



December 13, 2019

Ms. Loriann Putzier
President & COO
Tithonus Greensburg, LP
C/O Integracare Corporation
6600 Brooktree Court, Suite 100
Wexford, Pennsylvania 15090

RE: Newhaven Court at Lindwood
100 Freedom Way
Greensburg, Pennsylvania 15601
License #: 429360

Dear Ms. Putzier:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 16, 2019 and July 17, 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", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

RECEIVED

OCT 02 2019

Violation Report

Western Region

License Number: 42936

Facility Information

Name: *NEWHAVEN COURT AT LINDWOOD*
Address: *100 FREEDOM WAY, GREENSBURG, PA 15601*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: *Lori Grant* Phone: *7248532502* Email: *lgrant@INTEGRACARE.COM*

Legal Entity

Name: *TITHONUS GREENSBURG LP*
Address: *6600 BROOKTREE COURT SUITE 1000, C/O INTEGRACARE CORP, WEXFORD, PA, 15090*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/03/1996* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *139* Waking Staff: *104*

Inspection

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

Inspection Dates and Department Representative

07/16/2019 - On-Site: Belinda Graziano, Jan Cutter, Lauren Spagna

07/17/2019 - On-Site: Belinda Graziano, Jan Cutter

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *128* Residents Served: *102*

Secured Dementia Care Unit

In Home: *Yes* Area: *Life Stories* Capacity: *16* Residents Served: *16*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *102*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *37* Have Physical Disability: *0*

141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's annual medical evaluation, dated 4/10/19, does not include temperature. This area of the evaluation was blank.

Resident #2's most recent medical evaluation was completed on 6/26/18.

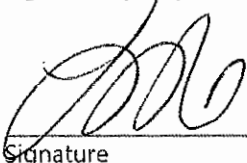
Repeat Violation: 7/19/18

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.)

See pages 2a, 2b and 2c of 8)

Legal Entity Representative



Signature

Lori Grant Executive Operations 10/1/19
Printed Name and Title *Officer* Date

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The above plan of correction is approved as of 11/25/19
(Date)

Plan of correction implementation status as of 11/25/19
(Date)

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

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

Community Name: Newhaven Court at Lindwood

License Number: 429360

Date of Visit: July 16th and July 17th, 2019

Date of Submission:

1. **Violation Review:** 2600.141 (b) (1) – A Resident shall have a medical evaluation at least annually.
2. **Violation Interpretative Statement:** Resident #1’s annual medical evaluation, dated 4/10/19, does not include temperature. This area of the violation was blank.

Resident #2’s most recent medical evaluation was completed on 6/26/18.

3. **Review the benefit of the Regulation, per RCG:** The benefit of the regulation is to help homes understand the necessary needs of the Resident such as vitals, dietary needs, medications, diagnoses, allergies, if the Resident is safe to administer their medications, positionings needs, and mobility needs. It also includes safety around poisonous materials. The medical evaluation aides us in making sure we can meet each Residents’ need so that we can then develop a successful Resident Assessment Support Plan. The regulation is also to ensure that all Residents in the home have an initial and annual medical evaluation in which they are physically seen by their physicians.
4. **Description of the Repair of the Immediate Problem:** After reviewing the physician’s notes from the doctor’s visit when the medical evaluation was completed, the temperature of Resident #1 was not documented nor obtained during the doctor’s visit. To ensure this section was not left blank, the section was marked ‘not applicable’ on July 17th, 2019, since the temperature during the 4/10/19 was not obtained by the physician. Please see attached medical evaluation for Resident #1.

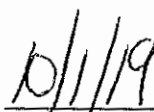
For Resident #2, even with proactive processes and systems from the home in place to ensure the Resident’s annual physical was completed prior to the annual date of 6/26/2018, the physician was unable to see the Resident in the office prior to the date of September 28, 2019, which resulted in the violation. We are in the process of obtaining the annual medical evaluation from the physician to verify that the appointment took place and the annual evaluation was completed.

