March 9, 2020

Ms. Cynthia Townsend
Personal Care Home Administrator
Simpson House, Inc.
2101 Belmont Avenue
Philadelphia, Pennsylvania 19131

RE: Simpson House
Belmont Avenue and Monument Road
Philadelphia, Pennsylvania 19131
License #: 189210

Dear Ms. Townsend:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 16, 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 (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,

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *SIMPSON HOUSE*
License Number: *18921*
Address: *BELMONT AVENUE & MONUMENT ROAD,, PHILADELPHIA, PA 19131*
County: *PHILADELPHIA* **Region:** *SOUTHEAST*

Administrator

Name: *Cynthia Townsend* **Phone:** *2158783600* **Email:** *CTOWNSEND@SIMPSONHOUSE.ORG*

Legal Entity

Name: *SIMPSON HOUSE INC*
Address: *2101 BELMONT AVENUE, PHILADELPHIA, PA, 19131*

Certificate(s) of Occupancy

Type: *I-2* **Date:** *06/17/1996* **Issued By:** *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *56* **Waking Staff:** *42*

Inspection

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

Inspection Dates and Department Representative

09/16/2019 - On-Site: Youn Hie Chung, Michele Swisher

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* **Residents Served:** *44*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *Carson 1* **Capacity:** *10* **Residents Served:** *8*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0*
Are 60 Years of Age or Older: *44*
Diagnosed with Mental Illness: *0*
Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *12*
Have Physical Disability: *0*

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

On 09/16/2019 the home's current license, dated 06/14/2019 through 06/14/2020, was not posted in a conspicuous and public place in the home. The license posted in the home expired on 06/14/2019.

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.)

Post Current License
Regulation -2600 3.c.

1 – A current up to date license dated 06/14/2019 through 06/14/2020 has been placed on all PC units.(Carson ground ,1, 2 and Carson 3. On Wesley Commons and on Comfort Haven.
2- The Personal Care Administrator made updated the License on all floors.
3- The has been made on 09/16/2019.
4 - A current License replaced the expired License hanging on the wall.
5- Random quarterly Audits will occur to assure that all units have a current license posted in a conspicuous and public place on all units.
6 - All staff will re re-educated on the regulation 2600 3.c. regarding a current License must be posted in a conspicuous and public place on all PC units.

Legal Entity Representative

Cynthia Townsend
Signature

Cynthia Townsend, PCHA
Printed Name and Title

10/31/2019
Date

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

The above plan of correction is approved as of 03-09-2020 (Date)

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

Plan of correction implementation status as of 03-09-2020 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

25b - Contract Signatures

Regulations

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated 04/02/2019, for resident #1 was not signed by the resident.

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 or Designee will have all contracts signed by the resident , payer, and designated person if applicable or note that resident is unable or unwilling to sign at the initiation of the contract on each resident coming into the facility. The administrator or disigneee will ensure compliance by a monthly audit of all newly signed contracts

Contracts signed by resident
Regulation -2600.25.b

25 B Contract Signatures

1 – All resident contracts will be signed at the time the contract is reviewed with the resident by the resident.
2- The Personal Care Administrator / Designee will implement this procedure that all residents at the time of reviewing their contracts sign their contracts.
3- The change was effective on 9/17/2019 by the Personal Care Home Administrator. All contracts have been reviewed for signatures per the regulation.
4- The Personal Care Home Administrator/Designee will be educated on residents signing their contracts at the time of reviewing their contracts.
5- Random monthly audits of residents contracts will be conducted by The Personal Care Home Administrator/Designee to assure that all required signatures per regulation are on the residents contracts.
6 The Personal Care Home Administrator/Designee will in-service staff that will be assisting with contract signing.

Legal Entity Representative

Cynthia Townsend — Signature

Cynthia Townsend, PCHA — Printed Name and Title

10/31/2019 — Date

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28f - Resident's Funds and 30-day Refund

Regulations

2600.
28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #2 was discharged on 05/01/2019 and the room was cleared of the resident's personal property on 05/07/2019. The home did not issue the refund check until 08/30/2019.

