



October 22, 2019

Ms. Alice Dudek
Administrator
Heritage Mills Personal Care Center, LLC
401 Moltke Avenue
Scranton, Pennsylvania 18505

RE: Heritage Mills Personal Care Center
846 East Wiconisco Avenue
Tower City, Pennsylvania 17980
License #: 22636

Dear Ms. Dudek:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 16, 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 blue ink, appearing to read "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: HERITAGE MILLS PERSONAL CARE CENTER
Address: 846 EAST WICONISCO AVENUE, TOWER CITY, PA 17980
County: SCHUYLKILL **Region:** NORTHEAST

License Number: 22636

Administrator

Name: Alice Dudeck **Phone:** 7175231257 **Email:** adudeck@seniorhealthpa.com

Legal Entity

Name: HERITAGE MILLS PERSONAL CARE CENTER LLC
Address: 401 MOLTKE AVENUE, SCRANTON, PA, 18505

Certificate(s) of Occupancy

Type: I-1 **Date:** 03/28/2002 **Issued By:** Tower City Borough

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 57 **Waking Staff:** 43

Inspection

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

Inspection Dates and Department Representative

07/16/2019 - On-Site: Ryan Novak, Cybil Bomberger

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60 **Residents Served:** 40

Secured Dementia Care Unit

In Home: Yes **Area:** n/a **Capacity:** 30 **Residents Served:** 17

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 40
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 17 **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

The licensing inspection summary dated 1/7/19 was not posted in a public conspicuous area 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.)

"See Attached"

Legal Entity Representative

Alice Dudeck
Signature

Alice Dudeck, Administrator 8/14/19
Printed Name and Title Date

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

The above plan of correction is approved as of 8-16-19
(Date)

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

Plan of correction implementation status as of 8-16-19
(Date)

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

3 c- Post Current License

Plan of Correction:

The inspection summary was corrected that day 7.16.19.

To prevent further violation of regulation 2600.3. (c). An update was made 8.8.19 to policy 2600.3.(c) Post Current License. Whereas upon receiving the current homes violation report/summary the administrator or administrator designee will ensure that the violation report/summary is posted along with the current license and a copy of PA Code 55. Public Welfare, Chapter 2600. Personal Care Homes.

Administrator will oversee compliance

Alice Dudeck 8.14.19

*Alice Dudeck
Administrator
8/14/19*

8-16-19

ag

17 - Record Confidentiality

Regulations

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The resident privacy coding document was attached to the licensing inspection summary dated 7/19/18 on the bulletin board of the home. The privacy coding document exposes confidential information of the residents.

At approximately 9:58am the electronic EMARS were left unlocked and unattended on the 2nd floor medication cart. The narcotic count book and resident orders were also unlocked on the side of the medication cart. These items contain confidential information of the residents.

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.)

All attached

Legal Entity Representative

Alice Dudeek
Signature

Alice Dudeek, administrator 8/16/19
Printed Name and Title Date

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- Not Implemented

17- Record Confidentiality

Plan of Correction for 1st Portion of Violation:

Privacy coding documents was corrected/removed that day 7.16.19.

To prevent further violation of regulation 2600.17 Record Confidentiality. An update was made 8.8.19 to Policy 2600.2 (c) Post Current License. Whereas upon receiving the current violation/summary/privacy coding summary the administrator or administrator designee will validate that the privacy coding summary is not attached to the inspection summary prior to posting on the public bulletin board to maintain the privacy of our residents.

Administrator or administrator designee will oversee compliance.

Plan of Correction for 2nd Portion of Violation:

Administrator spoke to all staff about the importance of resident/record confidentiality. They also received an updated copy of our policy on Confidentiality of Records. The med-tech that was on that cart was given a verbal warning.

To prevent further violation of regulation 2600.17 Record Confidentiality. An update was made 8.8.19 to Policy 2600.17. Director of Wellness and 2nd shift Lead Med-tech will conduct record privacy checks throughout the work day to ensure that the med carts are in the nursing station when not being utilized and that any resident information is kept in the locked nursing station or the locked medication cart.

