



February 3, 2020

Tri M. Tran
Vice President, Treasurer and Secretary
Douglassville Aid II OPCO LLC
330 North Wabash Avenue, Suite 3700
Chicago, Illinois 60611

RE: Amity Place
139 Old Swede Road
Douglassville, Pennsylvania 19518
License #: 226560

Dear Provider:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 24, 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.

Sincerely,

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

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: AMITY PLACE

License Number: 22656

Address: 139 OLD SWEDE ROAD,, DOUGLASSVILLE, PA 19518

County: BERKS

Region: NORTHEAST

Administrator

Name: Amy Gress

Phone: 6103857600

Email: agress@ENLIVANT.COM

Legal Entity

Name: DOUGLASSVILLE AID II OPCO LLC

Address: 330 N WABASH AVE, SUITE 3700, CHICAGO, IL, 60611

Certificate(s) of Occupancy

Type: I-1

Date: 02/19/2009

Issued By: Amity township

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 91

Waking Staff: 68

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal, Incident

Inspection Dates and Department Representative

09/24/2019 - On-Site: Ryan Yankowy, Gerald Dumas

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100

Residents Served: 68

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 68

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 23

Have Physical Disability: 3

3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The licensing inspection summary dated 9/7/18 was not posted in a public conspicuous area 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.)

On 9/30/19 ED posted most recent licensing inspection summary report and a copy of 55 Pa code 2600 at the front desk.

ED received re-education on 9/30/19 by RDO regarding posting the current inspection summary report and a copy of 55 Pa code 2600 in a conspicuous and public place.

ED and/or designee will complete weekly audit for 4 weeks, then monthly audit for 2 months to ensure current inspection summary report and a copy of 55 PA code 2600 is posted in a conspicuous and public place

Results of these audits will be reviewed monthly via QA process

Legal Entity Representative

Amy Gress
Signature

Amy Gress, Executive Director
Printed Name and Title

10/24/19
Date

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

The above plan of correction is approved as of 11-15-19
(Date)

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

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

- 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

The licensing inspection summaries dated 3/6/19, 10/17/18 and 5/18/18 posted in the lobby of the home contained the resident privacy coding documents. These documents expose confidential information of the 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.)

On 9/24/19 immediately following the finds of regulation 2600. 17 the resident privacy coding documents were removed from the public area.

ED received re-education on 9/30/19 by the RDO regarding the resident privacy coding documents containing confidential information.

ED and/or designee will monitor for on going compliance.

Legal Entity Representative

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Signature

Amy Gress, Executive Director
Printed Name and Title

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26b - Quality Management Plan Content

Regulations

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

1. The reportable incident and condition reporting procedures.
2. Complaint procedures.
3. Staff person training.
4. Licensing violations and plans of correction, if applicable.
5. Resident or family councils, or both, if applicable.

Description of Violation

The home did not have documentation that the annual quality management plan review had taken place within the last 12 months. The home's quality management policy indicates that this is to be done quarterly.

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.)

On 10/1/19 annual quality management plan was reviewed with community leadership. Following quality management plans will be completed per policy.

ED was re-educated on 9/30/19 by the RDO regarding regulation 2600.26.b.

The ED and/or designee will monitor for ongoing compliance.

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Signature

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29a SOPb1- Hospice Care: Doctor Certification

Regulations

2600.

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

1. A physician, who is not an employee or contractor of the home, has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

Description of Violation

Resident #1, who was not evacuated during the fire drill conducted on 9/12/19, does not have a written certification from a physician that the resident is actively dying and may be injured or suffer a hastened death as the result of participating in a fire drill.

Plan of Correction (POC)

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

Resident #1 participated and was evacuated on fire drill 9/12/19.

No other residents were affected from the findings.

Staff will be re-educated on fire drill procedures and evacuation process by the ED before 11/8/19.

ED and/or designee will audit fire drill recordings monthly for 3 months.

Results from these audits will be reviewed via QA process.

