



December 3, 2019

Mr. Michael Haas
President
Walden's View North Huntingdon, OPCO, LLC
7990 Route 30 East
North Huntingdon, Pennsylvania 15642

RE: Walden's View at North Huntingdon
License #: 446800

Dear Mr. Haas:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 29, 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

11/1/2019

Violation Report

Western Region Field Office
Bureau of Human Services Licensing

Facility Information

Name: WALDEN'S VIEW AT NORTH HUNTINGDON
Address: 7990 US ROUTE 30,, NORTH HUNTINGDON, PA 15642
County: WESTMORELAND Region: WESTERN

License Number: 44680

Administrator

Name: Jennifer Float Phone: 7248632600 Email: MIKE@WALDENSVIEWCAPITAL.COM

Legal Entity

Name: WALDEN'S VIEW NORTH HUNTINGDON OPCO LLC
Address: 7990 ROUTE 30, NORTH HUNTINGDON, PA, 15642

Certificate(s) of Occupancy

Type: C-2 LP Date: 08/19/2002 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 109 Waking Staff: 82

Inspection

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

Inspection Dates and Department Representative

08/29/2019 - On-Site: Michael Marini, Desmond Grace, Deb McConnell

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 Residents Served: 84

Secured Dementia Care Unit

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

Hospice

Current Residents: 12

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 77
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 25 Have Physical Disability: 0

17 - Record Confidentiality

Regulations

2600.

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

Description of Violation

At 09:00 AM, a narcotics count book was unattended and unlocked on a medication cart in the center hallway by the stairs of the patio on the ground floor. The narcotics count book contained protected information, such as resident #1's narcotics prescriptions.

Plan of Correction (POC)

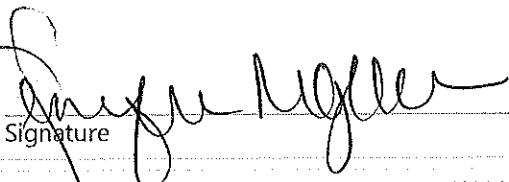
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

1. Narcotic book was locked inside medication cart.
2. Narcotic books are now chained to the inside of the medication cart.
3. During monthly cart audits, Nurse will ensure books are still attached to chain and stored inside cart.

Immediately: A designated staff person shall inspect the home daily to ensure all resident information, including all narcotis count sheets, are kept in an area that is locked.

LM 11/6/19

Legal Entity Representative


Signature

Jennifer Marghiotti, ES
Printed Name and Title

10-30-19
Date

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

The above plan of correction is approved as of 11/8/19
(Date)

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

Plan of correction implementation status as of 11/8/19
(Date)

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

82a - Poisonous Materials

Regulations

2600.

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

Description of Violation

At 11:35 AM, an unlabeled spray bottle containing a blue liquid was located on a shelf under the counter in the bistro. A staff member identified the liquid as glass cleaner.

At 11:45 AM, an unlabeled spray bottle containing clear liquid was located on a shelf under the counter of the bistro. A staff member identified the liquid as all-purpose cleaner with bleach.

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.)

- 1. Both spray bottles were removed and thrown away.
- 2. Before start of shift each day the concierge is in charge of checking all cabinet's located in the bistro and remove any materials that are not permitted. Please see attached document A.
- 3. Executive director and plant supervisor will double check cabinet's daily to confirm all materials have been removed.

Within 7 days of receipt of the plan of correction: All staff persons shall be educated that poisonous materials shall be kept in their original, labeled containers. Documentation of the education shall be kept.

11/6/19
LM

Legal Entity Representative

Signature

Printed Name and Title

Date

Jennifer Margiotti

Jennifer Margiotti, E.D.

10-30-19

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82b - Poisonous Material Storage

Regulations

2600.

82.b. Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

Description of Violation

At 11:05 AM, 9 gallons of emergency water were stored next to numerous poisonous materials on a metal cart in the dry storage area.

At 11:35 AM, a bottle of glass cleaner with a label indicating to contact poison control center or contact a physician if swallowed, was located next to a bottle of wine and ice cream toppings on a shelf in the bistro area.

