



Sent via e-mail to: minelli09@hotmail.com
MAILING DATE: January 8, 2020

Ms. Dorothy Minelli
Owner
Angel's Family Manor Personal Care Home Inc.
218 North Main Avenue
Scranton, Pennsylvania 18504

RE: Angel's Family Manor Personal Care Home
License #: 210620

Dear Mr. Minelli:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 8, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "M. Moskalczyk". The signature is written in a cursive style.

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: ANGEL'S FAMILY MANOR PERSONAL CARE HOME

License Number: 21062

Address: 218 NORTH MAIN AVENUE,, SCRANTON, PA 18504

County: LACKAWANNA

Region: NORTHEAST

Administrator

Name: Buddy Minelli

Phone: 5703415012

Email: minelli09@hotmail.com

Legal Entity

Name: ANGELS FAMILY MANOR PERSONAL CARE HOME INC

Address: 218 NORTH MAIN AVENUE, SCRANTON, PA, 18504

Certificate(s) of Occupancy

Type: Other

Date: 04/11/2014

Issued By: City of Scranton

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 48

Waking Staff: 36

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal, Complaint

Inspection Dates and Department Representative

10/08/2019 - On-Site: Amy Deluca, Gerry Dumas

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 53

Residents Served: 48

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 48

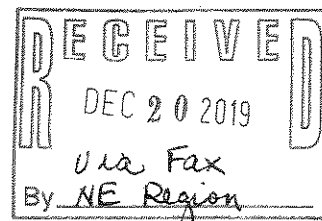
Are 60 Years of Age or Older: 32

Diagnosed with Mental Illness: 46

Diagnosed with Intellectual Disability: 2

Have Mobility Need: 0

Have Physical Disability: 7



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 home did not have their current license posted in the home. The License inspection summary reports dated 5/3/2019 and 9/10/2018 were not posted in the home.

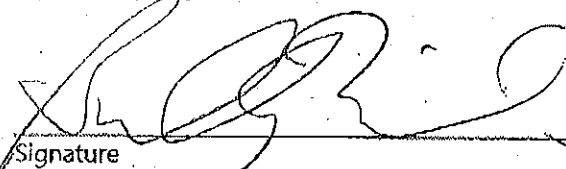
Plan of Correction (POC)

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

Soon as State website is back up and running. the admin will print them and hang them up. The home had them hanging in common area by med room. Someone took them off the wall, and never put them back up. The Admin will make sure once site is up that they are hung up.

SEE ATTACHED

Legal Entity Representative



Buddy Minelli, Admin 12/9/19

Signature

Printed Name and Title

Date

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

The above plan of correction is approved as of 12-30-19
(Date)

Plan of correction implementation status as of 12-30-19
(Date)

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

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

2600. 3(c)

Within 5 days of receipt of the plan of correction:

The administrator will ensure that the current license and a copy of all violation reports where full compliance has not been verified are posted in a conspicuous and public place within the home. Copies of the violation reports and plans of correction will also be available for review upon request of the residents or their designated persons.

The Administrator shall monitor weekly X's 3 months to ensure compliance.

12-30-19

MM

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home did not have a carbon monoxide monitor installed 15 feet away from the gas stove in the kitchen as required by the Care Facilities Carbon Monoxide Monitoring Act.

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.)

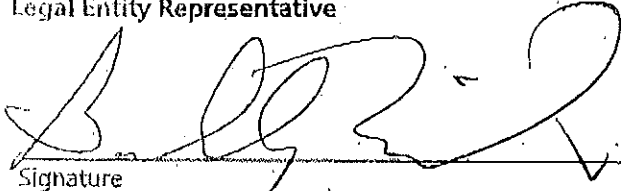
There was no carbon monoxide monitor by Kitchen. When home was first told to install them the fire department showed us were to put them. The home didn't know one was needed by Kitchen. The home purchased one and installed it the day after inspection and will make sure there is always one there from now on. Maintenance will check and change battery yearly.

Immediately and Ongoing:

The administrator shall ensure that there is a carbon monoxide detector installed 15 feet away from any fossil-fuel burning device or appliance. If there are resident bedrooms located between a fossil fuel burning appliance and any additional approved carbon monoxide alarm, a single additional approved carbon monoxide alarm shall be installed in a central location on the same level as the resident bedrooms.

Legal Entity Representative

The administrator shall monitor for ongoing compliance with regulation.



12-30-19

MM

Buddy Minelli

Printed Name and Title

12/2/2019

Date

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51 - Criminal Background Check

Regulations

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

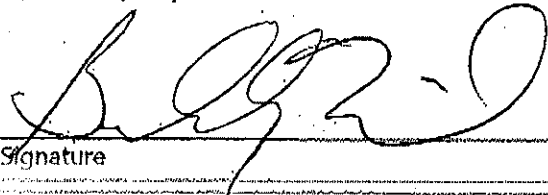
The home did not have documentation of a criminal history background check for staff member A who was hired on 3/18/2019.