5. **Determine / document the Root Cause of the Violation:** For Resident #1, the root cause was due to the annual medical evaluation not being reviewed upon receipt by the community to ensure all necessary sections were completed. Even though the physician did not obtain a temperature during the visit for Resident #1, by reviewing the annual medical evaluation upon receipt, the uncompleted section could have reflected ‘not applicable’ to demonstrate that all sections were reviewed to avoid the violation.

Authorized Signature _____



Date: _____



After conducting a full audit on all medical evaluations on July 17, 2019, to ensure all sections were filled out completely, any concerns/issues found during the audit were corrected at that time. On July 23, 2019, another medical evaluation audit was conducted to ensure that all dates were current and in compliance. The only medical evaluation found to be out of compliance with the annual date was Resident #2. We learned during the audit that the process we have to ensure initial medical evaluations were in compliance; however, medical evaluations reflecting a status change or annual evaluation we found to be inconsistent. Please see the attached medical evaluations to verify compliance and audits for review.

For Resident #2, even with processes and systems in place to ensure there is enough time to schedule an annual evaluation, the physician was not able to see the Resident until September 28th, 2019, which was beyond the annual medical evaluation date. In addition, our medical director was unable to see Resident #2 to assist us in the interim.

6. Detail Action Steps / System Developed to prevent future occurrence:

- a. **Changing practice?** Moving forward, after an annual medical evaluation is received, the Resident Wellness Director will be responsible for ensuring that the document is filled out to its entirety before filing in the Resident’s medical chart. The Resident Wellness Director will also conduct a monthly chart audit of 10 charts to ensure that compliance is met and our systems are in place. The audit and findings will be documented for review and verification. The Executive Operating Officer will now do a monthly chart audit of 10 charts, as an oversight, to ensure systems are in place as well. The latest medical evaluation audit conducted by the Executive Operating Officer was on September 28, 2019 (please see attached). If an annual medical evaluation form is found to be out of compliance, both the Resident Wellness Director and Executive Operating Officer will do a full chart audit and will correct any missing information found at that time.

After completing an additional annual medical evaluation audit on July 23, 2019, no other annual medical evaluation dates were found to be out of compliance except for Resident #2.

- b. **Teaching or Training?** The violation was reviewed with the Resident Wellness Director by the Executive Operating Officer on July 17th, 2019, during the annual inspection.
- c. **On-going Monitoring?** The Executive Operating Officer will now do a monthly chart audit of 10 charts to ensure systems are in place. If an annual medical evaluation form is found to be out of compliance with regard to the total completion of the document and/or annual dates, both the Resident Wellness Director and Executive Operating Office will do a full chart audit and will correct any concerns at that time moving forward and ongoing.

Authorized Signature 

Date: 10/1/19

PLAN OF CORRECTION TEMPLATE

7. **Designated position responsible and specify target date for correction.** The Resident Wellness Director and Executive Operating Officer moving forward and ongoing. Please see the attached medical evaluations for review and confirmation of compliance as of September 28, 2019.

Authorized Signature _____



Date: _____

10/1/19

183d - Prescription Current

Regulations

2600.

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

Description of Violation

On 7/17/19, resident #3's Ibuprofen 400 mg, take 1 tab 3 times daily routine, was in the home's medication cart; however, the medication was discontinued on 6/26/19.

On 7/17/19, resident #3's Sulfamethoxazole Trimethoprim tabs, take one tab twice daily for ten days, was in the home's medication cart; however, the medication was discontinued on 7/11/19.

On 7/17/19, resident #4's Lorazepam 1 mg tabs, take 4 times daily as needed, was in the medication cart; however, the medication was discontinued on 10/18/17.

Repeat Violation: 7/19/18

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.)