Legal Entity Representative

Amy Gress
Signature

Amy Gress, Executive Director
Printed Name and Title

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29a SOPb2 - Hospice Care: Informed Consent

Regulations

2600.

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

2. The resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative has provided written informed consent that the person is not to evacuate in a fire drill.

Description of Violation

There is no statement of informed consent from Resident #1 or the power of attorney regarding the resident not evacuating during fire drills. The resident was not evacuated during the fire drill conducted on 9/12/19.

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.)

Resident #1 participated and was evacuated on fire drill 9/12/19.

No other residents were affected from the findings.

Staff will be re-educated on fire drill procedures and evacuation process by the ED before 11/8/19.

ED and/or designee will audit fire drill recordings monthly for 3 months.

Results from these audits will be reviewed via QA process.

The Administrator will obtain the required written statement of informed consent from the resident, the resident's POA, legal guardian or health care rep and maintain same in the resident record. 11-15-19

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29a SOPb4 - Hospice Care: Inform Non-Participating

Regulations

2600.

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

- 4. During a fire drill, the one designated person at the home who has knowledge in advance of the fire drill is to immediately upon setting off the fire alarm to begin the fire drill, go to the room of the resident who meets the conditions of paragraphs (1)—(3), and notify the affected resident and any staff person who attempts to evacuate the resident, that this is a fire drill and the resident is not to be evacuated.

Description of Violation

Staff person A, who conducted the fire drill on 9/12/19, did not inform resident #1 or the staff person responsible for evacuating the resident, that the alarm indicated a fire drill rather than an actual fire. Resident #1 meets the conditions for not participating in fire drills.

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.)

Resident #1 participated and was evacuated on fire drill 9/12/19.

No other residents were affected from the findings.

Staff will be re-educated on fire drill procedures and evacuation process by the ED before 11/8/19.

ED and/or designee will audit fire drill recordings monthly for 3 months.

Results from these audits will be reviewed via QA process.

The Administrator is responsible for executing each step of the fire drill for Hospice Residents as listed above-the Administrator will document same and send fire drill logs and additional documents to the Northeastern Regional Office for fire drills for drills conducted November 2019 through January 2020 for review. 11-15-19. Discussed with Administrator same date - *ag*

Legal Entity Representative

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Signature

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29a SOPb5i - Hospice Care: Safe Transportation

Regulations

2600.

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

- 5. If the provisions of paragraph (4) are initiated, the informed staff person is to immediately practice a fire drill evacuation in accordance with the following:
 - i. Access a mode of transport such as a bed on wheels, a chair on wheels or a drag mat in the resident's bedroom or nearby area, which is not currently occupied by the resident.

Description of Violation

During a fire drill on 9/12/19, the staff member who is responsible for evacuating resident #1, did not access and use a mode of transportation that would be safe for the movement of the resident when simulating the evacuation of 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.)

Resident #1 participated and was evacuated on fire drill 9/12/19.

No other residents were affected from the findings.

Staff will be re-educated on fire drill procedures and evacuation process by the ED before 11/8/19.

ED and/or designee will audit fire drill recordings monthly for 3 months.

Results from these audits will be reviewed via QA process.

The Administrator will simulate Mode of Transport with as close a replacement to resident height/weight as possible during drills and to enhance the success of the drill to minimize the possibility of injury or death in a real emergency. 11-15-19

ag

Legal Entity Representative

Amy Gress
Signature

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29a SOPb5ii - Hospice Care: Fire Drill Simulation

Regulations

2600.

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

- 5. If the provisions of paragraph (4) are initiated, the informed staff person is to immediately practice a fire drill evacuation in accordance with the following:
 - ii. Reasonably simulate the level of effort required to move the resident and proceed to practice evacuation to the nearest unblocked exit or fire safe area. The simulation will include the number of staff persons that is required during an evacuation to safely move the resident.

Description of Violation

During the fire drill on 9/12/19 the staff members did not reasonable simulate the effort needed to evacuate Resident #1.

