



Sent via e-mail: admin@vmassistedliving.com
llaffey@gmail.com

Mailing Date: February 25, 2020

Ms. Kathleen Krise
Administrator
Laffey Healthcare Services, LLC
801 Elm Spring Road
Pittsburgh, Pennsylvania 15243

RE: Victoria Manor Personal Care Home
100 Rose Court
Oakdale, Pennsylvania 15071
Certificate #: 446421

Dear Ms. Krise:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on October 2, 2019 and October 3, 2019, of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is:
Acceptable - All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Jon B. Kimberland". The signature is written in a cursive style.

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: VICTORIA MANOR PERSONAL CARE HOME

License Number: 44642

Address: 100 ROSE COURT,, OAKDALE, PA 15071

County: ALLEGHENY

Region: WESTERN

Administrator

Name: Kathleen Krise

Phone: 7246938336

Email: LLAFFEY@GMAIL.COM

Legal Entity

Name: LAFFEY HEALTH CARE SERVICES LLC

Address: 801 ELM SPRING ROAD, PITTSBURGH, PA, 15243

Certificate(s) of Occupancy

Type: C-2 LP

Date:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 46

Waking Staff: 35

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint,Incident,Fine

Inspection Dates and Department Representative

10/02/2019 - On-Site: Desmond Grace, Christine Stanley

10/03/2019 - On-Site: Desmond Grace, Christine Stanley

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 38

Residents Served: 34

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 34

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 12

Have Physical Disability: 0

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 5/23/19 at approximately 2:30 p.m., resident #1 stood up from her chair in the living room and immediately fell to the floor hitting her head. Staff persons A, B and C and a hospice aide picked the resident up from the floor and placed her in a rocking chair in the living room. On 5/24/19 at 12:35 p.m. the resident was transported by emergency services to St. Clair Hospital's Emergency Department (ED) due to increased confusion and altered mental status related to the head injury sustained during the fall on 5/23/19. The ED completed a computed topography (CT) scan which indicated the resident had a subdural hematoma in the left parietal lobe, small sub-arachnoid and hematoma/intraparenchymal blood in the left temporal lobe. On 5/24/19, the resident was admitted to the hospital and served there until 5/30/19 when she was discharged back to the home. The resident died on resident #1's date of death due to subdermal hematoma and blunt force trauma to the head from the fall. The home did not report the resident's serious injury requiring treatment at a hospital or medical facility to the Department.

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 Page 2A of 12

See attached.

Legal Entity Representative

Tracy Romig
Signature

Tracy Romig administrator
Printed Name and Title

1-15-2020
Date

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The above plan of correction is approved as of 2/21/2020
(Date)

Plan of correction implementation status as of _____
(Date)

Implemented

Not Implemented

The above plan of correction was approved by *ER*
(initials)

Regulation: 2600 16c

The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline with 24 hrs. The violation that happened was the home did not report the incident in 24 hrs. It was the responsibility of the administrator to report the incident or assign a designated person. The violation happened because the staff were not properly trained as to when to file an incident report.

The administrator at the time completed an in-service training about 2600. 16 regulations on when to report an incident in October 2019. The new administrator who completed her 100 hr Personal Care home administrator licensing training on October 18th 2019 and completed a 6 hr training on the regulations for Abuse and Neglect and an 8 hr training on Local, State and Federal Laws on when and how to file a complaint completed another in-service training on 01-07-2020. The training went into detail about what the regulations are for reporting incidents and abuse, when you are required to fill out a report, what the form looks like, how to fill it out and who to send it to. The administrator also scheduled the mandatory Residents Rights and Elder Abuse/OAPSA 2600.65g(3&4) training for 1-23-2020 with Julie Elling a community Liaison with Gateway Hospice. Phone 412 737-2431.

