



pennsylvania
DEPARTMENT OF HUMAN SERVICES

December 11, 2019

Mr. Buddy Minelli
Administrator
Pittston Heavenly Manor, Inc.
51 North Main Street
Pittston, Pennsylvania 18640

RE: Pittston Heavenly Manor
License #: 218690

Dear Mr. Minelli:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 14, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

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

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *PITTSTON HEAVENLY MANOR*
Address: *51 NORTH MAIN STREET,, PITTSTON, PA 18640*
County: *LUZERNE* Region: *NORTHEAST*

License Number: *21869*

Administrator

Name: *Michelle Burke* Phone: *5706550272* Email: *SEMPEFI92@AOL.COM*

Legal Entity

Name: *PITTSTON HEAVENLY MANOR INC*
Address: *51 NORTH MAIN STREET, PITTSTON, PA, 18640*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *05/10/1990* Issued By: *PA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *54* Waking Staff: *41*

Inspection

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

Inspection Dates and Department Representative

08/14/2019 - On-Site: Ann O'Haire, Ryan Yankow

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *55*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *26*

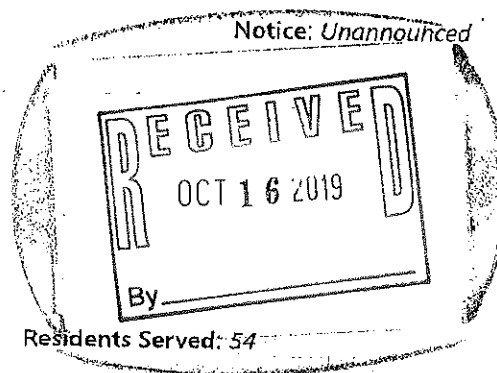
Diagnosed with Mental Illness: *49*

Have Mobility Need: *0*

Are 60 Years of Age or Older: *30*

Diagnosed with Intellectual Disability: *4*

Have Physical Disability: *7*



08/14/2019

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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 3/7/19 was not posted in a public conspicuous place in 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.)

The violation reports will be hung on bulletin board for review and be checked daily to ensure if they were removed that ~~as~~ they are put back to original ~~step~~ spot.

Legal Entity Representative

Michelle Burke

Signature

Michelle Burke Admin

Printed Name and Title

10/16/19

Date

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

The above plan of correction is approved as of 10-18-19 (Date)

Plan of correction implementation status as of 10-18-19 (Date)

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

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

08/14/2019

2 of 19

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The batteries in the Carbon Monoxide detector located in the hallway of the laundry room and boiler room were dated 9/12/17. The batteries need to be changed annually as required by The Care Facilities Carbon Monoxide Standards Act.

The influenza poster was not posted in a public conspicuous area of the home as required by the Influenza Awareness Act.

Plan of Correction (POC)

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

The facility will change and date all batteries in July to ensure that all Carbon monoxide detectors are all in working order and fresh batteries are in compliance. The influenza poster will be posted on bulletin board where all can see.

***Within 5 days of receipt of the plan of correction:

The administrator shall check weekly x 6months to ensure ongoing compliance.

10-18-19 - MM

Legal Entity Representative

Michelle Burke
Signature

Michelle Burke Admin
Printed Name and Title

9/30/19
Date

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63a - First Aid/CPR Training

Regulations

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

The home has a census of 54 residents and is required to have 2 CPR /First Aid trained staff on site at all time. On 08-18-19 Staff person "A" worked the 3:00PM to 11:00PM and did not have training in CPR/First aid.

Plan of Correction (POC)

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

The staff member A will be trained when returns to facility currently left for maternity leave. In the future, all staff will be trained before covering floors when hired and finished with orientation. ~~Orientation~~ The administration will make sure that everyone is up to date.

Legal Entity Representative

Michelle Burke
Signature

Michelle Burke Admin 10/16/19
Printed Name and Title Date

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64c - Annual Training

Regulations

2600.

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

Description of Violation

Staff person "B" the home's administrator did not have a record of their annual administrator training for the training year 2018.

Plan of Correction (POC)

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

The administrator did not full fill the hours required for 2018. The administrator will complete 2019 requirements plus the additional hours for 2018. In the future, the head administrator will check to make sure the hours complete. The admin had a couple hours of training trying to find training in the area.

***Immediately:

The administrator will have (24 hours) of training from a source approved by the Department TRAINING YEAR 2018 and (24 hours) of training from a source approved by the Department TRAINING YEAR 2019.