Administrator or administrator designee will oversee compliance

Alice Dudeck

8.14.19

Alice Dudeck
8/14/19

ag 8-16-19

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 #1's contract dated 12/11/18 was not signed by the resident.

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.)

All attached

Legal Entity Representative

Alicia Dudick
Signature

Alicia Dudick, administrator 8/14/19
Printed Name and Title Date

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- Not Implemented

25b-Contract Signatures

Plan of Correction:

Administrator met with resident #1 on 8.9.19 with regards to the contract not being signed by the resident and only by his daughter/POA. He stated that "I was involved in the process and okay with my daughter signing the paperwork, that's why she was there".

He stated that he had no problems signing the paperwork today (8.9.19); however, due to the nature of the violation, correction to a date or signature on a contract from the past cannot occur. **A correction can be made as long as it is dated with the date of the correction. 8-16-19

To prevent future violation of this regulation Contract Signatures 2600.25.b contract signed or marked by the resident was added to our personal care check list upon admission. (see attachment). The administrator or administrator designee will be responsible for validating signatures upon admission.

Administrator will oversee compliance

Alice Dudeck, Administrator 8.14.19



8-16-19

ag

82a - Poisonous Materials

Regulations

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

A bottle of pink liquid labeled silver soak and a bottle of yellow liquid labeled oven cleaner were located in the cleaning closet without an original manufacturers label attached to the bottle.

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 attached

Legal Entity Representative

Alice Dudeck

Signature

Alice Dudeck, Administrator 8/14/19

Printed Name and Title

Date

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82a Poisonous Materials

Plan of Correction:

Unlabeled bottles were found in a locked cleaning closet and removed that day 7.16.19.

All staff were re-educated on the importance of labeling and locking up poisonous materials. An update on Policy 2600.82 Poisons was completed 8.9.19 and staff was given a copy. (see attachment)

To prevent further violation of regulation 2600.82.a. Poisons; housekeeping and maintenance will be responsible for doing weekly checks on all units where poisonous materials are stored to ensure that they are properly labeled and stored.

Administrator or administrator designee will oversee compliance

Alice Dudeck, Administrator 8.14.19

Alice Dudeck 8/14/19

8-16-19

ag

87 - Lighting

Regulations

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

The exterior exit #3 is locked by a 30 second delayed egress panic bar. A readily visible sign reading "Push until alarm sounds. Door can be opened in 30 seconds." was not posted next to the door.

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 attached

Legal Entity Representative

Alice Dudeck
Signature

Alice Dudeck, Administrator
Printed Name and Title

8/14/19
Date

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87- Lighting

Plan of Correction:

We were informed last year on 6.18.18 during our timed fire drill with fire safety expert Robert Mueller that the egress signs could be removed. He informed me that they were not needed in our facility because our doors are connected to our fire alarm system and can be opened with regards to the push pad/egress.

Maintenance reapplied the signs the next day 7.17.19 (picture attached).

Alice Dudeck, Administrator 8.14.19

Alice Dudeck Administrator

8-16-19

ag

89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

The hot water temperature measured 127.5 degrees Fahrenheit in the bathroom of room #303.

The hot water temperature measured 124.3 degrees Fahrenheit in the bathroom of room #111.

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 attached

Legal Entity Representative

Alice Duebeck

Signature

Alice Duebeck, Administrator

Printed Name and Title

8/14/19

Date

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89.b.- Hot Water Temperature

Plan of Correction:

Housekeeping/maintenance conduct weekly temperature checks. Staff in those departments were reminded that the state regulation requires the temperature not to exceed 120 at any time.

Hp McClure was contacted and came to the facility on 7.23.19 and made adjustments to the mixing valve. (see attached).

To prevent further violation of this regulation 2600.89.b. Hot Water Temperatures; housekeeping/maintenance will conduct water temperatures daily for next two weeks, then continue to check water temps weekly as instructed. If they notice any increase at any time, they are to contact the contracted company to assess.

Administrator or administrator designee will oversee compliance and do weekly checks with appropriate staff.

Alice Dudeck, Administrator 8.14.19

 Alice Dudeck 8/14/19

8-16-19

 ag

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 trash can full of garbage and a towel were located in the homes designated smoking 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.)