Plan of Correction (POC)

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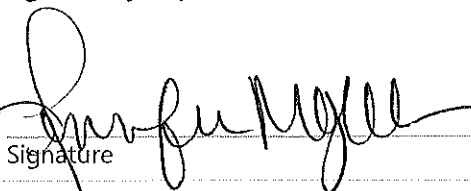
1. All poisonous materials were removed from dry storage and bistro areas.
2. System in place, once a week plant operations will conduct a physical site walk-thru to remove any hazardous or poisonous materials and store them properly.
Please see attached document B.
3. Executive director will receive completed form from plant operations and conduct walk-thru once a month to guarantee all hazardous and poisonous materials are stored away.

Within 7 days of receipt of the plan of correction: All staff persons shall be educated that poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces. Documentation of the education shall be kept.

11/6/19

LM

Legal Entity Representative


Signature

Jennifer Magliotti, E.B.
Printed Name and Title

10-20-19
Date

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85a - Sanitary Conditions

Regulations

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

At 9:15 AM, there was water and a black substance, which appears to be mold, present on the walls and on the rug of the private dining room.

At 10:05 AM, a 1-quart plastic container was observed on a laundry basket in bedroom #115's shared bathroom. The container was covered with dried yellow sticky substance and contained a foul smelling colored liquid that a staff member identified as a resident's phlegm and mucus.

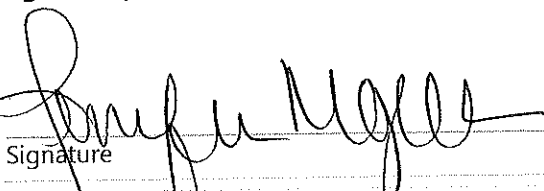
Plan of Correction (POC)

(Attach plan to prevent a

to

1. Walls and carpet have been repaired. Please see attached document C. Container in room 115 was thrown away. Facility provided a new container with an attached lid.
2. System in place, all PTAC units are on a monthly maintenance check. Plant operations are to clean/change filters, remove any access water and replace parts/units as needed. Please see attachment D. System in place for housekeepers to check all rooms weekly, please see attachment E.
3. Executive director, plant operations manager, and housekeeping supervisor will review documents and check rooms monthly to approve new system is working.

Legal Entity Representative


Signature


Jennifer Margalotti, E.D.
Printed Name and Title

10-30-19
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85d - Trash Receptacles

Regulations

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

No lid was present on the trash can in the shared bathroom in bedroom #115. The trash can was approximately 1/4 full of trash.

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.)

1. Lid was placed on trash can.
2. System in place for housekeeping personal to check all rooms weekly, please see attachment E.
3. Housekeeping supervisor and executive director will review documents and perform random room checks daily to certify all rooms are in compliance and system is operational.

Legal Entity Representative

[Handwritten Signature]
Signature

Juniter Maragliotti ED
Printed Name and Title

10.30.19
Date

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(Initials)

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91 - Telephone Numbers

Regulations

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

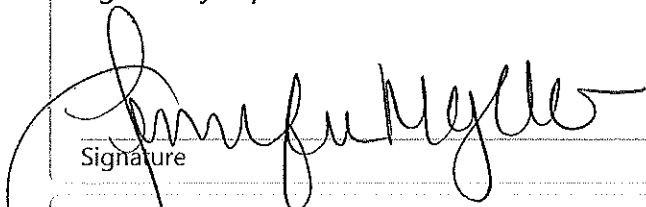
Emergency telephone numbers were not posted by the telephones at the concierge desk and in bedroom #309.

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.)

1. Emergency numbers were posted on 8/29/2019.
2. Checklist created for plant operations to conduct maintenance checks monthly. Part of the walk-thru is to check that all phones have emergency numbers posted. Please see attachment D.
3. Executive director will review completed documents and once a month walk-thru sections of facility to certify compliance.