Proof of training shall be submitted to the Department's regional office by 12-31-19. Proof of training shall be maintained by the home and made available to the Department upon request.

In the future, the administrator will have at least 24 hours of training from a source approved by the Department in each training year 10-18-19 --MM

Legal Entity Representative

Michelle Burke
Signature

Michelle Burke Admin
Printed Name and Title

9/30/19
Date

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(Initials)

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Not Implemented

65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.

Description of Violation

Staff person "C" -an ancillary staff person did not have a record that they attended required topics for training year 2018: Fire safety; Emergency Preparedness; Resident Rights; Older Protective Services Act and Falls and accident prevention.

Plan of Correction (POC)

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

The attached are the training for staff person "C" for the required topics. The main admin for Pittston Manor was covered by head administrator and all training not in appropriate book. This administrator will make sure all training in one area designated by head administrator for this occurrence not to happen again. The head administrator will check to ensure compliance.

Legal Entity Representative

Michelle Burke

Signature

Michelle Burke Adm.

Printed Name and Title

9/30/19

Date

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08/14/2019

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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 bathroom light located in room #212 is very dim and flickers when it is turned on. The amount of light provided is inadequate.

Plan of Correction (POC)

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

The electricians came in and fixed unit above sink for adequate lighting. Med tech and Administrators will do rounds to check to make sure all lighting is in compliance.

Legal Entity Representative

Michelle Burke
Signature

Michelle Burke Admin 9/20/19
Printed Name and Title Date

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(Initials) Partially Implemented - Adequate Progress
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 Not Implemented

92 - Windows

Regulations

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

A hole, about 1.5 by 1.5 inches was in the screen of the window in room #212, allowing for the penetration of insects and rodents.

Plan of Correction (POC)

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

The screen was fixed in Rm 212 and the housekeeper will check screens daily and report to med tech to obtain repair. Admin will maintain compliance when doing rounds to make sure rooms are in good repair.

Legal Entity Representative

Michelle Burke
Signature

Michelle Burke Admin 9/30/19
Printed Name and Title Date

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		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

101j1 - Mattress Fire Retardant

Regulations

2600.

101j. Each resident shall have the following in the bedroom:

- 1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

Description of Violation

Resident #1's mattress is torn down the center in multiple places. The mattress is not in good repair.

Plan of Correction (POC)

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

The resident's mattress is replaced. Each time house-keeping changes the resident sheet, which is once a week, they will be responsible to notify med tech and med tech will let owner know for the need of new mattress. Administrator will also go and check beds to make sure they are in good repair.

Legal Entity Representative

Michelle Burke
Signature

Michelle Burke Admin
Printed Name and Title

9/30/19
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103f - Refrigerator/Freezer Temps

Regulations

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At approximately 2:20pm the temperature measured 58 degrees Fahrenheit in the double refrigerator located in the kitchen. At approximately 2:55pm the temperature measured 42 degrees Fahrenheit.
At approximately 2:20pm the temperature measured 40 degrees Fahrenheit in the freezer located in the kitchen. At approximately 2:55pm the temperature measured 30 degrees Fahrenheit.

Plan of Correction (POC)

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

The violation occurred with refrigerator due to needing new thermometer. The refrigerator is now at proper temperature will check thermometers on monthly basis to ensure accuracy in future. The freezer thermometer was replaced and reflected lower temp and then was serviced with new parts added. The temperature to freezer is now accurate. The thermometers will checked on monthly basis for correct function.

Legal Entity Representative

Michelle Burke
Signature

Michelle Burke Admin
Printed Name and Title

9/30/19
Date

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(Initials)

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Not Implemented

132b - Safety Inspection/Fire Drill

Regulations

2600.

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

Description of Violation

The homes most recent fire safety inspection and supervised fire drill conducted by a fire safety expert was conducted on 1/3/18.

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.)

The new letter from the City fire inspector was received after the inspection. The letter is attached. The fire drill by expert was also done at this time. It is all documented on the letter. It was very hard to obtain the letter this year numerous calls were placed to receive it. The new letter we are still waiting for reportedly calling and leaving messages with no answer. Will try to obtain by Nov 10th, 2019

Legal Entity Representative

Michelle Burko
Signature

Michelle Burko Adm
Printed Name and Title

9/30/19
Date

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(Initials)

- Fully Implemented LETTER REC'ED VIA EMAIL
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

08/14/2019

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132c - Fire Drill Records

Regulations

2600.

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

Description of Violation

The fire drill conducted on 7/25/19 doesn't include the amount of staff participating in the fire drill.