All attached

Legal Entity Representative

Alia Dudek

Signature

Alia Dudek Administrator

Printed Name and Title

8/14/19

Date

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125a-Combustible Storage

Plan of Correction:

The employee smoking section has a receptacle for cigarette butts (in which maintenance cleans weekly). The trash can was moved/corrected to the proper storage area outside. The towel (which was used to wipe down the wet tables/chairs) was removed/corrected that day.

All smoking staff were re-educated on the importance of fire safety and flammable materials.

To prevent future violations to regulation 2600.125a Combustible storage, housekeeping/maintenance will do weekly checks to ensure that the employee's smoking area is clear of any combustible material.

Administrator or administrator designee will oversee compliance

Alice Dudeck, Administrator 8.14.19

Alice Dudeck 8/14/19

8-16-19

ag

132e - Fire Drill Sleeping Hours

Regulations

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The most recent sleeping hours fire drill was conducted on 2/28/19, the previous was conducted on 5/11/18.

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.)

All attached

Legal Entity Representative

Alan Dudick
Signature

Alan Dudick 8/16/19
Printed Name and Title Date

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132e- Fire Drill Sleeping Hours

Plan of Correction:

There was a transition of administrators last year. The missed fire drill during sleep hours was not intentional, and when realized an overnight drill was conducted; however, I understand the importance of this regulation.

To prevent future violations to regulation 132e-Fire Drill Sleeping Hours; the administrator has created an alert on her office computer calendar to remind of the 6-month fire drill during sleep hours. The administrator is the only staff member that has access to that office computer. The next overnight drill is scheduled in December 2019.

Administrator will oversee compliance

Alice Dudeck, Administrator 8.14.19

A handwritten signature in cursive script that reads "Alice Dudeck 8/14/19" followed by a small "ag" monogram.

8-16-19

132g - Fire Drills Days/Times

Regulations

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely staffs with 3 staff members on the overnight 11p-7a shift. The homes most recent sleeping hours fire drill was conducted with 9 staff members.

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.)

All attached

Legal Entity Representative

Alice Dudek

Signature

Alice Dudek ^{*Administrative*} *8/14/19*

Printed Name and Title

Date

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- Not Implemented

132g-Fire Drill Days/Times

Plan of Correction:

All fire drills in the facility are unannounced per regulations. The night of our last sleeping hours fire drill was conducted 2.28.19 at 0650 hours. There were 9 staff members here at that time. A fire drill was conducted 7.31.19 at 0645 only 3 staff members participating. (see attachment)

To prevent future violations to regulation 2600.132.g Fire Drills/Days Times; the administrator will ensure and validate that the only staff present during the overnight drills are the routine nursing staff. The administrator will also ensure and validate that the times are earlier to ensure that there is no other staff present in the facility. The next overnight drill is scheduled in December

Administrator will oversee compliance

Alice Dudeck, Administrator 8.14.19



8-16-19

ag

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 #2's DME dated 1/2/19 does not include the medical professional number of the CRNP who completed the exam.

Resident #3's DME dated 11/14/18 does not include the medical professional number of the CRNP who completed the exam, immunization history and the residents ability to self-administer medications.

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.)

All attached

Legal Entity Representative

Alice Dudek
Signature

Alice Dudek Administrator 8/14/19
Printed Name and Title Date

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- Not Implemented

141.a.- Medical Evaluation

Plan of Correction:

Resident #3's DME dated 11.14.18 does not indicate the license number of the practitioner who completed the exam.

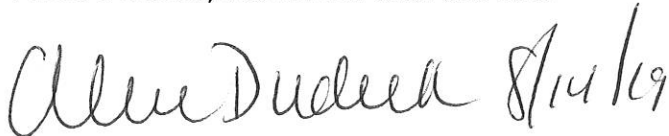
Resident #2's DME dated 1.2.19 does not indicate the license number of the practitioner who completed the exam.

Director of Wellness did speak with the practitioner on 8.13.19 and explained the importance of having their license on the DME. Due to the nature of the violation correction to a DME from the past cannot occur; however in this case the practitioner can add the license number to the document the next time they come to the facility.

