



MAILING DATE: November 21, 2019

Ms. Janet Stockhausen  
Compliance Officer  
Paramount Senior Living at Peters Township, LLC  
240 Cedar Hill Drive  
McMurray, Pennsylvania 15317

RE: Paramount Senior Living  
at Peters Township  
Certificate #: 443460

Dear Ms. Stockhausen:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on August 13, 2019; August 14, 2019 and October 15, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in blue ink that reads "Jon B. Kimberland". The signature is written in a cursive style.

Jon Kimberland  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

Received BHSL  
10/7/19

## Facility Information

Name: *PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP*  
Address: *240 CEDAR HILL DRIVE,, MCMURRAY, PA 15317*  
County: *WASHINGTON*                      Region: *WESTERN*

License Number: *44346*

## Administrator

Name: *Nancy Scenna*                      Phone: *7249691040*                      Email: *NSCENNA@PARAMOUNTSL.NET*

## Legal Entity

Name: *PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP LLC*  
Address: *240 CEDAR HILL DRIVE, MCMURRAY, PA, 15317*

## Certificate(s) of Occupancy

Type: *I-1*                      Date: *11/16/2011*                      Issued By: *Peters Township*

## Staffing Hours

Resident Support Staff:                      Total Daily Staff: *159*                      Waking Staff: *119*

## Inspection

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

## Inspection Dates and Department Representative

*08/13/2019 - On-Site: Vicki Siegert, Jan Cutter, Mike Marini*  
*08/14/2019 - On-Site: Vicki Siegert, Jan Cutter, Mike Marini*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *109*                      Residents Served: *92*

### Secured Dementia Care Unit

In Home: *Yes*                      Area:                      Capacity: *24*                      Residents Served: *23*

### Hospice

Current Residents: *10*

### Number of Residents Who:

Receive Supplemental Security Income: *0*                      Are 60 Years of Age or Older: *91*  
Diagnosed with Mental Illness: *1*                      Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *67*                      Have Physical Disability: *1*

42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

Residents #1 and #6 share resident room #203. On 8/13/19 at approximately 11:10 a.m., there were two portable commodes in the room (one for each resident) that the residents use during the night. There is no means to provide privacy while toileting at these commodes.

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 2A of 10

*see attached*

Legal Entity Representative

*Nancy Sunna*  
Signature

Nancy Sunna PCA  
Printed Name and Title

9/18/19  
Date

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

The above plan of correction is approved as of 10/7/19  
(Date)

Plan of correction implementation status as of 11/15/19  
(Date)


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

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

Plan of Corrections for Violation of Regulation 42.s

- Violation immediately corrected by removing bedside commode and residents using bathroom at all times
- No residents using BSC in studio apartments
- Nursing Staff will be educated on privacy for residents 9/23/19
- Resident Care Manger or designee will audit privacy during care monthly for 3 months
- Resident Privacy will be added to the Quality Assurance Program for 2 Quarters and monitored by the Executive Director

*N. Senna* 10/7/19

11/15/19 

65g - Annual Training Content

Regulations

- 2600.
  - 65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
    1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

Direct care staff person A, hired 2/23/12, received fire safety training for the 1/1/18 – 12/31/18 staff training year through an online video at "Paramount University." However, the video was not accompanied by an onsite staff person trained by a fire safety expert.

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 10

*See attached*

Legal Entity Representative

*Nancy Scenna*  
Signature

*Nancy Scenna PCA*      *9/18/19*  
Printed Name and Title      Date

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The above plan of correction is approved as of 10/7/19  
(Date)

Plan of correction implementation status as of 11/15/19  
(Date)


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

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

Plan of Corrections for violation of regulation 65.g

- Annual Fire Safety training will be conducted by staff member who attended the Fire Safety Training (4 managers trained) on November 5, 2019 and during the rest of November
- Staff person A is no longer employed as of 10/3/19
- Moving forward all staff will attend the Annual Fire Safety training held by one of the trained Fire Safety Experts in November
- Executive Director educated Maintenance Manager on need for face to face fire safety education annually
- All staff educated on need for face to face annual fire safety education
- Business Office Manager or designee will monitor compliance with annual education of all employees