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.)

28.f Resident Refund:

1 - Upon Termination of Service or the resident leaving the Personal Care Home the Personal Care Home Administrator/Designee will notify the business office of the residents discharge to assure the resident's refund is within the 30 day window.
2 - The Personal Care Home Administrator/ Designee will assure compliance of the residents refund within 30 days.
3 - The change went into effect on 09/17/2019
4- The Personal Care Home Administrator/ Designee will contact the Business Office Manager/Designee upon Termination of Service or the resident leaving the Personal Care Home.
5 - Monthly random audits will be conducted by the Personal Care Home Administrator/ Designee to assure compliance.
6 - Licensed Staff as well as the Business Office Manager will be in-serviced on regulation 28F - Resident's Refund and the 30 day refund.

Legal Entity Representative

Cynthia Townsend | Cynthia Townsend, PCHA | 10/31/2019

Signature | Printed Name and Title | Date

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41e - Signed Statement

Regulations

2600.
41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #1's and #3's records did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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.)

41 E

1 - Resident #1 and resident #3 were given a copy of the residents rights and complaint procedures and Simpson House obtained a signed statement that the residents acknowledged receipt of a copy of resident rights and complaint procedures, which is in the resident contract agreement.
2 - The Personal Care Home Administrator has implemented the change in procedure.
3 - The change was implemented on 09/19/2019
4 - The Personal Care Home Administrator will in-service staff.
5 - Random monthly audits of residents records to assure compliance with signatures for resident's rights and complaint procedures.
6 - Staff will be in-serviced on regulation 41e- Signed statement in regards to resident rights and complaint procedures and receipt acknowledging a copy of resident rights and complaint procedures.

Legal Entity Representative

Cynthia Townsend — Signature
Cynthia Townsend PCHA — Printed Name and Title
10/31/2019 — Date

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82c - Locking Poisonous Materials

Regulations

2600.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Two bottles of GelRite Instant Hand Sanitizer, with a manufacture's label indicating "Contact Poison Control when injested", were unlocked, unattended, and accessible to residents in the home's memory unit kitchenette cupboard. Not all the residents in the memory unit of the home, including resident #1, have been assessed capable of recognizing and using poisons safely.

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.)

82.C Poisonous Materials

1 - Bottles were removed from the memory care unit effective 09/16/2019.
2 - The Personal Care Home Administrator has implemented a change in procedure, all poisonous materials are locked in resident cabinet in each residents room with keys held by staff.
3 - The change was implemented on 09/16/2019
4 - The Personal Care Home Administrator/ Designee will in-service staff ,and added locked cabinets to all resident rooms.
5 - Unit will be checked for poisonous materials during daily rounds, all poisonous materials will be locked in resident's personal cabinet.
6 - Staff will be in-serviced on regulation 82C - Poisonous Materials and how to identify Poisonous Materials labeling.

Legal Entity Representative

Cynthia Townsend (signature) | Cynthia Townsend, PCHA | 10/31/2019

Signature | Printed Name and Title | Date

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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 09/16/2019 at 04:12 PM, the hot water temperature at the home's memory unit kitchenette sink measured 128.6 degrees Fahrenheit.

Repeat violation: 10/30/2018

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.)

2600.89B Hot Water Temperatures

1 - The facilities director adjusted the mixing valve in the Carson Building.
2 - The Facilities Director implemented the change by adjusting the mixing valve.
3 - The change was done on 09/16/2019.
4 - The change was made by adjusting the mixing valve in the Carson Building with continued temperature monitoring.
5 - Daily water Temperatures are taken in the Carson Building to assure proper temperatures by the Facilities Director/Designee.
6 - Nursing staff as well as the maintenance department will be in-serviced on 89b – Water Temperatures cannot exceed 120F and to report any fluctuations in water temperatures to the Facilities Maintenance department and also to the Personal Care Home Administrator.