Legal Entity Representative



Signature

Jennifer Margiotti, ED
Printed Name and Title

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95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

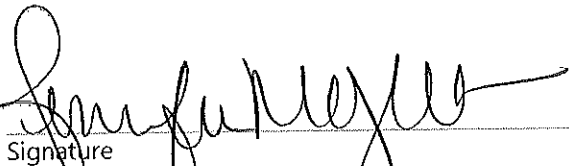
There were 2 air conditioners in windows above the patio entrance to the private dining room, which continuously dripped water onto the patio floor. The water leaked under the door into the private dining room.

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.)

1. All air conditioners in the home have been cleaned. Please see attached invoice, attachment F.
2. System in place, all PTAC units are on a monthly maintenance check. Plant operations are to clean/change filters, remove any access water and replace parts/units as needed. Please see attachment D.
3. Executive Director will observe checklist completion. Select rooms at random once a month to confirm compliance.

Legal Entity Representative


Signature

Jennifer Margliotti, ED
Printed Name and Title

10-30-19
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102i - Soap Dispenser

Regulations

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

At 10:07 AM, an unlabeled green bar of soap was present on the sink of the shared bathroom in bedroom #115.

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.)

1. Facility provided resident with soap container
2. System in place for housekeeping personal to check all rooms weekly, please see attachment E.
3. Housekeeping supervisor and executive director will review documents and perform random room checks daily to certify all rooms are in compliance and system is operational.

Legal Entity Representative

Jennifer Marallo
Signature

Jennifer Marallo, ED 10-30-19
Printed Name and Title Date

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- Not Implemented

103d - Storing Food Off Floor

Regulations

2600.
103.d. Food shall be stored off the floor.

Description of Violation

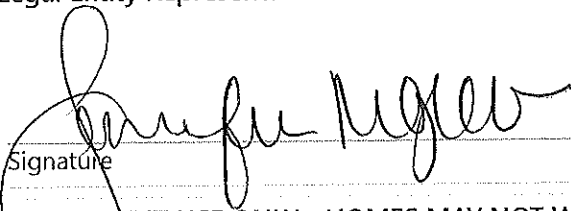
At 11:30 AM, a case of kiwi-strawberry water and a medium sized box of half and half creamer was located on the floor of entryway to the dining in the main kitchen.

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.)

1. Water and creamer were removed from floor and placed on shelf.
2. Daily upon entering kitchen, lead cook is responsible to canvas kitchen storage area ensuring all food is off the floor and placed on shelf.
3. Dietary director and executive director will check kitchen each day that all food is stored properly.

Legal Entity Representative


Signature

Jennifer Margiotti, ED
Printed Name and Title

10-30-19
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- Not Implemented

103e - Left Overs

Regulations

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At 11:25 AM, a large unlabeled and undated container of cooked pasta was located on the second shelf of the walk-in refrigerator.

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.)

1. Pasta was removed from walk – in refrigerator.
2. All dietary cooks were re-educated on 8/30/2019 that all food must be labeled and dated before placed in refrigerator or freezer. Please see attachment G.
3. Dietary director and lead cook will ensure all food is dated and labeled before storage.

by conducting daily checks of all food storage areas, including all refrigerators and freezers. 11/6/19
JM

Legal Entity Representative

Jennifer Marallo
Signature

Jennifer Marallo, ES
Printed Name and Title

10.30.19
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- Not Implemented

107c - Food/Water 3 Day Supply

Regulations

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

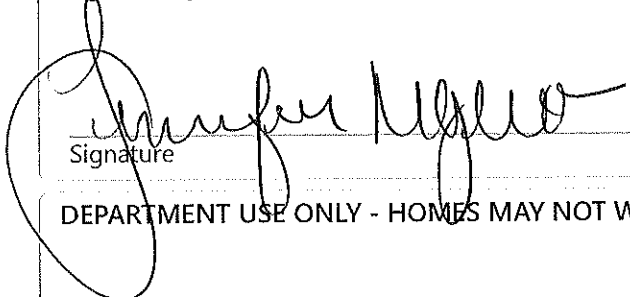
On 8-29-19, the home served 84 residents, requiring a minimum of 252 gallons of emergency drinking water. However, there were only 49 gallons of water on-site. The home does not have a contractual agreement with a water supplier to provide water in an emergency.