*M Scenna* 10/7/19

11/15/19 

65i - Training Record

Regulations

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

Direct care staff person A's training record for the 1/1/18-12/31/18 staff training year indicates that in excess of 18 hours of training were provided on 11/10/18. Twelve hours of this training was obtained through "Paramount University" online program for the required topics in 2600.65f but does not indicate the actual dates that each training topic was completed. The training record indicates that an additional 6 hours of training relating to dementia care required by 2600.236 were also provided on 11/10/18. However, this section does not indicate the source(s) that provided these trainings. The section of the training documentation that indicates training for "(1) Fire Safety, (2) Resident Rights, (3) Emergency Preparedness, (4) Mandatory Reporting of Abuse & Neglect under OPASA-ACT 13, (5) Falls & Accident Prevention (6) Bloodborne Pathogens, (7) OSHA Training and (8) New Population Group - if applicable" does not indicate the length of each course.

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 4A of 10

*See attached*

Legal Entity Representative

*Nancy Scenna*  
Signature

*Nancy Scenna PCA*      *9/18/19*  
Printed Name and Title      Date

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(Date)

Plan of correction implementation status as of 11/15/19  
(Date)

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

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


Plan of Corrections for violation of regulation 65.i.

Employees had 2 months to complete their annual education in Paramount University. It does not track time or number of days. Monthly staff meetings did review education. Moving forward we are going back to old practice of:

Employee A did also receive monthly education with Paramount University. Corrections to her Annual Training Sheet provided. Employee A is no longer with us as of 10/3/19.

1. Annual education will be held in November with a face to face meeting with Fire Trained staff
2. Monthly educating will be provided by the Resident Care Manager or designee for nursing staff
3. Nursing Staff will sign their training record monthly after completing their education
4. All staff Training Records will be reviewed and corrected by November 30, 2019 by Resident Care Manager or designee
5. Resident Care Manager or designee will audit Training Record every 2 months for completion
6. Training Compliance will be added to the Quality Assurance Program quarterly, monitored by the Executive Director

*Nancy Lanza* 10/7/19

11/15/19 

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 8/4/19 at 6:19 a.m., resident #7's glucometer was used to measure resident #8's blood glucose level.

On 8/4/19 at 5:56 a.m., resident #7's glucometer was used to measure resident #9's blood glucose level.

On 8/13/19 at approximately 11:00 a.m., there was a strong smell of urine in resident room #202.

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 10

*See attached*

Legal Entity Representative

*Nancy Sunna*  
Signature

Nancy Sunna  
Printed Name and Title

PCT

9/18/19  
Date

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

The above plan of correction is approved as of 10/7/19  
(Date)

Plan of correction implementation status as of 11/15/19  
(Date)

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

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

Plan of Corrections for violation of Regulation 85.a

- Resident Care Manager immediately corrected violation by replacing resident's glucometer. All residents have their own glucometer, labeled with their name on the case and the monitor itself as well as having their own supplies
- Family notified
- Resident Care Manager educated nursing staff on 8/15/19 on proper identification of residents and assuring they have the correct glucometer for the correct resident
- Resident Care Manager notified house physician of use of resident's glucometer on 2 other residents. Physician did not feel lab work was indicated
- Resident Care Manager or designee will monitor all med passers during an accucheck starting with resident and glucometer identification, correct date/time on glucometer, the actual accucheck, documentation of accucheck and administration of insulin weekly for eight weeks, every two weeks for eight weeks, then monthly for 3 months. Resident Care Manager or designee will then perform monthly observation
- Housekeeping Manager immediately corrected urine smell in room 202 with performing a deep clean of room
- Housekeeping cleaning room twice a day
- Resident in 202 is on toileting schedule with staff performing bathroom clean after toileting, outside door to remain closed.
- Resident in 202 is moving to a higher level of care by 10/1/19
- Resident Care Manager or Designee will monitor glucometers for accuracy of use, documentation of results twice a week for 3 months, weekly for 3 months, then monthly.
- Housekeeping Manager will round weekly for 3 months to monitor sanitary conditions
- Sanitary Conditions will be added to the Quality Assurance Program and monitored quarterly by the Executive Director

*N. Senna*

10/7/19

11/15/19

*[Signature]*

96b - First Aid Location

Regulations

2600.

