pennsylvania
DEPARTMENT OF HUMAN SERVICES

July 21, 2020

Ms. Christine McDonald
Executive Director
Friends Boarding Home of Western Quarterly Meeting
147 West State Street
Kennett Square, Pennsylvania 19348

RE: Friends Boarding Home of Western Quarterly Meeting
License #: 140020

Dear Ms. McDonald:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 5 and 6, 2019, October 10, 2019, and January 28 and 29, 2020 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 (relating to Personal Care Homes) 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,

Jamie L. Buchenauer

Jamie L. Buchenauer
Deputy Secretary
Office of Long-Term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING* License Number: *14002*
Address: *147 WEST STATE STREET,, KENNETT SQUARE, PA 19348*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: *Christine McDonald* Phone: *6104442577* Email: *CMCDONALD@FHKENNETT.ORG*

Legal Entity

Name: *FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING*
Address: *147 WEST STATE STREET, KENNETT SQUARE, PA, 19348*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *03/28/1988* Issued By: *Commonwealth of PA, L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *40* Waking Staff: *30*

Inspection

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

Inspection Dates and Department Representative

09/05/2019 - On-Site: Dean Gray

09/06/2019 - On-Site: Dean Gray

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *68* Residents Served: *40*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

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

On 09/05/19, at 9:00 am, the resident's medication administration records were unlocked, unattended and accessible on the medication carts by the front door.

Plan of Correction (POC)

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

Please see attached pages

A designated staff person will check the home on daily to ensure all resident records and documentation are maintained in a confidential manner in accordance with regulation 2600.17. All staff persons will be educated on the confidentially of resident records and the procedures for maintaining resident records in a secure location, including the home's specific policy and procedures and regulation 2600.17. Documentation of education shall be kept in the staff records.1/11/20 MJ

Legal Entity Representative

Signature [signature] Printed Name and Title Christine McDonald Date 10/18/19

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

The above plan of correction is approved as of 1/11/20 (Date)

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

Plan of correction implementation status as of 1/11/20 (Date)

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

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

ON 09/05/19, at 9:00 am, the resident's medication administration records were unlocked, unattended and accessible on the medication carts by front door.

Plan of Correction (POC)

Facility uses paper Medication Administration Records (MAR) placed in a 3 hole binder. A yellow laminated three -hole punch sheet marked "Privacy Shield". This laminated sheet is found in the front of binder and to be used to cover resident information. This laminated sheet was present. Personal Care Assistant (PCA) who was responsible for the care in question listed in description of violation, had been trained and successfully passed to administer medications per Department of Public Welfare Medication Administration: Getting it right! Lesson 7: Administration and Observation Criteria handout Part 1: Preparation, Step 5 Get Medication/Part 2: Administration, Step8: Check 3 and Part 3: Completion Step 12 Put medication away. In addition, this same PCA had prior knowledge of this "Privacy Shield" method. PCA was given disciplinary warning and verbal counseling concerning protecting resident information and medications. Effective 10/17/19 Friends Home in Kennett Policy of storage and privacy of residents' medications and medical administration records was established to insure the occurrences of future violations. 1/11/20

Legal Entity Representative

Signature | Christine McDonald | 10/18/19

Printed Name and Title | Date

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

On 08/31/19, 09/01/19, 09/02/19, 09/03/19, 09/04/19 and 09/05/19, from 11:00 PM to 7:00 AM, 40 residents were present in the home. During this time no staff persons were present in the home who was certified in first aid, obstructed airway techniques and CPR.

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.)

Please see Attached Sheets

Immediately-The administrator or designee will review the schedule and staff working hours weekly to ensure at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation is present in the home at all times. Adiministrator or designee will reveiw all staff records to ensure documentation of certificate is present.1/11/20 MJ

Legal Entity Representative

Signature [signature] Printed Name and Title Christin McDonald Date 10/18/19

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

Plan of correction implementation status as of 1/11/20 (Date)

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

63a-First Aid/CPR Training

Regulations

2600.