The new administrator has created a communication log that will be starting on 1-16-2020(attached) to have better communication from shift to shift about what happened on the shifts prior. We will begin to utilize a incident accident report log (attached) to document all falls or incidents that do not require a Reportable Incident report. This will start on 1-16-2020. The administrator will have month staff meeting to discuss how the communication and documentation is going and leave room to discuss any issues that arise to ensure all staff are confident in when to report an incident.

Quarterly Quality Management meetings will be scheduled to add or change anything that is or is not working with communication. We had a Quality Management meeting on 1-15-2020 where all the attached forms were discussed with an implementation date of 01-16-2020. Lastly the administrator will be meeting individually every other month to do staff performance reviews and will use this time to talk about incident reports and any other issue that may arise and need further individual treatment.

Tracey Romigh

Tracey M administrator 1-15-2020

25a - Written Contract and Review

Regulations

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #1, admitted on 5/20/19, did not have a resident-home contract completed and signed until 5/28/19.

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 contract shall be completed within 24hrs of the residents admission. Resident # 1. admitted on 5/20/19 did not have a signed contract completed and signed until 5/28/19. The violation was able to occur because there were no systems in place to ensure paperwork would be completed in the absence of the administrator. The home lacked systems for reviewing records for compliance. Moving forward the new administrator audited the files starting 12-18-19 completing the audit on 1-3-2020. A word document table (attached) was created on 12-18-19 used to track paperwork in files and anything missing. New administrator will have files completed by 01-31-2020. An admissions check list was created with a place for a date and signature. A binder was created and during the Quality Management meeting staff were taught what paperwork needs completed on the day of admissions in the absence of the administrator. Administrator will check the binder upon return and will check all paper work in a new admissions file weekly until

Legal Entity Representative

Tracy M. Romig
Signature

Tracy Romig administrator
Printed Name and Title

1-13-20
Date

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(Date)

Plan of correction implementation status as of _____
(Date)

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

- Implemented
- Not Implemented

25a - Written Contract and Review

Regulations

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #1, admitted on 5/20/19, did not have a resident-home contract completed and signed until 5/28/19.

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.)

Everything is in the file. The Quality Management (attached) was conducted on 1-9-2020.

*If the administrator knows they will not be available on intake date a staff member on duty will be assigned the designee by the administrator.

By 3/15/20: The administrator or designated staff person shall audit all resident records to ensure each resident has a completed contract in their record. 2/21/2020 *[Signature]*

By 3/15/20: The administrator shall review all new resident admissions documentation to ensure the requirements of regulation 2600.25(a) have been met. 2/21/2020 *[Signature]*

Legal Entity Representative

[Signature]
Signature

Tracy Romig's administrator
Printed Name and Title

1-13-20
Date

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(Date)

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(Date)

Implemented

Not Implemented

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

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

Resident #2's resident-home contract, dated 8/17/19 was not signed by the administrator, a designee or 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 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. The regulation is a contract explaining the duties and responsibilities of the legal entity. The violation that happened was resident #2's resident-home contract was not signed by the administrator. The violation was able to happen because the home lacked systems for reviewing records for compliance. The administrator fixed the violation and signed the document on 12-11-19 for resident #2 (attached). The new administrator audited all the charts 12-18-19 & 1-3-2020. A word document table (attached) was created on 12-18-19 and was used to track paperwork in files and anything missing. New administrator will have files completed by 01-31-2020. An admissions checklist was created with a place for a date and signature on 1-3-2020. A binder was created and during the Quality Management meeting on 1-9-2020 staff were taught what paperwork needs complete on the day of admissions in the absence of the administrator. Administrator will check binders upon returns and will check all paperwork in a new admissions file

Legal Entity Representative

Tracy
Signature

Tracy Romig administrator
Printed Name and Title

1-13-2020
Date

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(Date)

Plan of correction implementation status as of _____
(Date)

Implemented

Not Implemented

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

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

Resident #2's resident-home contract, dated 8/17/19 was not signed by the administrator, a designee or 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.)