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.)

Resident #1 participated and was evacuated on fire drill 9/12/19.

No other residents were affected from the findings.

Staff will be re-educated on fire drill procedures and evacuation process by the ED before 11/8/19.

ED and/or designee will audit fire drill recordings monthly for 3 months.

Results from these audits will be reviewed via QA process.

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29a SOPb10 - Hospice Care: Resident Assessment and Support Plan

Regulations

2600.

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

10. The resident's assessment and support plan are to be kept current and specify the requirements of this section as it relates to the specific resident.

Description of Violation

Resident 1's assessment and support plan dated 4/25/19 do not address the resident's exclusion from evacuation during fire drills due to status in an active dying process.

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.)

Resident #1 participated and was evacuated on fire drill 9/12/19.

No other residents were affected from the findings.

CSM will be re-educated on documentation of assessment and support plan needed of a resident actively dying to exclude from evacuation in a fire drill by the ED before 11/8/19.

ED and/or designee will audit fire drill recordings monthly for 3 months.

Results from these audits will be reviewed via QA process.

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29a SOPb11 - Hospice Care: Records

Regulations

2600.

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

- 11. Documentation of compliance with this section is to be kept in the fire drill record, as well as in the resident's record. The documentation is to include the following:
 - i. A copy of the Department of Health license for the hospice agency.
 - ii. Written certification by the physician as specified in paragraph (1).
 - iii. Written informed consent as specified in paragraph (2).
 - iv. Written documentation of the home's consideration of relocation of the resident's bedroom as specified in paragraph (3)

Description of Violation

The fire drill conducted on 9/12/19 did not include the Department of Health license for the hospice agency caring for Resident #1, the doctor's certification, the informed consent from the resident and POA and the consideration of moving Resident #1's bedroom closer to an 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.)

Resident #1 participated and was evacuated on fire drill 9/12/19.

No other residents were affected from the findings.

CSM will be re-educated on documentation compliance needed for a resident to not participate in a fire drill by the ED before 11/8/19.

ED and/or designee will audit fire drill recordings monthly for 3 months. Results from these audits will be reviewed via QA process.

Legal Entity Representative

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Signature

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- Not Implemented

42c - Treatment of Residents

Regulations

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 8/28/19 at approximately 1 p.m., a private duty staff person B hired by the resident's family from an agency, was observed to have slapped resident # 2 on the left arm while in the home's dining room. Food had fallen on the floor and apparently the private duty aide responded inappropriately. The home's staff became aware of the incident after the private duty aide yelled the residents name while tapping on the resident's forehead saying- "wake up." Resident # 2 was also falling asleep at the table. Private duty staff B, hired by the resident's family, did not treat resident # 2 with dignity or respect.

Repeat Violation: 10/17/18

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.)

Resident #2 received no negative effects related to these findings.

The private duty staff member that the family hired for services was terminated the day of the incident per the Director of the private duty agency. The private duty staff member will not be returning to Amity Place Senior Living. All residents shall be treated with dignity and respect.

ED will re-educate Med techs and caregivers on dignity in respect regarding residents shall be treated with dignity and respect 11/6/19.

ED and/or designee will complete weekly audit for 4 weeks, then monthly audit for 2 months to ensure residents are treated with dignity and respect.
Results of these audits will be reviewed monthly via QA process

Legal Entity Representative

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Signature

Amy Gress, Executive Director
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65a - FS Orientation 1st Day

Regulations

2600.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.
 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 5. The location and use of fire extinguishers.
 6. Smoke detectors and fire alarms.
 7. Telephone use and notification of emergency services.

Description of Violation

Ancillary Staff member C hired 7/5/19 did not complete the 1st day fire safety orientation until 7/11/19.

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.)

Staff member C has completed all trainings to date.

Employee files will be audited by 11/8/19 to ensure all requirements are completed prior to or during their first day of work.