Plan of Correction (POC)

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

The staff member will recheck work to make sure each section is filled out properly. In the future, admin will review fire log to ensure its filled out appropriately ---

---Administrator shall review fire drill logs monthly for 6 months.

11-18-19

MM

Legal Entity Representative

Michelle Burke
Signature

Michelle Burke Admin
Printed Name and Title

9/30/19
Date

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- Not Implemented

132d - Evacuation

Regulations

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The fire drills conducted from 1/28/19 - 7/25/19 exceed the maximum evacuation time. The home doesn't have a valid letter from the fire safety expert allowing for additional evacuation time based on the home's physical construction and fire safety features.

Plan of Correction (POC)

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

The fire letter was received after the inspection regarding the time allotted to the building for evacuation of the residents.

LETTER REC'ED VIA EMAIL

Legal Entity Representative

Michelle Burke

Signature

Michelle Burke Admin

Printed Name and Title

9/30/19

Date

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Partially Implemented - Inadequate Progress

Not Implemented

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(Initials)

141b1 - Annual Medical Evaluation

Regulations

2600.

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

Description of Violation

Resident # 2's most recent DME was completed on 5/3/19, the previous was completed on 2/16/18.

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.)

The resident's doctor will notified earlier of resident needing to be seen for physical with paperwork for the state in the future to ensure the facility has the the paperwork in a timely manner.

The administrator shall audit ALL residents records for completed and accurate documentation as outlined by this regulation. The audit shall be conducted weekly for the next 6 months. 10-18-19 - MM

Legal Entity Representative

Michelle Burke
Signature

Michelle Burke Admin
Printed Name and Title

9/30/19
Date

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144c1 - Smoking Area Guidelines

Regulations

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

Numerous extinguished cigarette butts were noted on the ground in the homes designated smoking area.

Plan of Correction (POC)

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

The facility will return back to having staff do 2 hour checks to make sure the area clean and that the residents are utilizing the ash trays and for them.

The administrator or designee shall monitor the homes smoking areas for compliance with this regulation. Monitoring shall be conducted daily for the next 6 months. 10-18-19 - MM

Legal Entity Representative

Michelle Burke
Signature

Michelle Burke Admin
Printed Name and Title

9/30/19
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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 #3 Breo Ellipta Inhaler was opened 01-29-19 and the manufactures directions are to discard after 6 weeks. Resident #4 's Breo Ellipta inhaler had was opened 06-13-19 and the manufacture's directions are to discard after 6 weeks.

Plan of Correction (POC)

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

The resident's inhalers were replaced with new ones. The documentation on box will be both the opening of the inhaler and expiration date. The med will be responsible to read the manufacturer labels to ensure that medication is stored appropriately and disposed of properly.

The administrator shall audit ALL residents records for completed and accurate documentation as outlined by this regulation. The audit shall be conducted weekly for the next 6 months. 10-18-19 - MM

Legal Entity Representative

Michelle Burke
Signature

Michelle Burke Admin 9/30/19
Printed Name and Title Date

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08/14/2019

17 of 19

187d - Follow Prescriber's Orders

Regulations

2600.

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

Description of Violation

Resident # 3 has an order for blood glucose checks three times daily per a sliding scale. On 8/9/19 at 7am the blood glucose was 279. The home administered 4 units of insulin instead of the prescribed 8 units. On 8/6/19 at 11am the blood glucose was 251. The home administered 3 units of insulin instead of the prescribed 8 units.

Plan of Correction (POC)

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

The staff member will be receiving remedial training regarding following doctors orders. The State was notified at time of inspection regarding med error. The doctor was notified of med error at time of inspection. The incident report was sent at time of inspection. Med reviews of Mars will be checked weekly by supervisor and administrative recheck to maintain compliance

The administrator shall audit ALL residents records for completed and accurate documentation as outlined by this regulation. The audit shall be conducted weekly for the next 6 months. 10-18-19 - MM
Legal Entity Representative

Michelle Burke
Signature

Michelle Burke Admin
Printed Name and Title

9/20/19
Date

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252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

Resident # 4's record doesn't include identifying marks if any.

Plan of Correction (POC)

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

The resident was looked over face sheet updated and copy attached. In the future, the charts and face sheets will be reviewed to ensure compliance with regulations.

The administrator shall audit ALL residents records for completed and accurate documentation as outlined by this regulation. The audit shall be conducted weekly for the next 6 months. 10-18-19 - MM

Legal Entity Representative

Michelle Burre
Signature

Michelle Burre Admin
Printed Name and Title

9/30/19
Date

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