Legal Entity Representative

Cynthia Townsend (signature) — Signature
Cynthia Townsend, PCHA — Printed Name and Title
10/31/2019 — Date

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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

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in resident room #1005.

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.)

2600. 91

1 – The emergency telephone numbers list was placed in the residents room number 1005 * picture
2 - The Personal Care Home director implemented the change.
3 - The change took place on 9/16/2019.
4 - The resident was educated on the regulation and the importance of keeping the phone number list by the his telephone for his use.
5 - Random Weekly Audits of residents rooms will be done to ensure compliance that there is a telephone list by each phone.
6 - All Personal Care staff will be in-serviced on regulation 91 – Telephone Numbers. All residents are to have an emergency phone list by their telephone.

Legal Entity Representative

Cynthia Townsend — Signature
Cynthia Townsend, PCHA — Printed Name and Title
10/31/2019 — Date

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101j7 - Lighting/Operable Lamp

Regulations

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1 does not have access to a source of light that can be turned on/off at bedside.

Repeat Violation: 10/30/2018

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.)

1 - The resident was given an operable lamp at bedside.
2 - The Personal Care Director coordinated the change.
3 - The resident received a lamp on 09/16/2019
4 - The facility provided a lamp for the resident to have at bedside.
5 - Random weekly audits will be conducted by the Personal Care Home Administrator/Designee to assure residents have a operable lamp at their bedside.
6 - All Personal Care Staff will be in-serviced on the regulation 101j7 – Lighting / Operable Lamp. All residents must have an operable lamp at bedside.

picture

Legal Entity Representative

Cynthia Townsend — Signature

Cynthia Townsend, PCHA — Printed Name and Title

10/31/2019 — Date

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121a - Unobstructed Egress

Regulations

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 09/16/2019 at 11:10am, a yellow banner with STOP printed on it was taped across the exit door in the home's Wesley Commons area, blocking egress from that exit.

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.)

121 A

1 - The yellow banner with stop sign printed on it was removed from the Door in Wesley Commons that blocked the egress from the exit door.
2 - The Personal Care Administrator corrected the deficiency.
3 - The correction was made on 09/16/2019. The the door on Wesley Commons is free from obstructions..
4 - All doors in PC have been checked by the maintenance department and all doors are free from any objects blocking the egress of the doors.
5- Random weekly audits will be conducted by the Personal Care Home Director/ Designee on the doors throughout PC to assure the doors are free from obstructions blocking egress exits.
6 - Staff will in-serviced on regulation 121a – Unobstructed Egress. Doors must be free of obstructions at all times.

Legal Entity Representative

Cynthia Townsend — Signature
Cynthia Townsend, PCHA — Printed Name and Title
10/31/2019 — Date

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123c - Evacuation Diagrams

Regulations

2600.

123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

The home currently serves 44 residents. However, there are no emergency evacuation diagrams posted on any floors (Ground, 1st, 2nd, and 3rd) in Carson building.

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 evacuation diagrams have been post on all floor of the Personal Care Units

2 - The Director of Personal Care worked with the Director of Facilities to facilitate placement of the evacuation diagrams. * picture

3 - The evacuation diagrams were placed on all floors in Personal Care on 09/17/2019

4 - New Emergency evacuation diagrams were framed and placed on all units by the Facilities Director on 09/17/2019.

5 - Weekly audits will be conducted by the Personal Care Director/ Designee to assure compliance that all floors/units have Emergency evacuation diagrams.

6 - Maintenance and Licensed Staff will be in-serviced by the Personal Care Director/ Designee on regulation 123c – Evacuation Diagrams. Emergency evacuation diagrams will be posted on all Personal Care floors/units.

Legal Entity Representative

Cynthia Townsend (signature) — Cynthia Townsend, PCHA — 10/31/2019

Signature — Printed Name and Title — Date

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141a 1-10 Medical Evaluation Information

Regulations

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's medical evaluation did not include Special Health or Dietary Needs or Health Status/Cognitive Functioning. Resident #4's annual medical evaluation did not include Health Status/Cognitive Functioning.