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.)

The home had background check for ~~Personnel~~ Staff A, but not at time of inspection. The home had water leak in office on office desk, and must of got ruined. The home did another background check to show she has no record. Staff member A Doesn't work at home anymore. The Admin will try to make sure this never happens again. The Admin will also make sure all background checks are done with in 30 Day period. SEE ATTACHED.....

Legal Entity Representative


Signature

Rassy Minelli Admin 12/1/19
Printed Name and Title Date

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- Not Implemented

2600. 51

Within 5 days of receipt of the plan of correction:

The administrator will develop and implement a system to ensure that hiring and retention of staff is done in accordance with the Older Adults Protective Services Act.

The Administrator shall monitor ALL new hires for 6 months to ensure ongoing compliance.

12-30-19

MM

64c - Annual Training

Regulations.

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff person B, who is the home's administrator, completed only 2 of the required 24 hours of administrator training for 2018. Staff person C, who is the home's co-administrator, completed only 4 of the required 24 hours of administrator training for 2018.

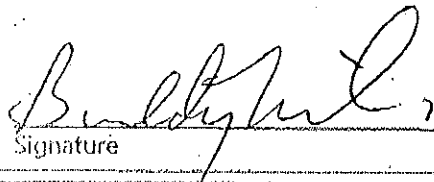
Plan of Correction (POC)

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The home had 12-hours of online training done in 2019 for 2018 as well. The Admin is trying to make up 2018 hours in with 2019 to total 48 hours to be caught up. By End of December Admin will have enough hours to cover for both years. The homes Admin will do better job in 2020 to make sure he has all his training up to date. There not many training hours for class room time in is area. Been working with state to find classes and get caught up.

Legal Entity Representative

SEE ATTACHED....


Signature

Bussy Minelli
Printed Name and Title

12/2/19
Date

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2600 64c

The administrator shall complete 11.5 hour (in-person training) from a source approved by the Department for missing hours from training year 2019. Hours shall be completed by May 1, 2020 and proof of training shall be provided to Department.

Training year 2020:

In the future, the administrator will have at least 24 hours of training from a source approved by the Department in each training year. 12-30-19 -MM

2018

12 – 4 = 8 hour short

12 on-line completed

2019

12 – 8.5 (in-person completed)

8 hours applied to training year 2018

12 hours on-line completed

SHORT 11.5 IN-PERSON ADMINISTRATORS TRAINING HOURS FOR 2019.

12-30-19

MM

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.

Description of Violation

Staff persons D and E did not have training in medication self administration for the 2018 training year.

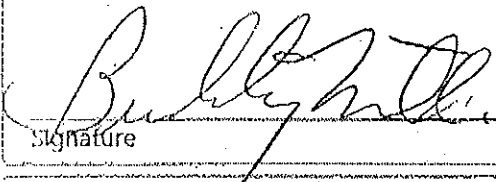
Plan of Correction (POC)

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The home couldn't find ^{training} paper when State was here. The home found the training paper after the State left. The home's Admin will make sure all workers have their 12 hours and make sure they are available at time of inspection. Both Staff members were trained.

SEE ATTACHED.....

Legal Entity Representative


Signature

Buddy Minelli
Printed Name and Title

12/1/2019
Date

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MM
(Initials)

Fully Implemented doc-MM

Partially Implemented ~~adequate progress~~

Partially Implemented ~~adequate progress~~

Not Implemented

2600 – 65f

Training Year 2020 and each year thereafter

The administrator will develop a staff training plan that includes the following information:

- (1) The name, position and duties of each direct care staff person, ancillary staff person, substitute personnel and regularly-scheduled volunteer
- (2) The required training courses for each person identified in (1).
- (3) The dates, times and locations of the scheduled training for each person identified in (1) for the upcoming year.

The training plan will include, at a minimum, the topics required by 2600.65f and 2600.65g.

The administrator shall monitor ALL training monthly for the next 6 months.

MM

12-30-19

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:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

Staff persons D, E, and F did not receive training in fire safety by a fire safety expert in 2018.

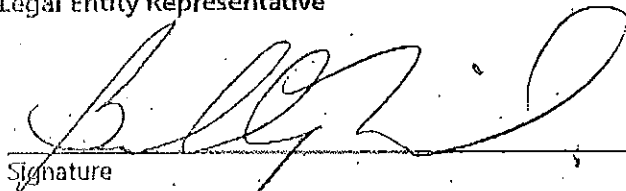
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The city of Scranton was behind, and gave a letter I gave to state at time of inspection to show they were behind. Staff has make up class for fire safety. They will do 2 classes in 2019 for 2018, on 12/20/2019 will be the second class. To make sure the home doesn't fall behind again, the home's Admin is getting Certification for fire safety.