See pages 4a and 4b of 8)

Legal Entity Representative

Signature

Orbitant Executive Operations
Office

Printed Name and Title

10/1/19
Date

183d - Prescription Current (continued)

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The above plan of correction is approved as of	<u>11/25/19</u> (Date)	Plan of correction implementation status as of	<u>11/25/19</u> (Date)
The above plan of correction was approved by	<u>JW</u> (Initials)	<input type="checkbox"/> Fully Implemented	
		<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress	
		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

Community Name: Newhaven Court at Lindwood

License Number: 429360

Date of Visit: July 16th and July 17th, 2019

Date of Submission:

1. **Violation Review:** 2600.183 (d) – Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

2. **Violation Interpretative Statement:** On 7/17/19, Resident #3's Ibuprofen 400 mg, take 1 tab 3 times daily routine, was in the home's medication cart; however, the medication was discontinued on 6/26/19.

On 7/17/19, resident #3's Sulfamethoxazole Trimethoprim tabs, take one tab twice daily for ten days, was in the home's medication cart; however, the medication was discontinued on 7/11/19.

On 7/17/19, resident #4's Lorazepam 1 mg tabs, take 4 times as needed, was in the medication cart; however, the medication was discontinued on 10/18/17.

3. **Review the benefit of the Regulation, per RCG:** The benefit of this regulation is to make sure homes have a system in place to remove discontinued medications from the medication carts. The regulation is to also ensure that Residents do not receive a medication that no longer has an active order from a physician and to also ensure that unnecessary medications are being stored in the medication carts.

4. **Description of the Repair of the Immediate Problem:** The discontinued medications for Resident #3 and Resident #4 were immediately removed from the medication carts during the annual inspection.

5. **Determine / document the Root Cause of the Violation:** The root cause of the violation is due to systems not being followed, as well as oversight, to ensure discontinued medications are removed by the medication assistants. A monthly audit of random medication carts should occur to ensure that all medications are current, discontinued medications are removed are removed from the carts, medication labels are matching the physician's order and medication administration records, labels are available on all necessary medications, and medications are available to the Residents. By doing an additional monthly random audit on the carts, we will be able to see patterns, ensure systems are in place as educated, and hold medication assistants accountable for not following policies/procedures.

Authorized Signature



Date:

10/11/19

PLAN OF CORRECTION TEMPLATE

6. Detail Action Steps / System Developed to prevent future occurrence:

- a. **Changing practice?** In addition to the medication assistants, the Resident Wellness Director will now be responsible for doing random monthly medication cart audits, as an oversight to the medication assistants. This will help ensure the task is being completed by adding an oversight process. This will also be in support of the Executive Operating Officer if needed. Should a cart be out of compliance while conducting an audit, both the Resident Wellness Director and Executive Operating Officer will do a full medication cart audit as well as hold medication assistants accountable should non-compliance be found.

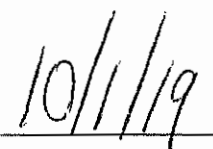
 - b. **Teaching or Training?** Medication assistants and charge personnel were re-educated on this regulation on September 29th, and September 30th, by the Resident Wellness Director. Medication assistants were re-educated on ensuring that all orders match the label, that the appropriate label is being used moving forward, and discontinued medications are removed from the carts. The Resident Wellness Director instructed the medication assistants to notify her when one of these concerns occur to track inconsistencies and to hold medication assistants accountable for not following through our processes and systems. The Resident Wellness Director also educated the medication assistants on the oversight process.

 - c. **On-going Monitoring?** A complete medication cart audit was conducted on August 5, 2019, to ensure that discontinued medications were removed, correct labels are being used, and labels were present on all necessary medications. The Resident Wellness Director will oversee the process by doing random medication cart audits each month to ensure compliance is met. If patterns and non-compliance are found, both the Wellness Director and Executive Operating Office will do a full medication cart audit and will correct any issues that arise during that time. Medication assistants will also be held accountable for not following through with our processes/systems that are already in place.
- 7. Designated position responsible and specify target date for correction.** The medication assistants with oversight by the Resident Wellness Director and Executive Operating Office, if needed moving forward and ongoing.