96.b. Staff persons shall know the location of the first aid kit.

Description of Violation

At approximately 12:05 p.m., staff persons B, C and D did not know the location of the home's first aid kit.

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 10

*See attached*

Legal Entity Representative

*Nancy Scinna*  
Signature

*Nancy Scinna PCA 11/18/19*  
Printed Name and Title Date

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

The above plan of correction is approved as of 10/7/19  
(Date)

Plan of correction implementation status as of 11/15/19  
(Date)


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

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

Plan of Corrections for violation of Regulation 96.b

- Resident Care Manager immediately corrected violation by educating nursing staff on location of first aid kits on 8/15/19
- Maintenance Manger including location of First Aid Kits in new employee orientation and annual education
- Resident Care Manager will educate nursing staff monthly during staff meeting of location of First Aid Kits for 6 months
- Resident Care Manager or designee will audit 5 staff members per week for 3 months on the location of first aid kits

*Nancy Seneca* 9/18/19

11/5/19 

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:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #5 is prescribed Alprazolam (XANAX) 0.25mg tablet – Take 1 tablet (0.25mg total) by mouth nightly as needed for anxiety (Take 1 tab by mouth daily at midnight). However, of the resident’s medication containers label indicated: Alprazolam 0.25mg – Take one tablet by mouth twice daily as needed for anxiety. No “directions changed” sticker present.

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 7A of 10

*See attached*

Legal Entity Representative

*Nancy Senna*  
Signature

*Nancy Senna PCT 9/18/19*  
Printed Name and Title Date

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

The above plan of correction is approved as of 10/7/19  
(Date)

Plan of correction implementation status as of 11/20/19  
(Date)

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

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

Plan of Corrections for violation regulation 184.a

- Violation immediately corrected by staff nurse receiving clarification on order and pharmacy correcting label.
- Resident Care Manager educated nursing staff on redlining and order acknowledgement procedure in September Staff Meeting on 9/11/19
- Resident Care Manager or designee will audit med carts weekly for 2 months then monthly ongoing
- Medication Management will be added to the Quality Assurance Program and monitored quarterly by the Executive Director

*Nancy Senna 9/18/19*

11/20/19



## 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

On 8/14/19 at 10:30 a.m., resident #1's glucometer was calibrated to current date and time when turned on, however, the most recent reading of 221 in the glucometer indicates that it was taken on 3-30 at 12:25 a.m. This reading is entered in the electronic medication administration record (eMAR) for 8/13/19 at 11:30 a.m. The glucometer readings continue to go further back from 3-30.

On 8/14/19, resident #9's glucometer was not calibrated to the current date and time. The glucometer indicated "7:14pm 6/3 156" for the reading entered on the resident's August 2019 eMAR on 8/14/19 at 11:30 a.m.

On 8/14/19 at 12:48 p.m., resident #10's glucometer was not calibrated to the current date and time. The glucometer indicated the date and time was 03-13 12:56 a.m.

On 8/2/19 at 10:51 a.m., resident # 7's blood glucose reading recorded in the resident's glucometer was 157. However, 197 was entered on the resident's August 2019 MAR entry for 8/2/19 at 12:00 p.m.

On 8/7/19 at 6:10 a.m., resident # 8's blood glucose reading recorded in the resident's glucometer was 125. However, 152 was entered on the resident's August 2019 MAR entry for 8/7/19 at 8:00 a.m.

The MAR entry for resident #9's blood glucose reading on 8/10/19 at 11:30 a.m. was 128. However, the corresponding reading in the resident's glucometer was 139.

The MAR entry for resident #9's blood glucose reading on 8/3/19 at 9:00 a.m. was 158. However, the corresponding reading in the resident's glucometer was 138.

The MAR entry for resident #10's blood glucose reading on 8/13/19 at 11:00 a.m. was 248. However, the corresponding reading in the resident's glucometer was 268.