To prevent further violation of 2600.231.b. the secured unit admission checklist was updated 7.17.19 (see attached) Director of Wellness or whomever is conducting the admission will be responsible for ensuring that the paperwork is filled out in its entirety.

Administrator will oversee compliance

Alice Dudeck, Administrator 8.14.19

 Alice Dudeck 8/14/19

8-16-19 *ag*

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 #4's toujeo solostar insulin pen was not dated when the pen was opened as per the manufacturers instructions.

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 attached

Legal Entity Representative

Alice Dudek
Signature

Alice Dudek Administrator
Printed Name and Title

8/14/19
Date

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- Not Implemented

183e-Storing Medications

Plan of Correction:

Resident #4 insulin pen was not dated when the pen was opened per manufacturer's instructions.

To prevent future violations of regulation 2600.183.e. Director of Wellness has an Inservice/meeting for med-technicians on 8.16.19 to discuss the importance of dating insulin pens when opened. Director of Wellness is in the process of purchasing date open stickers for the insulin pens.

Director of Wellness or Lead Med-Tech will conduct periodic checks to ensure that all insulin pens are dated.

Administrator will oversee compliance

Alice Dudeck, Administrator 8.14.19

Alice Dudeck 8/14/19

8-16-19

ag

184a - Labeling OTC/CAM

Regulations

2600.

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

- 1. The resident's name.
- 2. The name of the medication.
- 3. The date the prescription was issued.
- 4. The prescribed dosage and instructions for administration.
- 5. The name and title of the prescriber.

Description of Violation

Resident #4's toujeo solostar insulin pen did not have a pharmacy label attached.

Resident #4's novolog flex pen does not include the initials of the staff person who opened the pen.

Resident #5's novolog and lantus solostar flex pens does not include the initials of the staff person who opened the pen, or the residents name.

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.)

All attached

Legal Entity Representative

Alla Duduk

Signature

Alla Duduk, Administrator

Printed Name and Title

Date

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184.a. Labeling OTC/CAM

Plan of Correction:

Resident #4 insulin pen did not have a pharmacy label attached; the pen did not have the initials of the person who opened the pen.

Resident #5 does not have a pharmacy label attached; the pen did not have the initials of the person who opened the pen.

To prevent future violations of regulation 2600.183.e. Director of Wellness has an Inservice/meeting for med-technicians on 8.16.19 to discuss the importance of dating insulin pens when opened. Director of Wellness is in the process of purchasing date open stickers for the insulin pens.

Director of Wellness put all of insulin pens in plastic bags on 7.19.19 with their proper labels attached.

Director of Wellness or Lead Med-Tech will conduct periodic checks to ensure that all insulin pens are dated and that all insulin pens are labeled.

Administrator will oversee compliance

Alice Dudeck, Administrator 8.14.19

Alice Dudeck 8/14/19 8-16-19 *ag*

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 #4's glucometer is not calibrated to the correct date and time.

Resident #4 has an order for blood glucose readings 4 times daily. On 7/16/19 at 8am the MAR noted a reading of 148 but the glucometer has a reading of 145.

Resident #4 has an order for blood glucose readings 4 times daily. On 7/15/19 at 8p the MAR noted a reading of 151, no reading was recorded in the glucometer.

Resident #5 has an order for blood glucose readings 3 times daily. On 7/10/19 at 8am the MAR notes a reading of 126 but the glucometer has a reading of 127.

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.)

All attached

Legal Entity Representative

Alice Dudarik
Signature

Alice Dudarik, Administrator 8/14/19
Printed Name and Title Date

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- Not Implemented

185.a.-Implement Storage Procedures

Plan of Correction:

Resident #4 glucometer not calibrated with correct date/time 7.16.19

Resident #4 incorrect reading 7.16.9

Resident #4 incorrect reading and no documentation noted 7.15.19

Resident #5 incorrect reading 7.10.19

All staff members involved in the incorrect documentation were given verbal warnings and placed in employee charts.