Authorized Signature _____



Date: _____



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:

Description of Violation

Resident #3 is prescribed Baby Shampoo, scrub in eyelashes twice daily; however, the label indicates scrub in eyelashes twice daily for one week.

Also, resident #3 is prescribed Diazepam 5mg, give 5mg every 4 hours as needed; however, there is no pharmacy label on the medication.

Resident #4 is prescribed Diazepam 2.5mg, take 2.5mg (0.5ml) every 4 hours; however, the label indicates Diazepam 5mg, take 5mg (1ml) every 4 hours.

Also resident #4's Diazepam 5mg does not have pharmacy labels on the medication syringes.

In addition, resident #4 is prescribed Atropine Sulfate 1%, place 2 drops sublingually every two hours as needed; however, the label indicates instill 2 drops every one hour as needed.

Resident #5 is prescribed Metoprolol Tartrate 25mg, take 1 tab twice daily; however, the label indicates take 1/2 tab twice daily.

Also, resident #5 is prescribed Novolog flex pen syringe, three times daily with meals per sliding scale; however, there is no pharmacy label on the medication syringe.

Resident #6 is prescribed Tresiba Flex 100 units/ml, inject 20 units subcutaneously twice daily; however, the label indicates inject 30 units subcutaneously twice daily.

Also, resident #6 is prescribed Humalog 100u/ml Kwikpen, 4 times daily before meals and at bedtime per sliding scale; however, there is no pharmacy label for the medication syringe.

In addition, resident #6 is prescribed Tramadol 50 mg, take 1 tab every 6 hours as needed; however, the label indicates take 1 tab every 4 hours as needed.

Description of Violation (continued)

Repeat Violation: 7/19/18

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.)

See pages 6a, 6b and 6c of 8

Legal Entity Representative

[Handwritten Signature]
Signature

Lori Grant, Executive Operations 10/1/19
Printed Name and Title Date
Office

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The above plan of correction is approved as of 11/25/19
(Date)

Plan of correction implementation status as of 11/25/19
(Date)

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

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

PLAN OF CORRECTION TEMPLATE

Community Name: Newhaven Court at Lindwood

License Number: 429360

Date of Visit: July 16th and July 17th, 2019

Date of Submission:

1. **Violation Review:** 2600 (184.a) The original container for prescription medications shall be labeled with a pharmacy label that includes the following.
2. **Violation Interpretative Statement:** Resident #3 is prescribed Baby Shampoo, scrub in eyelashes twice daily; however, the label indicates scrub in eyelashes twice daily for one week

Also, resident #3 is prescribed Diazepam 5mg, give 5 mg every 4 hours as needed; however, there is no pharmacy label on the medication.

Resident #4 is prescribed Diazepam 2.5 mg, take 2.5 mg (0.5ml) every 4 hours; however, the label indicates Diazepam 5 mg, take 5 mg 1ml) every 4 hours.

Also resident #4's Diazepam 5 mg does not have pharmacy labels on the medication syringes.

In addition, resident #4 is prescribed Atropine Sulfate 1%, place 2 drops sublingually every two hours as needed; however, the label indicates instill 2 drops every one hours as needed.

Resident #5 is prescribed Metoprolol Tartrate 25 mg, take 1 tab twice daily; however, the label indicates take ½ tab twice daily.

Also, resident #5 is prescribed Novolog flex pen syringe, three times daily with meals per sliding scale; however, there is no pharmacy label on the medication syringe.

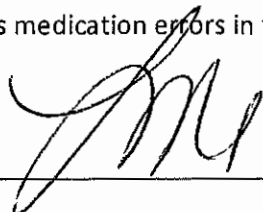
Resident #6 is prescribed Tresiba Flex 100 units/ml, inject 20 units subcutaneously twice daily; however, the label indicates inject 30 units subcutaneously twice daily.