Repeat Violation 8/28/18, et al

### Plan of Correction (POC)

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

See Page 8A of 10

*See attached*

Plan of Corrections for violation of regulation 185.a

- Nursing Staff were educated on 8/15/19 regarding calibration of glucometers and assuring correct date/time with each usage
- Nursing Staff were educated on 8/15/19 regarding need to assure correct result was documented in the resident record
- Resident Care Manager or designee will monitor glucometers for accuracy of date and time, accuracy of resident, and accuracy of result twice a week for 3 months, weekly for 3 months and then monthly
- Glucometers will be added to the Quality Assurance Program and monitored quarterly by the Executive Director

*Nancy Senno*

*8/18/19*

11/20/19

185a - Implement Storage Procedures (continued)

Legal Entity Representative

*Nancy Scenna*  
Signature

Nancy Scenna PCA 9/18/19  
Printed Name and Title Date

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

The above plan of correction is approved as of 10/7/19  
(Date)

Plan of correction implementation status as of 11/20/19  
(Date)

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

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

187d - Follow Prescriber's Orders

Regulations

2600.

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

Description of Violation

Resident #7 is prescribed: Novolog Flexpen syringe – Refer to sliding scale calculator for coverage with meals: <100=HOLD; 101-150=10U; 151-200=12U; 201-250=14U; 250-299=16U; 300-349=18U; >350=20U and call MD.

On 8/6/19 at 11:32 a.m., resident #7's blood glucose reading in his/her glucometer measured 238. However, 148 was entered on the resident's August 2019 MAR and 10 units of Novolog were administered. According to the resident's sliding scale order, 14 units of Novolog should have been administered.

Plan of Correction (POC)

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

See Page 10A of 10

*See attached*

Legal Entity Representative

*Nancy Sanna*  
Signature

Nancy Sanna PCA 9/18/19  
Printed Name and Title Date

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

The above plan of correction is approved as of 10/7/19 (Date)

Plan of correction implementation status as of 11/20/19 (Date)


The above plan of correction was approved by *NS* (initials)

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

Plan of Corrections for violation of regulation 187.d

- Resident #7 had no ill effects or negative impact regarding covered with wrong dose of insulin
- Resident 's family and MD notified and Incident Report Completed
- Nursing Staff educated on 8/15/19 regarding glucometer documentation and double checking entry and insulin coverage to assure proper medication administration
- Resident Care Manager or designee will monitor process from beginning with identification of resident and glucometer, correct date and time on glucometer, performing accu check, documenting accu check and administration of insulin weekly with all med passers for 8 weeks, every two weeks for eight weeks, then monthly.
- Resident Care Manager or designee will monitor glucometers for accuracy of use, accuracy of documentation, accuracy of date and time twice a week for 3 months, weekly for 3 months then monthly
- Glucometers use will be added to the Quality Assurance Program and monitored quarterly by the Executive Director

*M. Sanna* 10/7/19

11/20/19 

## Violation Report

### Facility Information

Name: *PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP*  
Address: *240 CEDAR HILL DRIVE,, MCMURRAY, PA 15317*  
County: *WASHINGTON*                      Region: *WESTERN*

License Number: *44346*

### Administrator

Name: *Nancy Scenna*                      Phone: *7249691040*                      Email: *NSCENNA@PARAMOUNTSL.NET*

### Legal Entity

Name: *PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP LLC*  
Address: *240 CEDAR HILL DRIVE, MCMURRAY, PA, 15317*

### Certificate(s) of Occupancy

Type: *I-1*                      Date:                      Issued By:  
Type: *I-2*                      Date: *11/16/2011*                      Issued By: *Peters Township*

### Staffing Hours

Resident Support Staff:                      Total Daily Staff: *143*                      Waking Staff: *107*

### Inspection

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

### Inspection Dates and Department Representative

*10/15/2019 - On-Site: Vicki Siegert, Mike Marini*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *109*                      Residents Served: *83*

#### Secured Dementia Care Unit

In Home: *Yes*                      Area: *Memory Care*                      Capacity: *34*                      Residents Served: *22*

#### Hospice

Current Residents: *10*

#### Number of Residents Who:

Receive Supplemental Security Income: *0*                      Are 60 Years of Age or Older: *83*  
Diagnosed with Mental Illness: *0*                      Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *60*                      Have Physical Disability: *1*

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

At 2:25 p.m., there was a bottle of Polyethylene glycol 3350 with prescription label for resident #1 that indicates – Mix 17 grams (one capful) into 4-9 oz of beverage of choice and take by mouth daily as needed for constipation. The resident is no longer prescribed this medication.