To prevent future violations of regulation 2600.185.a. Director of Wellness has a mandatory meeting for med-techs scheduled on 8.16.19 to educate them on the importance of calibrating the glucometers, documentation, and transcription errors.

Administrator will oversee compliance and conduct random monthly audits.

Alice Dudeck, Administrator 8.14.19

Alice Dudeck 8/14/19

8-16-19

ag

187a - Medication Record

Regulations

2600.

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

6. Dose.

Description of Violation

Resident #5 has an order for blood glucose readings 3 times daily per a sliding scale of insulin. The units administered per the sliding scale is not indicated on the MAR.

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.)

All attached

Legal Entity Representative

Alla Dudek
Signature

Alla Dudek
Printed Name and Title

8/14/19
Date

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

The above plan of correction is approved as of 8-16-19
(Date)

Plan of correction implementation status as of 8-16-19
(Date)

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

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

187.a.-Medication Record

Plan of Correction:

Resident #5 is ordered a sliding scale, the units administered per scale is not on the EZ MAR.

The Director of Wellness added the sliding scale to the EZ Mar system for resident #5 insulin on the 7.17.19 which in our system would start on the 18th.

To prevent future violations of regulation 2600.185.a. when a resident has a sliding scale order the DOW will be responsible for putting in the correct order in the EZ Mar system.

Administrator will oversee compliance

Alice Dudeck, Administrator 8.14.19

Alice Dudeck 8/14/19

8-16-19

ag

187d - Follow Prescriber's Orders

Regulations

2600.

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

Description of Violation

Resident #4 has an order for blood glucose readings 4 times daily. On 7/15/19 at 8p the blood glucose reading was not completed.

Resident #4 has an order for 18 units of novolog 3 times daily, hold if blood glucose is less than 90. On 7/12/19 at 12p the blood glucose was 87, the medication was administered and should have been held.

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.)

All attached

Legal Entity Representative

Alma Dudeck

Signature

Alma Dudeck Administrator 8/14/19

Printed Name and Title

Date

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187.d. Follow Prescriber's Orders

Plan of Correction:

Resident #4 order for FSBS 4 times daily. 7.15.19 the 8pm dose was not completed.

Resident #4 order for 18 units of NovoLog 3 times daily, hold if blood glucose is less than 90. On 7.12.19 the noon time FSBS was 87 and the medication was administered when it should have been held.

Staff member that was responsible for the incomplete/incorrect dose was given a verbal warning and placed on 30 days probation.

To prevent future violations of regulation 2600.187.d. the Director of Wellness has a mandatory meeting for med-techs scheduled on 8.16.19 to educate them on the importance of calibrating the glucometers, documentation, the five rights of medication administration and transcriptions errors. Each med-tech on each med cart is responsible for printing out daily omission's reports for the DOW.

DOW is conducting random checks in the EZ Mar system

Administrator will oversee compliance

Alice Dudeck, Administrator 8.14.19

Alice Dudeck 8/14/19

8-16-19

ag

231b - Medical Evaluation

Regulations

2600.

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

Description of Violation

Resident #3's DME dated 11/14/18 does not indicate the residents need for the secured dementia care unit.

Resident #2's DME dated 1/2/19 does not indicate the residents need for the secured dementia care unit.

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 attached

Legal Entity Representative

Alia Duduk

Signature

Alia Duduk administrator 8/14/19

Printed Name and Title

Date

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231.b.- Medical Evaluation

Plan of Correction:

Resident #3's DME dated 11.14.18 does not indicate the resident need for the secured dementia unit.

Resident #2's DME dated 1.2.19 does not indicate the resident need for the secured dementia unit.

Director of Wellness was in touch with the practitioner that filled out the DME and reminded her of the importance to check off the need for the secured unit on the DME. The DME will be corrected when the practitioner visits the facility the week of 8.19.19.

To prevent further violation of 2600.231.b. the secured unit admission checklist was updated 7.17.19 (see attached) Director of Wellness or whomever is conducting the admission will be responsible for ensuring that the paperwork is filled out in its entirety.

Administrator will oversee compliance

Alice Dudeck, Administrator 8.14.19

Alice Dudeck 8/14/19

8-16-19

ag