Also, resident #6 is prescribed Humalog 100u/ml Kwikpen, 4 times daily before meals and at bedtime per sliding scale; however, there is no pharmacy label for the medication syringe.

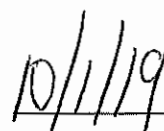
In addition, resident #6 is prescribed Tramadol 50 mg, take 1 tab every 6 hours as needed; however, the label indicates take 1 tab every 4 hours as needed.

3. **Review the benefit of the Regulation, per RCG:** The benefit of this regulation is to help reduce the possibility of the medication being administered to the wrong person or improperly administered. The regulation ensures that medications are stored in their proper container or with a proper label that matches the physician's orders especially when the medication is brought in from a Resident's home or a skilled facility. It also reduces medication errors in the home.

Authorized Signature _____



Date: _____



4. **Description of the Repair of the Immediate Problem:** All medications as noted for Resident #3, #4, #5, and #6 were immediately corrected on July 17th, 2019, by the Resident Wellness Director and Charge Personnel.

A complete medication cart audit was conducted on August 5, 2019 (please see attached audit for verification). Pharmacy labels were added to any medications that were missing a label. For any medication reflecting a label that read 'refer to chart,' the label was removed and replaced with the pharmacy label reading, 'please see MAR' to redirect all medication assistants to the medication administration record to prevent any confusion between the chart and MAR. Any medication found that was discontinued were immediately pulled from the medication carts.

5. **Determine / document the Root Cause of the Violation:** After conducting an audit on August 5th, 2019, we learned that Resident #3 and Resident #4 were hospice Residents using the same hospice agency. The agency was using a different pharmacy to verify standby orders. The home's pharmacy was profiling the orders, which led to the inconsistency via the label versus the order. For Resident #5, the Resident came to us from a skilled facility. The pharmacy label was removed due to not being legible and was replaced with 'refer to MAR' which was handwritten and resulted in the violation instead of obtaining another label.

After completing the medication cart audit, no other discrepancies were found with any other agency. We also learned that the labels were not consistent in which some read 'refer to MAR' while other labels read 'refer to chart.' Any label that read 'refer to chart' were removed and replaced to redirect the medication assistants to the MAR.

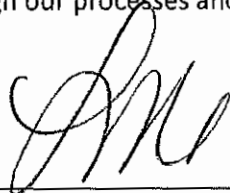
6. **Detail Action Steps / System Developed to prevent future occurrence:**

- a. **Changing practice?** The agency that is serving the two hospice Residents will now use one pharmacy instead of multiple pharmacies so that everything matches and consistency is found (the label, the order, the MAR, etc.). The meeting with the agency took place in August of 2019.

We are no longer using labels that read 'refer to chart.' All labels have been switched over to 'refer to MAR' to prevent any confusion. This is particularly important for Residents who come to our community from home or from another facility.

- b. **Teaching or Training?** Medication assistants and charge personnel were re-educated on this regulation on September 29th, and September 30th, by the Resident Wellness Director. Medication assistants were re-educated on ensuring that all orders match the label, that the appropriate label is being used moving forward, and discontinued medications are removed from the carts. The Resident Wellness Director instructed the medication assistants to notify her when one of these concerns occur to track inconsistencies and to hold medication assistants accountable for not following through our processes and systems.

Authorized Signature _____



Date: _____

10/11/19

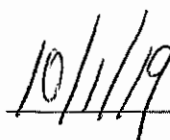
PLAN OF CORRECTION TEMPLATE

- c. **On-going Monitoring?** In addition to the medication assistants ensuring that all necessary processes are in place when it comes to administering Resident medications, the Resident Wellness Director will now be responsible for doing random monthly medication cart audits, as an oversight to the medication assistants. This will help ensure the task is being completed by adding an oversight process. This will also be in support of the Executive Operating Officer if needed. Should a cart be out of compliance while conducting an audit, both the Resident Wellness Director and Executive Operating Officer will do a full medication cart audit as well as hold medication assistants accountable should non-compliance be found.
7. **Designated position responsible and specify target date for correction.** Resident Wellness Director, medication assistants, Executive Operating Officer on August 5th, 2019, moving forward and ongoing.