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 2A of 6

See attached

Legal Entity Representative

*Nancy Senna*  
Signature

Nancy Senna Resident Care Manager  
Printed Name and Title  
11/7/19 Date

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

The above plan of correction is approved as of 11/13/19 Plan of correction implementation status as of 11/15/19  
(Date) (Date)

The above plan of correction was approved by *NS*  Partially Implemented - Adequate Progress  
(Initials)  Fully Implemented  Partially Implemented - Inadequate Progress  Not Implemented

Plan of Correction for violation of Regulation 183.d

- Violation was immediately corrected by removing medication
- Nurse responsible for 2 West Cart performed audit on cart and is auditing weekly
- All med carts are being audited weekly for 2 months then every 2 weeks for 2 months then monthly if no violations are found. Audits performed by Resident Care Manager or designee
- Cart audits will be added to Quality Assurance Program

Nancy Sunna 11/7/19

11/5/19



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 #1 is prescribed Iprat-albut 0.5-3(2.5)mg/3ml – Use 1 vial via neb every 4 hour as needed. However, at approximately 2:20 p.m., there was a box of this medication with a prescription label that indicates - Iprat-albut 0.5-3.2(2.5)mg/3 – Inhale the contents of one unit dose vial via nebulizer every four hours. The label does not indicate "as needed." No directions changed sticker was on this box of medication.

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

*Nancy Scenna*  
Signature

*Nancy Scenna Resident Care Manager*  
Printed Name and Title  
*11/2/19* Date

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

The above plan of correction is approved as of 11/13/19 (Date) Plan of correction implementation status as of 11/20/19 (Date)

Fully Implemented


The above plan of correction was approved by *[Signature]* (Initials)

Not Implemented

Plan of Corrections for violation of Regulation 184.a

- Violation immediately corrected with change of directions label and PRN added
- Nurse responsible for 2 West Cart performed chart audit and corrected any issues and is auditing weekly
- Resident Care Manager or designee will audit all med carts twice a week for 8 weeks, then weekly.
- Cart audits will be added to Quality Assurance Program

*Nancy Simma 11/19/19*

11/20/19 

## 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 is ordered Novolog 4 times a day before meals and at bedtime [with sliding scale coverage] 70-140 – 0; 141-180 – 3U; 181-220 - 6U; 221-260 – 9U; 261-300 – 12U; 301-340 – 15U; 341-400 – 18U; if over 400 notify MD. The resident's blood glucose reading as indicated in his/her glucometer on 10/7 at 2:31 p.m. was 211; the entry in the resident's MAR for 10/7/19 at 2:00 p.m. was 221.

Resident #2 is ordered blood glucose checks four times daily with meals and at bedtime. The blood glucose values indicated in the resident's glucometer were incorrectly entered onto the resident's October 2019 MAR as follows:

No corresponding glucometer reading for MAR entry for 10/13/19 at 9:00 a.m. – 84

Glucometer reading on 10/10/19 at 7:35 p.m. – 183; MAR entry for 10/10/19 at 8:00 p.m. – 187

No corresponding glucometer reading for MAR entry for 10/10/19 at 4:00 p.m. - 232

Glucometer reading 10/9/19 at 10:48 a.m.- 176; MAR entry for 10/9/19 at 11:30 a.m. – 179

Glucometer reading 10/4/19 at 7:41 p.m. – 284; MAR entry for 10/4/19 at 8:00 p.m. - 274

Resident #3 is ordered blood glucose checks three times daily at 8:00 a.m., 12:00 p.m. and 4:00 p.m. The blood glucose values indicated in the resident's glucometer were incorrectly entered onto the resident's October 2019 MAR as follows:

Glucometer reading on 10/15/19 at 5:20 a.m. – 72; MAR entry for 10/15/19 at 8:00 a.m. – 92

Glucometer reading on 10/12/19 at 11:17 a.m. – 209; MAR entry for 10/12/19 at 12:00 p.m. – 201