Administrative Specialist received re-education by the ED on 10/17/19 on regulation 2600.65.a regarding staff to have completed the above trainings prior to their first day or during their first day of work.

ED and/or designee will complete weekly audit for 4 weeks, then monthly audit for 2 months on newly hired staff members records.

Results of these audits will be reviewed monthly via QA process

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Signature

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65e - 12 Hours Annual Training

Regulations

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.
2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

Description of Violation

Direct care staff member D hired 10/18/16 and E hired 10/18/16 completed 11 of the required 12 hours of annual training for 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.)

Direct Care Staff member D and E are scheduled to received 12 hours of annual training related to their job duties in year 2019 by 11/8/19.

ED and/or designee will audit current direct care employee files by 11/8/2019 to ensure they are scheduled to receive 12 hours of annual training related to their job duties in 2019. Adult Residential Licensing-Personal Care Homes Staff Training Plan- 55 Pa. code 2600.66 will be used.

ED received re-education on 9/30/19 by the RDO regarding ensuring direct care employees received at least 12 hours of annual training relating to the job duties

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65f - Training Topics

Regulations

2600.

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

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
6. Safe management techniques.

Description of Violation

Direct care staff member D hired 10/18/16 and E hired 10/18/16 did not receive training in medication self-administration, instruction on meeting the needs of the residents as per the DME and RASP and safe management techniques for 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.)

Please see attachment A.

Legal Entity Representative

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Signature

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65.f.

Direct Care Staff Person D and E received training on 10/7/19 by CSM related to:

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

ED and/or designee audited current direct care employee files on 10/17/19 to ensure they are scheduled to receive training on each topic covered in regulation 2600.65.f in 2019. Adult Residential Licensing-Personal Care Homes Staff Training Plan- 55 Pa. code 2600.66 will be used

ED will receive re-education by 11/8/2019 by RDO regarding ensuring direct care employees received annual training on topics:

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

ED and/or designee will audit 5 direct care employee files weekly for 4 weeks then monthly for 2 months to ensure compliance with scheduled annual trainings covering each topic in regulation 2600.65.f

Results of these audits will be reviewed monthly via QA process

65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 3. Resident rights.
- 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 5. Falls and accident prevention.

Description of Violation

Direct care staff member D hired 10/18/16 did not receive training in resident rights and The Older Adult Protective Services Act for 2018.

Ancillary staff member F hired 10/18/16 did not receive training in falls and accident prevention for 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.)

Please see attachment B.

Legal Entity Representative

Amy Gress
Signature

Amy Gress, Executive Director
Printed Name and Title

10/24/19
Date

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Attachment B

65.g

Staff person D received training in resident rights on 10/17/19 by ED.

Staff person F received training on falls and accident prevention on 10/17/19 by ED.

ED and/or designee will audit current employee files on 10/30/19 to ensure they received training on resident rights and falls and accident prevention. Employees identified as not receiving resident rights and falls and accident prevention training will receive training by 11/6/19 by ED. Adult Residential Licensing-Personal Care Homes Staff Training Plan- 55 Pa. code 2600.66 will be used.

ED received re-education on 9/30/19 by RDO regarding ensuring employees received falls and accident prevention and resident rights training annually

ED and/or designee will audit 5 employee files weekly for 4 weeks then monthly for 2 months to ensure compliance with scheduled annual trainings on falls and accident prevention and resident rights.

Results of these audits will be reviewed monthly via QA process

107d - Procedure Emergency Management Agency Submission

Regulations

2600.
107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home did not complete an annual review of the home's emergency procedures for 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.)

Communities written emergency procedures were sent to local emergency agency by the ED on 10/21/19

ED re-educated on regulations requiring community to submit their written emergency procedure to local emergency agency by RDO on 9/30/19.

Community staff will be educated on Emergency Procedures by the ED, education to be completed by 11/6/19.