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.)

1. A three day supply of water for 89 residents (maximum facility capacity) were delivered on 09/05/2019. Please see attachment H.
2. Once a month Plant operations manager will complete a physical site checklist, attachment B.
3. Plant operations and executive director will confirm checklist is completed monthly. All emergency water is present in the home, unopened and not expired.

Legal Entity Representative



Signature

Jennifer Margalotti, ED

Printed Name and Title

10-30-19

Date

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- Not Implemented

123b - Emergency Procedures Posted

Regulations

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

At 10:00 AM, the emergency procedures for the local municipality were not posted in the conspicuous and public 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.)

1. EOP is now posted in the glass case at the entrance of the home
2. Once a month, executive director will check display case to make sure all mandatory documents are posted
3. Executive director will update or add any new mandatory documents to stay in compliance

Legal Entity Representative

Jennifer Margliotti
Signature

Jennifer Margliotti, ED
Printed Name and Title

10.30.19
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131f - Fire Extinguisher Inspection

Regulations

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher located on the wall at to entrance to the boiler room did not include the date of inspection 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.)

1. Fire extinguisher was dated 09/19/2019 please see attachment I.
2. During annual inspection plant supervisor will look after fire safety expert to make sure all extinguishers have been checked
3. Plant supervisor and executive director will check all extinguishers quarterly to make sure they dated and signed off on and notify fire safety expert if needed.

Within 48 hours of receipt of the plan of correction: A designated staff person shall inspect all fire extinguishers to ensure each extinguisher was inspected and approved by a fire safety expert within the past year. 11/6/19

JM

Legal Entity Representative

Jennifer Margiotti
Signature

Jennifer Margiotti, ES 10-30-19
Printed Name and Title Date

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132e - Fire Drill Sleeping Hours

Regulations

2600.

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

Description of Violation

The most recent fire drill conducted during sleeping hours was on 4-18-19 at 12:38 AM; however, the previous fire drill conducted during sleeping hours was on 9/9/18 at 4:32 AM, which exceeds 6 months.

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.)

- 1. Overnight fire drill was conducted on 10/4/2019. Please see attachment J.
- 2. Reminder set on facility outlook calendar to perform an overnight fire drill on or before April 30th 2020.
- 3. Plant supervisor and executive director will check calendar at the beginning of each month and plan two dates during that time frame weather permitting to guarantee an overnight fire drill is conducted within six months from previous drill.

Legal Entity Representative

Signature

Printed Name and Title

Date

Jennifer Marallo

Jennifer Marallo, ED

10.30.19

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(Initials)

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- Not Implemented

144c2 - Smoking Area Distance

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:

- 2. 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: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

The home's designated smoking area is located outside in the rear of the home, near the dumpsters. However, at 9:00 AM several residents were observed smoking at the emergency exit door of the home.

Plan of Correction (POC)

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

- 1. Residents were moved to smoking area
- 2. During resident council on 09/23/2019, residents were re-educated on where the smoking area is located. Smoking area has been moved further down the sidewalk to decrease chances of blocking exit doors.
- 3. Plant operations, executive director, and staff who are on break will observe smoking area during daily to ensure residents are not blocking emergency exit. and ensure that all residents and staff are only smoking in designated areas. 11/6/19

JM

Legal Entity Representative

Jennifer Marallo
Signature

Jennifer Marallo, ES
Printed Name and Title

10-30-19
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181d -Storing Medication

Regulations

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident #2 self-administers Biotin 10,000 mcg and Centrum Silver women 50+. At 1:15 PM, these medications were stored in an unlocked drawer in her unlocked bedroom.

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.)

1. Resident #2 was supplied with a lock box.
2. During med passing times, med tech will check on resident #2 and confirm medications are stored in lock box. Education shall be provided to all med techs regarding the daily checks. 11/6/19 *JM*
3. Once a month, director of resident care will check lock box to make sure it's in good condition, all medications are available and stored properly.