weekly until everything is in file. If the administrator knows they will not be available on intake date a staff member on duty will be assigned the designee by the administrator. A verification has been added to have a second person verify it was completed. (attached)

Legal Entity Representative

Tracy Romo
Signature

Tracy Romo Administrator 1/3/20
Printed Name and Title Date

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(Date)

Plan of correction implementation status as of _____
(Date)

The above plan of correction was approved by *TR*
(Initials)

- Implemented
- Not Implemented

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

On 5/23/19 at approximately 2:30 p.m., resident #1 stood up from her chair in the living room and immediately fell to the floor hitting her head. Staff indicated hearing a loud thud in the hallway. Staff persons A, B and C and a hospice aide picked the resident up from the floor and placed her in a rocking chair in the living room. The resident was crying in pain and stating that her head hurt. The home failed to initiate its emergency medical plan and/or seek emergency services for the resident. Instead, staff members manually picked the resident up from the chair and carried her to bed.

At 4:58 p.m., a hospice registered nurse (RN) assessed the resident and the assessment indicated that the resident had elevated, irregular, not typical vital signs, non-equal pupillary reaction to the light, the resident demonstrated steady near constant trembling, fidgeting, uneasiness, restlessness and tenseness in the hands and legs. The resident mumbled incoherently with an occasional complaint of pain via non-verbal occasional grimace, frown, moaning, and whimpering. The hospice RN was also unable to get resident #1 to focus or readily open her eyes. At 5:30 p.m., the resident was administered two 325mg Tylenol suppositories rectally and 0.5mg Morphine Sulfate was administered sublingually for pain and elevated vitals. The hospice RN remained with the resident until 6:15 p.m.

The home did not seek emergency medical treatment for resident #1 until 5/24/19 at 12:02 p.m., due to increased confusion and altered mental status. At 12:35 p.m., the resident was transported to the Emergency Department (ED) at St. Clair Hospital. The hospice RN reassessed the resident at the hospital and the resident had a golf ball size bruise to the left side of her head. The ED completed a computed topography (CT) scan which indicated that the resident had a subdural hematoma in the left parietal lobe, small sub-arachnoid and hematoma/intraparenchymal blood in the left temporal lobe. On 5/24/19, the resident was admitted to the hospital and served there until 5/30/19 when she was discharged back to the home. The resident died on resident #1's date of death due to subdermal hematoma and blunt force trauma to the head from the fall.

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 Pages 6A and 6B of 12

See attachment

42b - Abuse (continued)

Legal Entity Representative


Signature


Tracy Romigh administrator
Printed Name and Title

1-15-2020
Date

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(Date) (Date)

- Implemented
- Not Implemented

The above plan of correction was approved by 
(Initials)

Regulation: 2600 42b.

A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. The violation was neglect because the home failed to call for medical treatment and call 911 for resident after she fell and was complaining of pain and after she was assessed at 4:58pm and had elevated, irregular, not typical vital signs, non- equal pupillary reaction to the light, the resident demonstrated steady near constant trembling, fidgeting, uneasiness, restlessness and tenseness in the hands and legs. The resident mumbled incoherently with an occasional complaint of pain via non-verbal occasional grimace, frown, moaning, and whimpering. The resident fell at 2:30pm on 5/23/19 and did not go to the hospital until 5/24/19 at 12:02pm when she had increased confusion and altered mental status. The staff/administrator should have contacted the 24 hr complaint hotline if they had any question about if they should use the emergency treatment to get guidance from the state. The administrator failed to communicate to all staff about when to send a resident for emergency medical treatment.