Authorized Signature _____



Date: _____



190a - Completion Medication Course

Regulations

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A successfully completed the Department-approved medications administration course on 4/26/18, but has not completed a required annual practicum since. Staff person A administered medications to resident #1 at 8:00 am on 7/6/19 and 7/8/19 including the following:

- Citalapram HBR 20mg
- Clopidogral 75mg
- Fexofenadine HCL 180mg

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 pages 7a and 7b of 8

Legal Entity Representative

[Handwritten Signature]

Signature

Lori Grant Executive Operations
Officer 10/1/19

Printed Name and Title

Date

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The above plan of correction is approved as of

11/25/19
(Date)

Plan of correction implementation status as of

11/25/19
(Date)

The above plan of correction was approved by

JW
(Initials)

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

PLAN OF CORRECTION TEMPLATE

Community Name: Newhaven Court at Lindwood

License Number: 429360

Date of Visit: July 16th and July 17th, 2019

Date of Submission:

1. **Violation Review:** 2600.190 (a) A staff person who has successfully completed a department-approved administration course that includes the passing of the department's performance-based competency test within the past 2 years may administer oral, topical, eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2. **Violation Interpretative Statement:** Staff person A successfully completed the department-approved medications administration course on 4/26/18, but has not completed a required annual practicum since. Staff person A administered medications to Resident #1 at 8:00 am on 7/6/19 and 7/8/19 including the following:

Citalapram HBR 20 mg
Clopidogral 75 mg
Fexofenadine HCL 180 mg

3. **Review the benefit of the Regulation, per RCG:** The benefit of this regulation is to show that all medication assistants have successfully completed the department-approved administration course and that all medication assistants are re-checked/observed annually to ensure they continue to understand the medication administration processes when it comes to administering Resident medications.

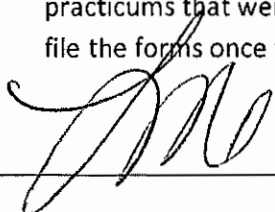
4. **Description of the Repair of the Immediate Problem:** Staff person A's annual practicum was immediately signed/corrected during the annual inspection, by the Resident Wellness Director, on July 17th, 2019. Please see attached annual practicum form for Staff person A for verification.

5. **Determine / document the Root Cause of the Violation:** The Resident Wellness Director completed the annual practicum on April 4, 2019, for Staff person A but failed to sign off next to the date during this time. After conducting an audit on July 17th, 2019, of all annual practicum forms, no other missing signatures were found.

6. **Detail Action Steps / System Developed to prevent future occurrence:**

- a. **Changing practice?** The Resident Wellness Director is responsible for ensuring that all annual practicums are signed before filing the forms. To ensure that signatures are not missed, the Resident Wellness Director will now notify the Executive Operating Officer of any new annual practicums that were completed. After reviewing, the Executive Operating Officer will then file the forms once the form is verified for completion quarterly.

Authorized Signature _____



Date: _____

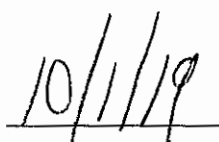


- b. **Teaching or Training?** Resident Wellness Director and Executive Operating Officer reviewed this regulation together on July 17th, 2019.
 - c. **On-going Monitoring?** For oversight, the Executive Operating Officer will review all forms quarterly to verify completion moving forward and ongoing.
7. **Designated position responsible and specify target date for correction.** Resident Wellness Director and Executive Operating Officer on July 17th, 2019, moving forward and ongoing. The Executive Director conducted an additional audit on September 28, 2019, in which compliance for this regulation was found.