Legal Entity Representative

Jennifer Margiotti
Signature

Jennifer Margiotti, ES
Printed Name and Title

10-30-19
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(Initials)

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

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's Lantus 100 units/ml insulin pen was not dated when it was opened.

Resident #4's Humalog 100 units/ml insulin pen was not dated when it was opened.

Resident #7's artificial tears 1.4% eyedrops were not dated when it was opened.

Resident #8's Novolog 100 units/ml insulin pen was not dated when it was opened.

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.)

1. All medications were disposed of, facility provided new medication at no cost to residents.
2. Shift supervisor will check all medications daily upon start of shift to confirm dates are written on medications and notify nurse.
3. Nurse and shift supervisor will confirm dates daily. Non dated medications will be disposed of. Medication will be reordered on house account.

Within 7 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be educated on proper procedures for medication storage, which includes procedures to ensure that all insulin, eye drops, ear drops and nose sprays are dated and initialed when opened. The education shall also include medications are disposed of in accordance with manufacturers' instructions and in accordance with 2600.183f. Documentation of the education shall be kept. 11/6/19



183e - Storing Medications (continued)

Legal Entity Representative

[Handwritten Signature]
Signature

Jennifer Marquitti, ED
Printed Name and Title

10.30.19
Date

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JM
(Initials)

Plan of correction implementation status as of
11/8/19
(Date)

- Fully Implemented
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- Not Implemented

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 #3 is prescribed Bumetanide 1 mg-Take 2 tablets by mouth twice a day; however, the pharmacy label indicates Bumetanide 1 mg-Take 2 tablets by mouth every morning and 1 tablet every evening.

Resident #5 is prescribed Lantus 100 units/ml-Inject 10 units subcutaneously daily; however, the pharmacy label indicates Lantus 100 units/ml-Inject 36 units subcutaneously daily.

REPEAT VIOLATION: 9-17-18 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.)

- 1. Direction change sticker was placed on medications
- 2. All medications not supplied from house pharmacy will go directly to nurse to review MAR and label match. During cycle refill monthly, house pharmacy and nurse will check labels and MAR before being placed in cart.
- 3. Nurse will conduct med cart audits monthly to ensure medication labels match MD orders.

Within 7 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be educated on procedures for updating pharmacy labels immediately upon receipt of a change from the prescriber. Documentation of the education shall be kept. 11/6/19

JM

Legal Entity Representative

Jennifer Margiotti

Signature

Jennifer Margiotti, ED 10.30.19

Printed Name and Title

Date

184a - Labeling OTC/CAM (continued)

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

185a - Implement Storage Procedures

Western Region Field Office
Bureau of Human Services Licensing

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

The home's medication policy includes narcotics shift counts. The home failed to complete narcotics shift counts on 8-24-19 on the 3:00 PM – 11:00 PM and 11:00 PM – 7:00 AM shifts and on 8-25-19 on the 3:00 PM – 11:00 PM shift.

Resident #5's glucometer is not calibrated to the current date and time.

Resident #6 is prescribed Albuterol Sulfate 9 mcg-Take 2 puffs every 6 hours as needed for wheezing; however, this medication is not available in the home.

Plan of

(Attach p
prevent

- 1. Shift supervisor position has been implemented
- 2. Oncoming and outgoing shift supervisors will check all narcotic count sheets daily to make sure narcotics are signed off.
- 3. Nurse will check narcotic books daily to verify form is completed.

- 1. Glucometer has been calibrated
- 2. Once a month, night shift supervisor is in charge of checking all glucometers and sign off on attached document. Immediately: A designated staff person shall inspect all resident glucometers to ensure they are calibrated to the current date and time. *AM 11/8/19*
- 3. During monthly cart audits nurse will check glucometers to ensure supervisor is calibrating correctly and documentation is being kept.

- 1. Medication is in the home. Please see attachment
- 2. Med cart audits have been put into place once a month
- 3. Nurse will conduct med cart audits monthly to guarantee medications are in the home.