The administrator at the time completed an in-service training about 2600. 42 spending most of the time on 2600.42 b regulation on neglect and on when to utilize the emergency treatment to avoid creating a neglectful incident. This was completed in October 2019. The new administrator who completed her 100 hr Personal Care home administrator licensing training on October 18th 2019 and completed a 6 hr training on the regulations for Abuse and Neglect and an 8 hr training on Local, State and Federal Laws on when and how to file a complaint completed another in-service training for the staff on 01-07-2020. The training went into detail using the RCG about what the regulations are for reporting incidents and abuse, the importance of utilizing emergency treatment if there is any incident that a resident is involved in that could place the resident at risk. Anything that would change the residents baseline behaviors emergency treatment should be utilized immediately. Talked about the 24 hour hotline number that can be called if there is ever a question about when to use emergency treatment to ensure proper steps are taken immediately for the safety of the resident. Lastly, discussed what is considered neglect how this incident was looked at as neglect because emergency treatment was not utilized immediately.

The administrator also scheduled the mandatory Residents Rights and Elder Abuse/OAPSA 2600.65g(3&4) training for 1-23-2020 with Julie Elling a community Liaison with Gateway Hospice. Phone 412 737-2431.

The new administrator has created a communication log that will be starting on 1-16-2020(attached) to have better communication from shift to shift about what happened on the shifts prior. We will begin to utilize an incident accident report log (attached) to document all falls or incidents that do not require a Reportable Incident report. This will start on 1-16-2020.

All staff were trained on calling the administrator and or the 24 hr hotline if an incident happens such as a falls and the resident is hurt in pain or displaying signs that are different from the normal baseline of the resident in order, to get direction if they are unsure if emergency treatment should be utilized.

The administrator will have month staff meeting to discuss how the communication and documentation is going and leave room to discuss any issues that arise to ensure all staff are confident in when to report an incident and when to utilize emergency medical treatment.

Tracy Romigh

Tracy Administrator 1/15/2020

Quarterly Quality Management meetings will be scheduled to add or change anything that is or is not working with communication. And to discuss ways to continue to make the home a safe place for everyone. We had a Quality Management meeting on 1-15-2020 where all the attached forms were discussed with an implementation date of 01-16-2020. Lastly the administrator will be meeting individually every other month to do staff performance reviews and will use this time to talk about incident reports/abuse and any other issue that may arise and need further individual treatment.

Tracy Romig

Troy administrator 1-15-2020

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 10/02/19, multiple areas of the home had water temperatures exceeding 120 degrees Fahrenheit to include the following:

*At 9:14 a.m., the water temperature in the sink in the men's common bathroom next to the dining room was 125.7 degrees Fahrenheit.

*At 9:15 a.m., the water temperature in the sink in the women's common bathroom next to the dining room was 125.0 degrees Fahrenheit.

*At 9:19 a.m., the water temperature in the bathroom sink of resident bedroom #17 was 148.6 degrees Fahrenheit.

*At 9:21 a.m., the water temperature in the sink in resident bedroom #20 was 150.2 degrees Fahrenheit.

*At 9:23 a.m., the water temperature in the sink in resident bedroom #19 was 149.1 degrees Fahrenheit.

Repeat Violation: 5/31/19, 5/6/19, 2/13/19 et al

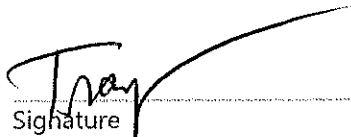
Plan of Correction (POC)

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

See Page 7A of 12

See attachment

Legal Entity Representative



Signature

Tracy Dominick administrator HIS 2020
Printed Name and Title Date

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(Date)

Plan of correction implementation status as of _____
(Date)

The above plan of correction was approved by 
(Initials)

Implemented
 Not Implemented

2600 89b.

Hot water temperatures in areas accessible to the resident may not exceed 120 degrees. The violation was on 10/02/19 multiple areas of the home had water temperatures exceeding 120 degrees Fahrenheit. Men's room 125.7, women's room 125.0 room #17 148.6, # 20 150.2 and #19 149.1. The maintain man and the administrator are responsible for checking the water temperatures to make sure the temperatures do not exceed 120 degrees. There was no log or any way to monitor the water temperatures up to this point. The temperatures on the water tank were turned down immediately. The one water tank that supplies the water for rooms #17,19,20 was replaced in November of 2019. The water tank that supplies the water to the men and woman's room was turned down and tested daily until all the water temperatures running off that water tank were below 120 degrees. The water tank was marked to show all staff where the temperature needs to stay to keep temperatures under 120 degrees. All the staff were showed the green marking on the heater to ensure they do not turn it past the green mark.