The written emergency procedure will be reviewed, updated as needed, and submitted to the local emergency agency by the ED annually

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109b - Rabies Vaccination

Regulations

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

Two resident's cats had expired rabies vaccinations "Daisy" vaccination expired 9/2/19 and "Rosie" vaccination expired 2/2/19.

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 two resident cats listed above have received their up to date rabies vaccinations. Vaccinations were completed 10/4/19.

Lead concierge re-educated by ED on 10/21/19 to ensure all pet records are maintained correctly.

ED will audit all pet vaccinations to ensure all pets are current with rabies vaccination. Audit will be completed before 11/6/19.

ED and/or designee will monitor for ongoing compliance with new resident pets.

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124 - Notice to Fire Department

Regulations

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The notice to the fire department indicates the home serves 21 residents with mobility needs, the home currently serves 23 residents with mobility needs.

Repeat Violation: 9/7/18

Plan of Correction (POC)

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

The home notified local fire department of the number of residents with current mobility needs on 10/24/19. The local fire department will be notified of any mobility needs as changes occur.

ED will re-educate CSM regarding mobility needs of the residents by 11/6/19.

ED and/or designee will complete weekly audit for 4 weeks, then monthly audit for 2 months to ensure residents with mobility needs are communicated with the local fire department.

Results of these audits will be reviewed monthly via QA process

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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 home's most recent sleeping hour fire drill was conducted on 3/19/19 at 6:15am, the previous sleeping hour fire drill was conducted on 6/21/18 at 11:11pm.

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 most recent sleeping hour fire drill was conducted 9/12/19 at 4:19am. Sleeping hour fire drills will be conducted once every 6 months moving forward.

Re-education was completed with ED on 9/30/19 by RDO regarding regulation 132.e.

ED and/or designee will monitor for on going compliance.

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182b - Prescription Medication

Regulations

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- 4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Direct care staff members D, E & G only completed the multiple choice test and the written documentation test for the medication administration course.

Repeat Violation: 9/7/18

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.)

Staff members D,E & G will be re-trained per regulation 2600.190 by 10/30/19 by a certified train the trainer.

CSM will be re-educated by ED before 11/5/19 regarding regulation 182.b.

CSM and/or designee will perform audits on 5 employee records for 4 weeks then monthly for 2 months to ensure trainer is completed.

Results of these audits will be reviewed monthly via QA process

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183b - Meds and Syringes Locked

Regulations

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At approximately 2:50pm the medication carts were left unlocked in the medication room. Staff members who are not medication trained have access to this 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.)

Med techs were re-educated by ED on 10/17/19 that med carts are to only be unlocked while in use.

CSM and/or designee will perform random audits on medication carts weekly for 4 weeks then monthly for 2 months to ensure medication carts are locked properly.

Results of these audits will be reviewed monthly via QA process

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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

The homes policy is to count narcotics at the change of shifts and sign the monthly narcotic count sheet. On 9/8/19 the oncoming and off-going 7am-3pm staff member did not sign and on 9/21/19 the oncoming and off-going 3pm-11pm staff member did not sign the sheet to verify the count had been completed.

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.)

Nurses and Med Techs were re-educated on regulations 2600.185.a including the homes policy to count narcotics at the change of shifts by the ED on 10/2/19

CSM and/or designee will perform audits of narcotic count sheets weekly for 4 weeks then monthly for 2 months

Results of these audits will be reviewed monthly via QA process Type text here

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227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The resident record for resident # 3 who was discharged to a higher level of care on 6/9/19 did not include notes or a summary addendum regarding the circumstances leading to the resident's discharge.

Repeat Violation: 4/29/19

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.)

Resident #3 family provided the home with a 30 day notice that the resident would not be returning to the home. The letter from the family was in the resident's chart behind the RASP.

Re-education was completed with CSM on 10/14/19 by ED regarding charting contents.

CSM and/or designee will perform audits on discharged resident records weekly for 4 weeks to ensure proper documentation in resident records.

Results of these audits will be reviewed monthly via QA process

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