Authorized Signature _____



Date: _____



225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident #1's annual assessment, dated 6/14/19, does not include the diagnoses of hypertension and anxiety as indicated on the medical evaluation dated 4/10/19.

Resident #7's annual assessment, dated 7/2/19, does not include the medical diagnoses of pancreatitis, diastolic congestive heart failure, and constipation as indicated on the medical evaluation dated 9/24/18.


Repeat Violation: 7/19/18

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.)

See pages 8a and 8b of 8

Legal Entity Representative


Signature

Lehi Grant Executive Operations *11/1/19*
Printed Name and Title Office Date

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

The above plan of correction is approved as of 11/25/19
(Date)

Plan of correction implementation status as of 11/25/19
(Date)

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

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

Community Name: Newhaven Court at Lindwood

License Number: 429360

Date of Visit: July 16th and July 17th, 2019

Date of Submission:

1. **Violation Review:** 2600.225c. The Resident shall have additional assessments as follows:
2. **Violation Interpretative Statement:** Resident #1's annual assessment, dated 6/14/19, does not include the diagnosis of hypertension and anxiety as indicated on the medical evaluation dated on 4/10/19.
3. **Review the benefit of the Regulation, per RCG:** The benefit of this regulation is to ensure the Resident Assessment Support Plan carries over all necessary information reflected on the medical evaluation, which includes medication administration, allergies, safety around poisonous items, dietary needs, diagnoses, appropriate program for the Resident, list of medications, positioning if needed, and mobility needs. The medical evaluation is the first step in creating a Resident Assessment Support Plan in which the information on both forms match.
4. **Description of the Repair of the Immediate Problem:** Resident #1's missing diagnosis of hypertension was immediately added to the Resident Assessment Support Plan during the DHS annual inspection on July 17th, 2019. Resident #7's missing diagnoses of pancreatitis, diastolic congestive heart failure, and constipation were immediately added to the Resident Assessment Support Plan also on July 17th, 2019. Please see attached RASPs for verification.
5. **Determine / document the Root Cause of the Violation:** The root cause of the violation was due to missing diagnosis that should have been carried over from the medical evaluation. A system to ensure that all necessary information carried over to the support plan was not in place.
6. **Detail Action Steps / System Developed to prevent future occurrence:**
 - a. **Changing practice?** The Resident Wellness Director is responsible for completing the Resident Assessment Support Plan on all Residents. It is her responsibility to ensure that all necessary information is carried over to create thorough Resident Assessment Support that reflects the needs of each Resident. Moving forward, before the Resident Wellness Director gives the Resident Assessment Support Plans to the Unit Clerk for signature, the Resident Wellness Director will give the Executive Operating Officer the document to ensure that all necessary diagnoses are present and reflect the diagnoses as stated on the medical evaluation.

Authorized Signature _____



Date: _____

10/1/19

PLAN OF CORRECTION TEMPLATE

In addition, the Executive Operating Office and Resident Wellness Director will each do a random check of 5 Resident Assessment Support Plans each month to verify that compliance was met. Should any concerns be noted at that time, a full audit will be complete, and any concerns will be corrected. On August 1st, an audit of all Resident Assessment Support Plans was conducted by the Resident Wellness Director. Please see attached audits for verification of compliance. Any concerns found were immediately corrected.

- b. **Teaching or Training?** Resident Wellness Director and Executive Operating Officer reviewed this regulation together on July 17th, 2019.
 - c. **On-going Monitoring?** For oversight, the Executive Operating Officer will review 5 random Resident Support Plans monthly in addition to the Resident Wellness Director's monthly audit moving forward.
7. **Designated position responsible and specify target date for correction.** Resident Wellness Director and Executive Operating Officer on August 1st, 2019, moving forward and ongoing. Please see additional Resident Assessment Support Plans, attached, to verify compliance.

Authorized Signature



Date:

10/1/19