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 #1 and resident #4 's medical evaluation was corrected to include residents Special Health or Dietary needs Health Status / Cognitive Functioning by LPN under the direction of the physician; all DME forms will be checked by Licensed staff at the time of submission for complete and accurate submission .
2. All DME forms will be checked by Licensed staff at the time of submission for complete and accurate submission
3. All DME forms will be checked for completion and accuracy upon submission and submitted to the PC administrator for accuracy prior to placing on resident chart.
4. All DME forms will be audited on a quarterly basis for timely completion, accuracy and completeness by the PC home administrator to ensure ongoing compliance.
5. All Licensed staff will be in-serviced on Reg 231b

Legal Entity Representative

Cynthia Townsend (signature) — Signature

Cynthia Townsend, PCHA — Printed Name and Title

10/31/2019 — Date

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171b5 - First Aid Kit

Regulations

2600.
171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:
5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the van used to transport residents does not include disposable gloves, tweezers, thermometer, and antiseptic.

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.)

2600.171b
2600.96 First Aid Kits

1 - All supplies required (Disposable gloves, tweezers, thermometer and antiseptic) per regulation were added to the First Aid Kit on the Simpson House van.
2 - The Personal Care Home Director replenished the needed supplies on the Simpson House van.
3 - The change was implemented on 9/16/2019
4 - The Personal Care Home Administrator replaced the needed supplies to the First Aid Kit.
5 - Weekly Audits will be conducted by the Personal Care Home Administer/Designee of the First Aid Kit for all necessary supplies.
6 - The Personal Care Home Administrator/ Designee will in-service staff on the regulatory compliance of 2600.171b/ 2600 .96 – Items required to be in the First Aid Kit on the Simpson House van.

Legal Entity Representative

Cynthia Townsend — Cynthia Townsend, PCHA — 10/31/2019

Signature — Printed Name and Title — Date

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183d - Prescription Current

Regulations

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 09/16/2019, a bottle of Docusate Sodium 100 mg prescribed for resident #6 was in the home's medicine cart; however, the medication expired in May 2019 and it is not listed on her current medication administration record (MAR). Red-Krill oil 1000 mg, Senna S 50 mg, and AREDs 2 supplement belonging to the same resident were in the cart but they are not listed on her current MAR.

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. The medication for resident #6 was removed from the medication cart on 09/16/2019. After investigation it was found that a family member had brought the medication from home over the weekend and staff placed it in the cart for safe keeping until it could be reconciled by the nurse. Staff was immediately in-serviced on safe storage of undocumented medications not to be added to the medication cart for storage.
2. The Licensed staff nurses will conduct cart checks on a daily basis to ensure no undocumented or expired medication is placed in the medication administration carts on the unit.
3. The change was made immediately and is ongoing documented on the medication cart audit sheet.
4. The carts will be audited daily for expired or undocumented medication and any expired or undocumented medication will be removed from the Medication administration cart immediately.
5. A daily cart audit will be conducted on the 11-7 shift and all subsequent shift will perform random cart checks to ensure compliance. All audit sheets will be turned into the PC Administrator and reviewed on a weekly basis.
6. All staff received in-service on 2600.183d

Legal Entity Representative

Cynthia Townsend — Signature

Cynthia Townsend, PCHA — Printed Name and Title

10/31/2019 — Date

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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

The pharmacy label for resident #6's Bumetanide does not match her MAR. Label says 2 mg twice daily while MAR reads 1 mg twice daily. The order was changed from 2 mg to 1 mg on 09/6/2019 but there is no direction change label.

The pharmacy label for resident #7's Oxycodone 5 mg does not match his MAR. Label says 1 tab every 8 hours while MAR reads 1 tab every 4 hours.