A hot water Temperature Log was started on December 9th 2019 and will be completed a minimum of twice a week from a least one room running off of each of the water tanks to ensure that all sinks from each water tank are below 120 degrees. This will be completed by maintain or administrator and the administrator will check it weekly to ensure it is completed. Any further issues with the temperature a plumber will be contacted.



Tracy Dominguez administrator 1-15-2020

141a - Medical Evaluation

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.

Description of Violation

Resident #3 was admitted to the home on 8/15/19. However, the resident did not have a medical evaluation completed.

Repeat Violation: 5/31/19, 5/6/19, 2/13/19 et al

Plan of Correction (POC)

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

A resident shall have a medical evaluation by a physician, physician assistant, or certified registered nurse practitioner documented on a form specified by the department with backup prior to admission or within 30 day after admissions. The evaluation determines the level of care needed to ensure the health and safety and well-being of the individual. During the inspection resident #3 did not have a medical evaluation in the file. The DME was not in the file because the lacked systems for reviewing records for compliance. The administrator retrieved the DME that was dated 8-20-19 and placed in the file on 11-20-19. The new administrator audited all files from 12-18-19 to 1-3-2020. A word document table (attached) was created on 12-18-19 and was used to track paperwork in files and anything missing. The files will be completed by 1-31-2020. An admissions checklist was created with a place for a date and signature on 1-3-2020. The administrator

Legal Entity Representative


Signature


Printed Name and Title


1/3/20
Date

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(Date)

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(Date)

- Implemented
- Not Implemented

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(Initials)

141a - Medical Evaluation

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.

Description of Violation

Resident #3 was admitted to the home on 8/15/19. However, the resident did not have a medical evaluation completed.

Repeat Violation: 5/31/19, 5/6/19, 2/13/19 et al

Plan of Correction (POC)

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

Will check the check list weekly in the first month to ensure all new admit paperwork is completed by deadlines. I will also be using Tabulo pro a software system that has a dashboard that gives daily alerts on the dashboard as to what is due that day. The new administrator will check tabulo pro a minimum of once a week one month out (In January will be working on all of February's) to make sure doctors are notified if the DME is due. DR ~~XXXX~~ Vanorski and Dr Thimonis have been to the facility 12-17-19, 1-8-2020, 1-14-2020. This system (Tabulo pro) has been in use since 1-3-2020. attached is a copy of January's dashboard, the admissions check list and word document table.

Legal Entity Representative



Signature

Tracy Romsgaard administrator 1-13-2020
Printed Name and Title Date

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(Date)

Plan of correction implementation status as of _____
(Date)

The above plan of correction was approved by 
(Initials)

- Implemented
- 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 #4's most current medical evaluation was completed on 4/5/18.

Repeat Violation: 5/6/19, 2/13/19 et al

Plan of Correction (POC)

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

The medical evaluator determines the level of care needed to ensure the health, safety and well being of the individual. The violation was the resident was admitted on 10/20/18 and the only DME in the file was dated 4/5/18 for resident #4. The resident passed away and a current DME was not completed. The only DME in her file was date 4/5/18. The violation occurred because the administrator lacked systems for renewing records for compliance. The new administrator ~~reported~~ audited all files from 12-18-19 to 1-3-2020. A word document table (attached) was created on 12-18-19 and was used to track paperwork in files and any they missing. The files will be completed by 1-31-2020. An admission checklist was created with a place for a date and signature on 1-3-2020. The administrator will check the checklist weekly in the first month to ensure all new admit paperwork is completed by due dates. The administrator

Legal Entity Representative


Signature


 administrator 1/4/2020
Printed Name and Title Date

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(Date)

Plan of correction implementation status as of _____
(Date)

- Implemented
- Not Implemented

The above plan of correction was approved by 
(initials)

141b1 - Annual Medical Evaluation

Regulations

2600.