Within 5 days of receipt of the plan of correction: A designated staff person shall check all resident medication storage areas to ensure all medications issued by the prescriber are present in the home for administration. *AM 11/8/19*

Legal Entity Representative

Jennifer Margallo
Signature

Jennifer Margallo, ED
Printed Name and Title

10-30-19
Date

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187a - Medication Record

Regulations

2600.

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

- 4. Strength.

Description of Violation

Resident #3 is prescribed Lantus 100 units/ml-inject 14 units subcutaneously at bedtime; however, his August 2019 medication administration record for this medication indicates he receives 12 units at bedtime.

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.)

1. Direction change sticker was placed on medications
2. All medications not supplied from house pharmacy will go directly to nurse to review MAR and label match. During cycle refill monthly house pharmacy and nurse will check labels and MAR before being placed in cart.
3. Nurse will conduct med cart audits monthly to ensure medication labels match MD orders.

Within 7 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be re-educated on proper MAR documentation, including procedures for updating resident MAR's immediately upon receipt of a new prescriber order. Documentation of the education shall be kept.

11/6/19
JM

Legal Entity Representative

Jennifer Margallo
Signature

Jennifer Margallo, ED
Printed Name and Title

10.30.19
Date

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187c - Refusal of Medication

Regulations

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #4 refused his medications multiple times in August 2019 to include, at 9:00 AM on 8-8-19, 11:45 AM on 8-9-19, 10:00 AM and on 8-11-19. However, the home failed to notify the prescriber of the resident's refusals.

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.)

1. Prescriber was notified, medication adjustments have been made Staff education was completed on 9/2/19
2. Medication refusal form has been created to notify MD with refusals, please see attachment K. Med techs have been educated to notify nurse of any medication refusals after each med pass.
3. Nurse to check "medication refusal" binder daily to confirm MD has been notified and follow up with suggestions and medication changes.

Legal Entity Representative

Handwritten signature of Jennifer Maralioffi

Signature

Handwritten name: Jennifer Maralioffi

Printed Name and Title

Handwritten date: 10-30-19

Date

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(Date)

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(Initials)

Plan of correction implementation status as of 11/8/19
(Date)

- Fully Implemented
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- 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 #3 is prescribed Bumetanide 1 mg-Take 2 tablets by mouth twice a day. However, the resident was administered Bumetanide 1 mg- 1 tablet twice a day from 8/1/19 through 8/29/19.

Resident #3 is prescribed Lantus 100 units/ml-Inject 14 units subcutaneously at bedtime. However, the resident was administered 12 units at bedtime from 8-1-19 through 8-28-19.

Resident #3 is prescribed Pantoprazole 40 mg-Take 1 tablet by mouth daily. This medication was not administered on 8-15-19, 8-16-19 and 8-18-19, because it was not available in the home.

Resident #3 is prescribed Latanoprost 0.005%-Place 1 drop in both eyes at bedtime. This medication was not administered from 8-5-19 through 8-8-19, because it was not available 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.)

Immediately: The home shall develop and implement procedures to ensure medications are reordered timely and available in the home for administration in accordance with prescribers' orders. All staff persons qualified to administer medications shall be educated on the procedures. Documentation of the education shall be kept. 11/6/19

1. MD was notified for exact prescription, please see attachment L. Medications were ordered on 8/30/2019 and available in the home at 7:30pm on 8/30/2019
2. All medications not supplied from house pharmacy will go directly to nurse to review MAR and label match. During cycle refill monthly house pharmacy and nurse will check labels and MAR before being placed in cart.
Resident #3 POA met with executive director and nurse and discussed medication policy described in resident contract. "If medications aren't available in the home, the home has the right to order medications from house pharmacy".
3. Nurse will conduct med cart audits monthly to ensure medications are available and labels match MD orders.

Within 7 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be re-educated on proper medication administration procedures to ensure all medications are administered in accordance with prescribers' orders. Documentation of the education shall be kept. 11/6/19

Legal Entity Representative

Signature

Printed Name and Title

Date


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Jennifer Worgatti, ES

10.30.19

187d - Follow Prescriber's Orders (continued)

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