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 #6 and Resident #7 both received direction change labels on the pharmacy label on 09/16/2019 to reflect the order changes accurately reflected in the MAR.
2. Licensed nurse verified the order and added the label to the pharmacy label.
3. The change was made on 09/16/2019 by the licensed nurse on duty.
4. The change was made by adding the direction change label to the pharmacy label.
5. Licensed staff will verify the change in order and add new order to the MAR; once added to the MAR Licensed staff will go to medication administration cart and add pharmacy change label; all new orders will be reconciled each day to verify pharmacy label and MAR match. All new orders are printed out on a daily basis and reconciled by licensed staff on third shift and given to the PC Administrator for final review.
6. All Licensed staff was in-serviced on Regulation 2600.184a

Legal Entity Representative

Cynthia Townsend

Signature

Cynthia Townsend, PCHA

Printed Name and Title

10/31/2019

Date

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185a - Implement Storage Procedures

Regulations

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 09/16/2019, the home did not have following medications prescribed on as-needed basis (PRN) for several residents: Dulcolax 5 mg and Zofran 4 mg for resident #7, Acetaminophen 500 mg for resident #8, Loperamide 2 mg for resident #9, Dulcolax 5 mg, Guaifenesin 100 mg, Milk of Magnesia, and Tramadol 50 mg for resident #10.

The glucometer for resident #11 was not calibrated to correct date or time. Her MAR readings and meter readings do not match on following dates and times:

On 09/08/2019 at 11:30 AM, MAR reads 135 while meter reads 177

On 09/06/2019 at 11:30 AM, MAR reads 197 while meter reads 179

On 09/01/2019 at 06:00 AM, MAR reads 124 while meter reads 155

Resident #12's MAR readings and his glucometer readings do not match on following dates and times:

On 9/14/2019 at 4:30 PM, MAR reads 174 while meter reads 194
On 9/09/2019 at 7:30 AM, MAR reads 185 while meter reads 190
On 9/01/2019 at 7:30 AM, MAR reads 118 while meter reads 128

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 (Addendum)

Please see attached..........

Legal Entity Representative

Cynthia Townsend — Signature
Cynthia Townsend, PCHA — Printed Name and Title
10/31/2019 — Date

185a - Implement Storage Procedures *(continued)*

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Simpson House Personal Care Plan(18921) of Correction – Addendum for Reg 185.a

1- What specific change will be made.
2- Who will make the change.
3- When will the change be made
4- How will the change be made.
5- What system have you implemented to make sure this does not occur again
6- What training will be provided to your staff.

185.a

1. Resident # 9 medications were delivered from pharmacy on 09/16/2019, and resident # 7 on 09/18/2019.
   Resident # 8 and # 10 PRN medication order was discontinued by physician.
2. Licensed nursing staff was re-educated on compliance of all medications to be available at all times per physician orders.
3. PC Administrator to conduct weekly audits of medications per MAR for consistent availability to maintain compliance for 1 month.
4. PC Administrator will implement the change effective immediately.
5. PC Administrator to continue to conduct monthly audits to maintain compliance.
6. All PC staff re-educated on all medications to be available at all times per physician order and re-fill protocol.

Glucometer

1. Glucometer for Resident #11 recalibrated to correct date and time. Resident # 12 Glucometer was checked and information incorrect due to operator error.
2. Licensed staff will audit glucometer readings for all residents receiving glucometer checks daily.
3. Change will be made effective immediately starting 09/17/2019.
4. PC Administrator will implement the change effective immediately.
5. All Glucometer checks will be audited nightly for by licensed nurse and reviewed monthly by the PC administrator.
6. All PC Staff have been re-educated on accurate documentation and use of glucometers assigned to each resident on all units.

Cynthia Townsend   Cynthia Townsend, PCHA
10/31/2019

187d - Follow Prescriber's Orders

Regulations

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

Description of Violation

Resident #9 is prescribed Tylenol 325mg 2 tabs by mouth every 6 hours for pain but this medication is not present on the med cart.