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

Description of Violation

Resident #4's most current medical evaluation was completed on 4/5/18.

Repeat Violation: 5/6/19, 2/13/19 et al

Plan of Correction (POC)

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

Will also be using Tabulo pro a software system that has a dashboard that gives daily alerts on the dashboard as to what is due.. The new administrator will check tabulopro a minimum of once a week one month out (In January I will be ensuring all of January's are complete and working on February's to ensure Doctors are notified if a home is needed or due, Dr. Vanarski & Dr Thomas have been to the facility on 12/7/19, 1-8-2020, 1-14-2020. Tabulo pro has been being used by Administrator since 1-3-2020.

Legal Entity Representative

Tracy Romigh
Signature

Tracy Romigh administrator 1/14/2020
Printed Name and Title Date

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(Date)

- Implemented
- Not Implemented

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

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 into the home on 5/20/19. However, the resident did not have a pre-admission screening completed by the home.

Repeat Violation: 5/31/19

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.)

A pre-admission screening determination shall be made with 30 days prior to admissions to ensure the needs of the resident can be met by the services provided by the home. The administrator did not have a pre-admissions screening completed for resident #1. resident #1 passed away and a screening was not completed. The home lacked systems for reviewing records for compliance. An audit was completed on 12-18-19 to 1-3-2020. A word document table was created (attached) on 12-18-19 and was used to track paperwork in files and anything missing. The files will be completed by 1-31-2020. An admissions checklist was created with a place for a dated signature on 1-3-2020. The administrator will be in charge of scheduling the admissions and will not schedule the admissions until a pre-screening is completed. The administrator

Legal Entity Representative

Tracy
Signature

Tracy Long administrator 1-14-20
Printed Name and Title Date

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(Date)

Plan of correction implementation status as of _____
(Date)

- Implemented
- Not Implemented

The above plan of correction was approved by *GL*
(Initials)

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 into the home on 5/20/19. However, the resident did not have a pre-admission screening completed by the home.

Repeat Violation: 5/31/19

Plan of Correction (POC)

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Will have another staff member sign off on the signature verification for the pre-screening before and admission date is scheduled within 30 days prior.

By 3/15/2020: The administrator or designated staff person shall audit all resident records to ensure a preadmission screening has been completed for each resident and the home is capable of meeting the resident's needs. 2/21/2020

By 3/15/2020: The administrator shall review all new resident admissions documentation to ensure each resident has had a preadmission screening completed and the home can meet the needs of the resident. 2/21/2020

Legal Entity Representative

Tracy Long
Signature

Tracy Long administrator 1-14-20
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Implemented
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225a - Assessment 15 Days

Regulations

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

There was no written initial assessment completed for resident #1 admitted 5/20/19, resident #2 admitted 8/17/19 and resident #3 admitted 8/15/19.

Repeat Violation: 5/31/19, 5/6/19, 2/13/19 et al

Plan of Correction (POC)

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The initial assessment is to provide information and become acquainted with the residents overall status and develop an accurate assessment of the residents medical, personal care, behavioral health and psychosocial needs. The violation that occurred ~~was~~ there was no initial assessment completed for resident #1, #2, #3. The violation was able to occur because the home lacked systems for reviewing records for compliance. The administrator completed the initial assessment for resident #3 on 12-11-19 (attached). The initial assessment for resident #2 on 10/08/19. (attached). Resident #1 did not receive an initial assessment and passed away before one could be completed. The new administrator completed an audit from 12-18-19 to 01-03-2020. A word document table (attached) was created on 12-18-19 and used to track paperwork in files and anything missing. New administrator will have files completed by 01-31-2020. a checklist for new admission was created on 1-3-2020 and will be check weekly until all paperwork for new admit is completed in the

Legal Entity Representative



Signature

Tracy Romig administrator 1-13-20

Printed Name and Title

Date


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225a - Assessment 15 Days

Regulations

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

There was no written initial assessment completed for resident #1 admitted 5/20/19, resident #2 admitted 8/17/19 and resident #3 admitted 8/15/19.