No corresponding glucometer reading for MAR entry for 10/09/19 at 4:00 p.m. – 247

Glucometer reading on 10/05/19 at 3:47 p.m. – 109; MAR entry for 10/05/19 at 4:00 p.m. – 104

Glucometer reading on 10/02/19 at 3:30 p.m. – 128; MAR entry for 10/02/19 at 4:00 p.m. – 123

Resident #4 is ordered blood glucose checks twice daily before breakfast and dinner. The blood glucose values indicated in the resident's glucometer were incorrectly entered onto the resident's October 2019 MAR as follows:

Glucometer reading on 10/11/19 at 3:30 p.m. – 128; MAR entry for 10/11/19 at 4:00 p.m. – 129

Glucometer reading on 10/02/19 at 5:53 a.m. – 109; MAR entry for 10/2/19 at 8:00 a.m. – 106

See Page 4A of 6

Plan of Corrections for violation of Regulation 185.a

- Violation corrected
- Resident Care Manager or designee observing med passers weekly during glucometer use and sliding scale coverage for proper procedure for 4 weeks then monthly
- Resident Care Manager reviewed glucometer practice at 11/1/19 Staff Meeting
- Employees found to not be following policy during audits/observation will be placed in the Employee Discipline Process by the Resident Care Manager and reeducated
- Resident Care Manager or designee conducted glucometer audits twice a week until 11/10/19. Audits starting 11/11/19 will be daily for 2 months then twice a week for 4 weeks then weekly. Audits include correct glucometer, correct day and time, correct time of accu check, correct documentation of reading and correct coverage.
- Staff must have witness when recording glucometer reading and insulin coverage
- Glucometers have been added to the Quality Assurance Program

*Nancy Sunna 11/19/19*

11/20/19



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 attached

Legal Entity Representative

*Nancy Scenna*  
Signature

Nancy Scenna Resident Care Manager  
Printed Name and Title  
11/7/19 Date

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

The above plan of correction is approved as of 11/13/19  
(Date)

Plan of correction implementation status as of 11/20/19  
(Date)

Fully Implemented

The above plan of correction was approved by *[Signature]*  
(Initials)

Not Implemented

187d - Follow Prescriber's Orders

Regulations

2600.

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

Description of Violation

Resident #2 is ordered Novolog Flexpen Syringe – Inject SUB-Q per sliding scale with meals and at bedtime; BG < 149=0; 150-200=2UNITS; 201-250=4U; 251-300=6U; 301-350=8U; 351-400=10U. On 10/5/19 at 4:25 p.m., the resident's blood glucose reading as indicated on his/her glucometer was 225. However, the blood glucose value entered on the resident's October 2019 Medication Administration Record (MAR) for 10/5/19 at 4:00 p.m. was 252. The resident was therefore administered 6 units of novolog, but according to the resident's sliding scale coverage, only 4 units of novolog should have been administered.

Plan of Correction (POC)

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

See Page 6A of 6

See attached

Legal Entity Representative

*Nancy Senna*  
Signature

Nancy Senna Resident Care Manager  
Printed Name and Title  
11/7/19 Date

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

The above plan of correction is approved as of 11/13/19 (Date) Plan of correction implementation status as of 11/20/19 (Date)

Fully Implemented

The above plan of correction was approved by

*NS*  
(Initials)

Not Implemented

Plan of Corrections for violation of Regulation 187.d

- Incident Report completed and sent to DHS by Resident Care Manager
- Employee reeducated by RCM
- Staff reeducated regarding accu checks and sliding scale at 11/1/19 Staff Meeting regarding documentation of results and following MD orders for coverage
- Resident Care Manager will reeducate all med passers on the 5 Rights of Medication Management and Administration by November 25, 2019
- Resident Care Manager will reeducate all med passers on Redlining Orders- checking order against the MAR and the label on the medication
- Cart audits are being conducted twice a week for 8 weeks then weekly to assure orders match the Mar and medication labels
- Staff will be observed weekly for 4 weeks then monthly for 3 months by the Resident Care Manager or designee passing medications and verifying orders
- Medication Errors will be reviewed at monthly staff meetings and are part of the Quality Assurance Program

*Nancy Sanna* 11/19/19

11/20/19 