Resident #7 is prescribed Senna 8.6 mg once daily and Acetaminophen 325mg three times daily. However, these medications were not administered to him on 09/14, 09/15, and 09/16/2019 because they were not available in the home.

Resident #11 is prescribed Accuchecks three times a day but on 09/11/2019 at 06:00 AM and 04:30 PM, there were no readings on her glucometer.

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. Staff educated on reporting Medication refills timely; Resident #9 medication was a new order as of 09/15/2019(Sunday) and was delivered by pharmacy on first delivery 09/16/2019. Resident # 11 was not in the facility on 9/11 went out with family.
2. The Licensed staff nurses will conduct cart checks on a daily basis to ensure all medication is available at all times.
3. The change was made immediately and is ongoing documented on shift report provided to the PC administrator at the end of each shift daily.
4. The carts will be audited daily for medication refills and the licensed staff will report any medication not delivered on the pharmacy run.
5. A daily cart audit will be conducted on the 11-7 shift to reconcile all new medication orders with pharmacy orders received and all subsequent shift will perform random cart checks to ensure compliance. All audit sheets will be turned into the PC Administrator and reviewed on a weekly basis.
6. All staff received in-service on 2600.187.d

Legal Entity Representative

Cynthia Townsend (signature)
Signature

Cynthia Townsend, PCHA
Printed Name and Title

10/31/2019
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190a - Completion Medication Course

Regulations

2600.
190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff persons A and B have not completed the recertification requirements for their medication administration training. Staff person A was recertified in Jan 2017 and since has had 4 MAR reviews on 12/18/17, 6/8/18, 1/23/19 and 6/27/19 and 2 med pass observations on 12/18/17 and 6/8/18.

Staff B was recertified in June 2018, since she has had 2 med pass observations on 12/18/2017 and 6/8/2018 but no MAR reviews.

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 staff persons A and B were enrolled into the Medication remediation course and removed from Medication administration until they have completed all requirements as outlined in the DHS regulation 190.a.
2. The PC Administrator has implemented the change and has scheduled Medication Remediation Class for both employees.
3. The Medication Remediation Class has been scheduled; employee A is currently in progress ; employee B is scheduled to start on November 5 , 2019.
4. All Medication Administration Technicians will complete recertification and MAR review biannually, and audited quarterly by the PC Administrator to ensure compliance.
5. All Medication Administration Technician documents will be audited quarterly to ensure compliance.
6. All staff was in-serviced on Regulation 190.a Completion of Medication Course

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191 - Resident Right to Refuse

Regulations

2600.
191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted 04/02/2019 and resident #3, admitted 07/23/2019, have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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. The resident rights including the right to question or refuse medication has been reviewed with resident #1 and resident #3 as well as their responsible person as of 09/19/2019. All parties signed acknowledgment of Resident's Rights and Responsibilities at that time. All newly executed contracts will be reviewed by the Personal care Home Administrator or Designee for accuracy and completion.
2. Personal Care Administrator will conduct random monthly audits to ensure compliance.
3. All newly executed contracts will be reviewed by the Personal Care Home administrator /Designee for accuracy and completion on an ongoing basis.
4. The Personal Care Administrator will review all newly executed contracts for accuracy and completion.
5. Personal care home Administrator / Designee will in-service all residents , licensed staff and admissions personnel on Regulation 2600.191 the resident's right to refuse.

Legal Entity Representative

Cynthia Townsend | Cynthia Townsend, PCHA | 10/31/2019

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227g -Support Plan Signatures

Regulations

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #4 annual RASP (assessment finalized 09/18/2018 and support plan finalized 09/21/2018) was not dated by the assessor and the resident.

Resident #5's annual RASP (June 2019) does not have a signature page attached to it.