Repeat Violation: 5/31/19, 5/6/19, 2/13/19 et al

Plan of Correction (POC)

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First month. On top of ensuring all new admit paperwork is in files on time, I will be using Tabulo pro a software system that has a dashboard that gives daily alerts as to what is due that day. The new administrator will check tabulo a minimum of once a week one month out (Example ensuring all of Jan's are done and looking at what is due in February) to make sure Doctors are notified if it is a BME and all other paperwork is completed by due date. Attached a copy of January's dash board, the admissions check list and the word document table. All systems are in place and have been in use since 1-3-2020.

Legal Entity Representative


Signature


 administrator
Printed Name and Title

1-13-20
Date

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225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #4 requires care from a hospice services provider. However, the resident's assessment, dated 10/30/18, does not access the resident's need for hospice services.

Resident #5's initial assessment dated 5/3/19, was not updated to reflect the resident's change in care needs to include home health services with physical and occupational therapy as indicated on the resident's medical evaluation, dated 5/20/19.

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.)

any orders that were sent by the Dr's that would require a change in assessment. all additions will be completed if not documented by 1-31-2020. This form will be used also moving forward immediately to document any changes that would require an additional assessment. A binder was created. Also, during the Quality management training on 1-9-2020 it was discussed what one considered a change in status that would need to be documented. The administrator will check the forms weekly to ensure no orders are missed in daily communication. ~~Personnel staff~~

See Pages 12A and 12B of 12

Legal Entity Representative


Signature


Tracy M. Lomy
Printed Name and Title


1-14 2020
Date

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225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #4 requires care from a hospice services provider. However, the resident's assessment, dated 10/30/18, does not access the resident's need for hospice services.

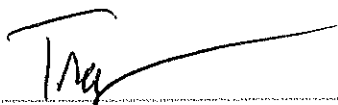
Resident #5's initial assessment dated 5/3/19, was not updated to reflect the resident's change in care needs to include home health services with physical and occupational therapy as indicated on the resident's medical evaluation, dated 5/20/19.

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.)

A resident shall have a written initial assessment with 15 days of admission, annually, and if the condition of the resident significantly changes prior to the annual assessment. It is the responsibility of the administrator to ensure all paperwork is completed. The homeLack's systems for reviewing records for compliance. The administrator fixed #4 residents on 01/07/19 and added the change sheet to her file. #4 required care from hospice. Resident #5 assessment was not updated before she was discharged from Victoria Manor on 10-21-19. An audit was completed by the administrator on 12-18-19 to 1-3-2020. a word document was created on 12-18-19 (attached) and is being used to document

Legal Entity Representative



Signature

Thylora J. Administrator

Printed Name and Title

1-14-2020


Date

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Regulations

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- 1. Annually.
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Description of Violation

Resident #4 requires care from a hospice services provider. However, the resident's assessment, dated 10/30/18, does not access the resident's need for hospice services.

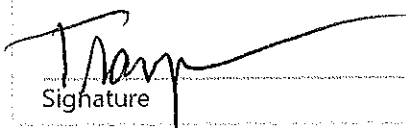
Resident #5's initial assessment dated 5/3/19, was not updated to reflect the resident's change in care needs to include home health services with physical and occupational therapy as indicated on the resident's medical evaluation, dated 5/20/19.

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Administration scheduled a training for 1-23-2020 with designated staff on how to complete a RASP and all information that ~~is~~ is required to be placed in assessment in order to have an accurate assessment. Administration will complete all assessments and updates until training is completed.

Legal Entity Representative



Signature

Tracy Kempf administrator 1-14-2020
Printed Name and Title Date

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