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

Description of Violation

On 08/31/19, 09/01/19, 09/02/19, 09/03/19, 09/04/19, and 09/05/19, from 11:00 PM to 7:00 AM, 40 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid, obstructed airway techniques and CPR.

Plan of Correction (POC)

It was determined by review of employees clocked in and present on each of the days listed, that one employee was certified. Attached is the schedule printed along with their certificates indicating there was one employee who held a current certification. The following employees worked on the days in question: 08/31/19-Vanessa Green (certified) and Mallory Nields (not certified),; 09/01/19 Vanessa Green (certified) and Mallory Nields (not certified), 09/02/19 Aareona Limberry (certified) and Shalimar Hamilton (not certified), 09/03/19 Jamie Garcia (certified), Mallory Nields (not certified),and Karen Chambers (not certified), 09/04/19 Precious Barrolle (certified) and Karen Chambers (not certified), and 09/05/19 Jamie Garcia (certified) and Mallory Nields (no certified). Friends Home in Kennett has since had a licensed CPR/First Aid instructor Judith Somerick BSN to come on premises on September 24, 2019 to certify employees. This is an ongoing process. All PCA's and Facilities Department Night-watch/Maintenance persons will be required to obtain this certification. This certificate will be placed in employees training and Director of Personal Care will track certificates expiration dates in addition to alert employees of training days. Employees will have the opportunity to receive this education independently which Friends Home in Kennett will reimburse providing education is adequate and receipt is present. In addition to tracking tools 1- Annual med tech training sheet and 2-calendar based documentation to document when staff member certificate is expiring. 1/11/20

Legal Entity Representative

Christine McDonald ED 10/18/19

Signature Printed Name and Title Date

89b - Hot Water Temperature

Regulations

2600.

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

Description of Violation

On 09/06/19, the hot water temperature at the bathroom sink in room GC3 measured 123.8 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 water heaters were all adjusted to 110 and an audit will be performed daily to ensure proper water temperature throughout the building.

Attached is the audit form that will be filled out daily effective immediately.

All facilities staff has been educated on the regulation and new procedure

Maintain documentation for Department review. 1/11/20 MJ

Legal Entity Representative

Signature | Christine McArdle, Printed Name and Title | 10/18/19, Date

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

Plan of correction implementation status as of 1/11/20 (Date)

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

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 records for the home do not include 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 and the number of residents evacuated.

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 administrator or designated staff person will implement a fire drill record which indicates and has an area to record all required fire drill information. All staff persons completing the fire drill record will be educated regarding the required information for the fire drill record. Documentation will be kept.1/11/20 MJ

Legal Entity Representative

Signature | Christine McDonald Printed Name and Title | 10/18/19 Date

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

Plan of correction implementation status as of 1/11/20 (Date)

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- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☒ Not Implemented

224a - Preadmission Screen Form

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1 was admitted to the home on 01/14/19; however, the resident's preadmission screening form was completed on 12/03/18.

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.)

Please see attached

Legal Entity Representative

Signature

Christine McArnold 10/18/19

Printed Name and Title Date

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

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The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 1/11/20 (Date)

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

224a-Preadmission Screen Form

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home

Description of Violation

Resident #1 was admitted to the home on 01/14/19 however, the resident's preadmission screening form was completed on 12/03/18.

Plan of Correction (POC)

A Friends Home checklist (Management new admission checklist) has been created to insure proper timely paperwork is accurate and per regulations at time of admission. This checklist will include the date of when paperwork was completed. It was have Friends Home in Kennett Executive Director, Director of Personal Care, and admitting licensed nurse signature indicating all paperwork in the creation of residents chart is to regulations. This checklist can be filed under miscellaneous in residents chart. 1/11/20

Legal Entity Representative

Signature	Printed Name and Title	Date
	Christine McDonald	10/18/19

252 - Record Content

Regulations

2600.

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

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Resident #2's record does not include a photograph of the resident that is no more than 2 years old.

Resident #3's record does not include a photograph of the resident that is no more than 2 years old.

252 - Record Content *(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.)

