREET,, PITTSBURGH, PA 15212*

County: *ALLEGHENY*

Region: *WESTERN*

Administrator

Name: *Kevom Donahue*

Phone: *4127616421*

Email: *DONAHUESPC@GMAIL.COM*

Legal Entity

Name: *KEVIN & ROMONA DONAHUE*

Address: *1143 LAPISH ROAD, PITTSBURGH, PA, 15212*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date:

Issued By:

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *17*

Waking Staff: *13*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Monitoring*

Inspection Dates and Department Representative

08/14/2019 - On-Site: Lauren Spagna, Lisa Flinner-Alman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *17*

Residents Served: *17*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *5*

Are 60 Years of Age or Older: *14*

Diagnosed with Mental Illness: *17*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *0*

Have Physical Disability: *0*

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

Resident #1's glucometer is not calibrated to the current time.

Resident #2 is prescribed blood glucose checks 4 times daily. According to resident #2's glucometer, the blood glucose reading on 8/4/19 at 8:00am was 211; however, resident #2's August 2019 medication administration record (MAR) indicates a blood glucose reading of 118.

Resident #3 is prescribed blood glucose checks 3 times daily. On the following dates/times, resident #3's blood glucose readings do not match what was documented on the resident's August 2019 MAR:

<u>Date/Time:</u>	<u>MAR Reading:</u>	<u>Glucometer Reading:</u>
* 8/14/19 at 7:30am	119	101
* 8/10/19 at 7:30am	118	101

REPEAT VIOLATION: 9/27/2018 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.)

See Page 3A of 5

185a - Implement Storage Procedures (continued)

Legal Entity Representative



Signature

Kevin Donahue

Printed Name and Title

9/3/19

Date

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

The above plan of correction is approved as of

9/4/19

(Date)

Plan of correction implementation status as of

9/4/19

(Date)

The above plan of correction was approved by



(Initials)

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

Donahue's Personal Care I

2600.185a

Donahue's Personal Care understands the importance that 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.

Resident#1's Glucometer is now calibrated with the correct date and time. The staff received training in addition to the previously scheduled training regarding properly recording glucometer readings and that future documentation oversights will result in disciplinary action and or possible suspension. The staff is aware of the zero-tolerance policy for any/all incorrect reading entries into the MAR.

The staff is responsible daily to ensure accurate glucometer readings are entered onto the MAR.

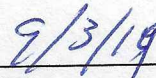
The Administrator has moved the bi-weekly glucometer/MAR audits from a bi-monthly to a weekly audit increasing the frequency. The increased frequency will allow the administrator to better understand the how and why entry errors are occurring and to ensure compliance is maintained.

The staff has been properly trained to record additional pertinent information on the back of the MAR for future viewing purposes and the Administrator is also documenting findings on the back of the MAR to be able to better discuss possible issues with licensing inspectors in the future.

The administrator is confident that these issues are now behind us with the added employee training sessions and the administrator's heightened emphasis on these issues to maintain ongoing compliance.



Kevin Donahue, Administrator



Date

187d - Follow Prescriber's Orders

Regulations

2600.

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

Description of Violation

Resident #2's physician's order, dated 7/18/19, indicate that if the resident's blood glucose reading exceeds 340, the resident is to receive 6 units of insulin and to contact the physician. However, on numerous dates/times, to include the following, resident #2's blood glucose readings exceeding 340, and the physician was not notified:

<u>Date/Time:</u>	<u>Blood Glucose Reading:</u>
* 8/1/19 at 4:30pm	393
* 8/3/19 at 8:00am	443
* 8/6/19 at 4:30pm	366

According to staff person A, a licensed practical nurse, on numerous occasions resident #2's blood glucose exceeded 340. Staff person A indicated she was unable to speak with the physician, so she administered 2 to 3 additional units of insulin to resident #2; however, there is no physician's order prescribing 2 to 3 additional units of insulin to be administered when the resident's blood glucose exceeds 340.

REPEAT VIOLATION: 9/27/2018, 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.)

See Page 5A of 5

187d - Follow Prescriber's Orders (continued)

Legal Entity Representative


Signature

Kevin Donahue
Printed Name and Title

9/3/19
Date

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

The above plan of correction is approved as of 9/4/19
(Date)

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

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

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

Donahue's Personal Care I

2600.187d

Donahue's Personal Care emphatically recognizes the importance that the home shall follow the directions of the prescriber. Resident #1 and #2 have resided in Donahue's Personal Care for over a decade all the while receiving valuable continuum of care as the same staff and in-home visiting Primary Care Physician (PCP) have been on board since the resident's admission into the home.


The staff was trained as a group and individually regarding the process to call the designated number provided by the doctor and the doctor's cell phone when needed. The staff is fully aware that the physician must be called for all high readings as ordered by the physician. The staff is also now ensuring all information regarding calls to the doctor's office and the doctor's response are recording on the back of the MAR. The administrator stressed to the staff that we cannot give a change in dose until the office faxes over the order to do so. The information pertaining to calls to the doctor's office and orders faxed to the home will be stored in the MAR for future viewing purposes.

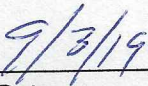
The Administrator spoke to all staff persons individually regarding the correct process to follow. The administrator posted and reposted the steps to follow for a high reading in a conspicuous place above the med cart to ensure all staff persons are fully aware of the proper steps needed to follow. The Administrator advised all staff persons that there is a zero tolerance policy in effect for not following the process the administrator has established to ensure continued ongoing compliance.

The staff is responsible to record the high readings daily, call the doctor for instructions and record all information as well as save any special orders faxed in the MAR for documentation purposes.

The Administrator has moved the bi-monthly glucometer and administration audits to weekly. The increased audit frequency will better help the administrator and the staff maintain ongoing compliance.

The administrator is confident that with the additional staff training sessions and the individual training sessions along with the increased audit frequency that any further oversights or non-compliance on behalf of the staff will be eliminated permanently. Staff person A, believes there was a mis-communication somewhere because she stated to the Administrator when questioned about this particular matter that "I've been doing this a long time and I don't arbitrarily give any extra medication to any resident unless I'm told to do so by a physician or when an order is faxed."


Kevin Donahue, Administrator


Date