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 resident support plans will be signed and dated at the time of review with the resident and designated party. Resident # 4 Support plan was reviewed and dated as of 09/18/2019 with resident; Resident #5 Support plan signature page was with designated party and was returned to facility upon request made 09/17/2019. (reviewed by phone mailed signature page prior to survey)
2. The PC Administrator /Designee will implement the change.
3. The PC Administrator will implement the change effective immediately.
4. Every resident support plan will be reviewed for completion and timeliness on a quarterly basis.
5. The PC Administrator/ Designee will conduct quarterly audits to insure completeness, accuracy and timeliness on a quarterly basis.
6. Licensed staff was in serviced on Regulation 227.g Support Plan Signatures

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231b - Medical Evaluation

Regulations

2600.
231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on 04/02/2019; however, the resident's medical evaluation was completed on 04/8/2019.

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 All admitted to the secure Dementia unit will have a medical evaluation completed within 60 days prior to admission with a documented diagnosis of dementia and the need to be served in a Secured dementia unit.
2. The PC Administrator or Designee will implement the change.
3. The change will be effective immediately.
4. Admissions / Licensed Staff will complete a document review checklist prior to admission for any resident being admitted to the Secured Dementia Unit.
5. The PC Administrator/ Designee will sign off that all documents are present from the check off sheet prior to admission onto the Secured Dementia Unit, for completion and accuracy.
6. All Admission/Licensed staff was in-serviced on Regulation 231.b Medical Evaluation

Legal Entity Representative

Cynthia Townsend | Cynthia Townsend, PCHA | 10/31/2019

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231c - Preadmission Screening

Regulations

2600.
231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #4 was admitted to the Secure Dementia Care Unit (SDCU) on 01/09/2019. However, there is no written cognitive preadmission screening completed for the resident.

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 residents admitted to or transfered into the secured dementia unit will have a Preadmission screening completed within 72 hours prior to admission.
2. The PC Administrator/Designee will complete the Preadmission screening tool in collaboration with the physician or geriatric assessment team.
3. The change is effective immediately and ongoing .
4. All admissions assessed by the PC Administrator or Designee will complete a cognitive screen to determine if a Secured unit is necessary for admission; the geriatric team and physician will assess any resident deemed appropriate for the unit.
5. Any resident deemed appropriate for the Secured dementia unit by the physician / geriatric assessment team will receive a Cognitive Preadmission screening prior to admission. PC Administrator / Designee will audit all admission documents prior to resident admission to the unit.
6. All Licensed staff will be in-serviced on regulation 231.c

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234a - Admission Support Plan

Regulations

2600.
234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on 04/02/2019. However, the resident's initial support plan was completed on 04/29/2019.

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 residents entering the secured Dementia unit will have Support plan initiated 72 hours prior or within 72 hours of admission .
2. The PC Administrator/ Designee will initiate the resident support plan within 72 hours of admission .
3. The change was effective immediately and ongoing.
4. When an admission is confirmed to need the secured dementia unit the PC Administrator / Designee will initiate the support plan prior to the resident moving into the unit .
5. All residents assessed to require the Secure Dementia unit will have a Support plan developed at the time of admission.
6. All Licensed staff was in-serviced on Regulation 234.a support plan within 72 hours of admission to secured dementia unit.

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234d - Support Plan Revision

Regulations

2600.
234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

A support plan for resident #1 was completed on 04/29/2019 and she became more agitated and aggressive towards the staff and other residents starting mid-August ; however, the home failed to revise her support plan to reflect these changes in her behavioral needs.

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. Care plan was updated effective 09/17/2019 with Addendum reflecting resident #1 change in behaviors as noted .
2. PC Administrator will update care plans to reflect new behaviors or changes in resident condition as needed and annually .
3. Change to resident #1 was made on 09/17/2019 , and immediately upon review of documented change in behavior or condition .
4. PC Administrator will discuss resident changes in condition and reflect changes on Support Plan Addendum Form
5. All residents reported to have change in condition will be reviewed by PC Administrator on an ongoing basis and Support plans updated accordingly .
6. All staff received in-service on Regulation 234d

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