Office staff has developed an excell sheet with Residents Name Admit date and New photo due date This will be updated annually.
Business Office staff and supervisor educated on new tracking system. 1/11/20 MJ

See attached

Legal Entity Representative

Signature | Christine McDonald, Printed Name and Title | 10/18/19, Date

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

The above plan of correction is approved as of 1/11/20 (Date)

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

Plan of correction implementation status as of 1/11/20 (Date)

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

Violation Report

Facility Information

Name: *FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING* License Number: *14002*
Address: *147 WEST STATE STREET,, KENNETT SQUARE, PA 19348*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: *Christine McDonald* Phone: *6104442577* Email: *CMCDONALD@FHKENNETT.ORG*

Legal Entity

Name: *FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING*
Address: *147 WEST STATE STREET, KENNETT SQUARE, PA, 19348*

Certificate(s) of Occupancy

Type: *Other* Date: Issued By:

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *39* Waking Staff: *29*

Inspection

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

Inspection Dates and Department Representative

10/10/2019 - On-Site: David Carrion

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *68* Residents Served: *39*

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0*
Diagnosed with Mental Illness: *1*
Have Mobility Need: *0*
Are 60 Years of Age or Older: *38*
Diagnosed with Intellectual Disability: *0*
Have Physical Disability: *0*

42b - Abuse

Regulations

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

The home is equipped with alarmed doors that sound when a resident wearing a wander guard exits the home. This is in place to keep residents with a primary diagnosis of dementia from eloping. On September 27, 2019, at 6:04 am, resident #1, who has a diagnosis of dementia and wears a wander guard eloped from the home and was observed wandering and was returned by a neighbor at 6:11 am uninjured. Staff person A ignored the alarm and the pager showing the door from which resident #1 was eloping. Staff person A continued to provide care to other residents.

Plan of Correction (POC)

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

After thorough investigation of the incident Staff person A was terminated for not following our wanderguard policy which could have caused harm to a resident. 1(42.b)
The call bell system and door alarm/security system protocol was reviewed with all staff both verbally and with a written memorandum that each employee signed and returned. 2(42.b)
A new procedure of performing wanderguard drills was developed and initiated 11/15/19. These will be done quarterly or more often as indicated and recorded on the drill record. 3(42.b)

The drill on 11/15 was done but limited due to the resident was not feeling well and we did not want to have her leave her room. Staff went immediately to her room in response to the wanderguard alarm looking for her. Ideally the resident would not be easily located to ensure staff compliance but we wanted to perform the first drill prior to sending this report out. We will perform another drill next week when resident feeling better.

Legal Entity Representative

Signature Christine McDonald ED Printed Name and Title 12/18/19 Date

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

The above plan of correction is approved as of 1/9/20 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 1/9/20 (Date)

[X] Implemented

[ ] Not Implemented

54a - Direct Care Staff

Regulations

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person B, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

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.)

A new hiring policy was developed and implemented 11/13/19 to address the circumstances where an employee presents FH with a degree from a foreign university and does not have a high school diploma or GED. In this case the HR department will obtain documentation that the university is accrediated. See 1(54.a) for Staff B's education qualification.

Legal Entity Representative

Signature [signature] EP Printed Name and Title Christine McDonald EO Date 12/10/19

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

The above plan of correction is approved as of 1/9/20 (Date)

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

Plan of correction implementation status as of 1/9/20 (Date)

[ ] Implemented

[X] Not Implemented

141b1 - Annual Medical Evaluation

Regulations

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on 06/25/19. The resident's previous medical evaluation was completed on 02/07/18.

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.)

Our policies and procedures concerning DME compliance was changed in response to this issue concerning the PCP of resident #1 earlier this year. We now have a Health Center clerk who among other responsibilites is responsible for notifiying families in advance and tracking the receipt of the DME. A formal letter was sent to all our residents PCP to educate them on the importance and legal necessity of compliance. see attachment 1(141.b.1) The Health Center clerk developed a new policy and tracking system to encourage compliance . see attachment 2 and 3 (141.b.1). I have also provided the fax we sent early in 2019 to resident #1's PCP requesting the DME. We also offer the services of Dr. Ginsburg who comes to FH quarterly and has agreed to accomadate our residents but the family did refuse and only wanted their PCP.

Legal Entity Representative

Signature [signature] Printed Name and Title [signature] Date 12/18/19

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

The above plan of correction is approved as of 1/9/20 (Date)

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

Plan of correction implementation status as of 1/9/20 (Date)

X Implemented

Not Implemented

Violation Report

Facility Information

Name: *FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING* License Number: *14002*
Address: *147 WEST STATE STREET,, KENNETT SQUARE, PA 19348*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: *Christine McDonald* Phone: *6104442577* Email: *CMCDONALD@FHKENNETT.ORG*

Legal Entity

Name: *FRIENDS BOARDING HOME OF WESTERN QUARTERLY MEETING*
Address: *147 WEST STATE STREET, KENNETT SQUARE, PA, 19348*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: Issued By:

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *37* Waking Staff: *28*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Incident, POC Verification*

Inspection Dates and Department Representative

01/28/2020 - On-Site: Denise Gillespie, Youn Chung

01/29/2020 - On-Site: Denise Gillespie, Youn Chung

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *68* Residents Served: *37*

Secured Dementia Care Unit

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

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0*
Diagnosed with Mental Illness: *0*
Have Mobility Need: *0*
Are 60 Years of Age or Older: *36*
Diagnosed with Intellectual Disability: *0*
Have Physical Disability: *0*

Christine McDonald EBI PC Admin

2/28/20

89b - Hot Water Temperature

Regulations

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 1/29/2020 at 9:15 A.M., the hot water temperature at the public restroom in front of Executive Director's Office measured 132.8 degrees Fahrenheit and at 9:00 A.M. it was 132.8 degrees Fahrenheit.

On 1/29/2020 at 9:00 A.M., the hot water temperature at the public restroom in front of the 2nd floor office measured 131.7 degrees Fahrenheit and 9:15 A.M. it was 131.7 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 maintenance staff has been trained on testing water temps and are including a more thorough inspection of all common areas

The staff was also trained on how to adjust the water temperature in-case of overheating

Legal Entity Representative

Signature | Printed Name and Title | Date

Christine McCourt ED 2/28/20

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

The above plan of correction is approved as of 7/21/20 (Date)

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

Plan of correction implementation status as of 7/21/20 (Date)

☐ Implemented
☒ Not Implemented

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 record dated 11/24/19 has 38 residents in the home but only 37 residents evacuated. Interviewed the Admin who stated the Staff Person holding the drills is counting the census instead of the actual number of residents present in the home. The home had 37 residents in the home and all 37 evacuated.

The fire drill record dated 12/21/19 has 38 residents in the home but only 30 residents evacuated. Per interview with the Admin only 30 Residents were in the home and all 30 Residents evacuated in that 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.)

Before each drill a more accurate count of residents in the building will be conducted by the facilities director. If there are any differences in the number evacuated and the original head count the drill will be retried within the alloHed time period.

Legal Entity Representative

Signature | Christine McDonald EDIPC Admin | Printed Name and Title | 2/28/20 | Date

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The above plan of correction is approved as of 7/21/20 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 7/21/20 (Date)

☐ Implemented
☒ Not Implemented

187b - Date/Time of Medication Admin.

Regulations

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident # 1 is prescribed Tramadol 50 mg 1 tablet by mouth twice daily. Resident # 1's medication administration record does include the initials of the staff person who administered 11/23/2019 on the medication administration record at 8:00 P.M. This medication was not administered on this date.

Resident # 1 is prescribed Tramadol 50 mg 1 tablet by mouth twice daily. Resident # 1's medication administration record does include the initials of the staff person who administered 12/19/2019 on the medication administration record at 8:00 P.M. This medication was not administered on this date.

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

Signature | Christine McDonald ED | 2/28/20
Printed Name and Title | Date

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

The above plan of correction is approved as of 7/21/20 (Date)

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

Plan of correction implementation status as of 7/21/20 (Date)

☒ Implemented
☐ Not Implemented

Plan of correction 2600.187(b)

The medication technicians involved in the violation for 187b Date/Time of Medication Administration were verbally counseled on the medication administration process. The medication technician who was assigned to resident #1 received a major disciplinary action warning, was taken off the schedule to not work independently, in addition was scheduled three eight hour day shifts to work with a veteran medication technician, overseen by a licensed nurse, to perform remediation of medication administration. This employee was required to perform return demonstration of the medication process in addition to documentation to ensure competency to return to work independently. This remediation was sufficed on January 16, 2020.

Attached are documentation of disciplinary action and Department of Human Services Medication Administration: Getting it Right! Chapter 7 which was reviewed with employees, Friends Home Policy on the role of the cosigner.

Attached is MAR/TAR/Narcotic Count Sheet audit process to ensure direction of the prescriber are being followed. This daily process will begin March 2, 2020.

2/28/20

187d - Follow Prescriber's Orders

Regulations

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident # 1 is prescribed Tramadol 50 mg 1 tablet by mouth twice daily. Resident # 1's medication administration record does include the initials of the staff person who administered 11/23/2019 on the medication administration record at 8:00 P.M. This medication was not administered on this date.

Resident # 1 is prescribed Tramadol 50 mg 1 tablet by mouth twice daily. Resident # 1's medication administration record does include the initials of the staff person who administered 12/19/2019 on the medication administration record at 8:00 P.M. This medication was not administered on this date.

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

Signature | Christine McDonald E/PCA | 2/28/20

Printed Name and Title | Date

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

The above plan of correction is approved as of 7/21/20 (Date)

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

Plan of correction implementation status as of 7/21/20 (Date)

☒ Implemented
☐ Not Implemented

Plan of correction 2600.187(d)

The medication technicians involved in the violation for 187d: the home shall follow the directions of the prescriber.

The identified medication administration technicians in this violation were all remediated verbally. One medication administration technician was assigned to remediate over the course of three consecutive days and was required to perform returned demonstrations. This remediation was successful. Friends Home has employed a Health Center Clerk. This is a shared administrative role held by two current certified medication technicians on scheduled designated scheduled days dedicate to the administrative aspect of the personal care health center that performs weekly MAR and TAR audits, reporting results to the Health Center Licensed Nurse Supervisor, the Director of Personal Care oversees this process to ensure medication technicians are following the rules of administration, including documentation.

Attached is MAR/TAR/Narcotic Count Sheet audit process to ensure direction of the prescriber are being followed. This daily process will begin March 2, 2020.

4/28/20

251b - Record Entries Legible

Regulations

2600.
251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Resident # 1's Narcotic Count Sheet for prn Tramadol on 1/14/2020 there is a line through the date of this count sheet correcting the date. There is no error, date, or initials next to this correction.

Resident # 1's Narcotic Count Sheet for the straight order Tramadol on 12/19/2019 there is a line through the count of this medication on the count sheet correcting the number of pills. There is no error, date, or initials next to this correction.

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

Signature | Printed Name and Title | Date

Christine McDonald EA/RCA 2/28/20

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

The above plan of correction is approved as of 7/21/20 (Date)

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

Plan of correction implementation status as of 7/21/20 (Date)

☒ Implemented
☐ Not Implemented

2600.251b Record entries legible

All staff will be remediated of proper documentation during a correction of an error and properly write in the MARS/TARS/Narcotic Count Sheet using the correct writing instrument in clear and legible writing.

The Friends Home Health Center Clerk will do daily audits. This audit will be performed daily to ensure medication technicians are properly documenting. Any errors or omissions on the MAR/TAR/Narcotic Count Sheet will be reported to the Health Center Nurse Supervisor to the Director of Personal Care to perform a second audit, and to communicate written or verbal feedback to the corresponding medication technicians. The audit will be logged daily to document this process was completed. All results will be forward to Director of Personal Care. A copy of the MARS/TARS/NARCOTIC Count Sheet indicating an error will be highlighted.

This process will take daily effect on March 2, 2020.

2/28/20