SEE ATTACHED.....

Legal Entity Representative



Buddy Minelli

12/1/2019

Signature

Printed Name and Title

Date

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

2600 – 65g

Within 10 days of receipt of the plan of correction:

The administrator will develop a staff training plan that includes the following information:

- (1) The name, position and duties of each direct care staff person, ancillary staff person, substitute personnel and regularly-scheduled volunteer
- (2) The required training courses for each person identified in (1).
- (3) The dates, times and locations of the scheduled training for each person identified in (1) for the upcoming year.

The training plan will include, at a minimum, the topics required by 2600.65f and 2600.65g.

The home will implement the developed plan. Compliance with the plan will be kept in accordance with 2600.65i and 2600.66c.

12-30-19

MM

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

The carpet in resident bedroom 305 was stained heavily and presented an unsanitary condition.

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 violation of room 305 carpet had stains and crumbs everywhere from residents bringing food to rooms. The home rented a carpet cleaner to do rug in that room. The cleaners were also told about checking the rooms, and making sure carpets are vacuumed everyday. The house manager and Admin will check periodically through out week, to ensure the carpets are being cleaned. Carpet still has stain but carpets were cleaned. Home is going to see in beginning of January to get carpet replaced with tile. SEE ATTACHED...

Legal Entity Representative

[Handwritten Signature]
Signature

Buddy Minelli ADMIN. 12/1/19
Printed Name and Title Date

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The above plan of correction was approved by	<u>MM</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

2600 – 85a

Within 5 days of receipt of the plan of correction:

The home will instruct staff to check all areas of the home for unsanitary conditions at least once per shift for the next 3 months. Staff will be instructed to remedy any unsanitary conditions immediately upon detection.

The administrator will monitor for the next 3 months for ongoing compliance.

12-30-19

MM

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

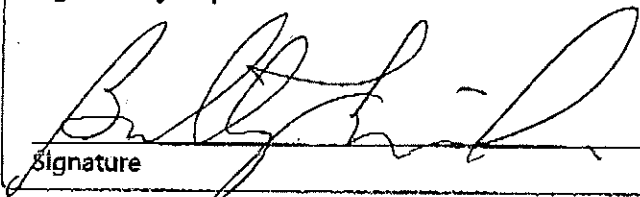
The resident in room 203 has a phone installed in his room; there were no emergency phone numbers posted near the phone.

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 Admin had one hanging in room 203 by phone, resident must of taken it down. A new one was put up by phone workers AND Admin will check on it periodically through out the month to make sure it stays up. House Keepers on daily basis check will keep eye out for it as well.

Legal Entity Representative



Bussy McNeil, Admin

12/20/19

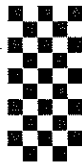
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- Not Implemented



101j7 - Lighting/Operable Lamp

Regulations

2000.

101j. 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

There was no bedside lighting in resident rooms 203 and 205.

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.)

In 203 the lamp was on dresser out of reach of resident from beside, The home told resident it has to stay on night stand by bed. In Room 205 bulb was dead, the home replaced bulb, and bought new lamps for rooms. The maintenance man will check lamps periodically through week. MAKE SURE LAMPS ARE BY BEDSIDE AND ALL BULBS ARE WORKING.

WITHIN 15 DAYS OF RECEIPT OF THE PLAN OF CORRECTION:

An operable bedside lamp will be added to the identified bedroom. The administrator will check all bedside lamps at least once per week to ensure that they are operable. The administrator shall continue weekly checks for 3 months. 12-30-19 - MM

Legal Entity Representative

Buddy Minelli
Signature

Buddy Minelli ADMIN
Printed Name and Title

12/20/19
Date

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- Partially Implemented - Inadequate Progress
- Not Implemented

125a - Combustible Storage

Regulations

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

The smoking area contains coffee cans for extinguishing cigarette butts. There were numerous pieces of paper garbage and empty cigarette packs found in several of the coffee cans, posing a fire safety hazard.

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.)

There was empty packs found in butt cans in smoking area. The home has had meeting with residents telling them it is fire hazard. The home has tried the plastic butt containers but residents were stuffing garbage in them. The home will put water in cans to try and stop the problem and staff will be on hourly checks to empty and check cans.

IMMEDIATELY-- Staff will be instructed to keep combustible and flammable materials away from THE SMOKEING AREA, at all times. Administrator or designee will monitor daily for 6 months for ongoing compliance. 12-30-19 - MM

Legal Entity Representative

Buddy Minelli
Signature

Buddy Minelli
Printed Name and Title

12/11/2019
Date

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- Partially Implemented, Inadequate Progress
- Not Implemented

132b - Safety Inspection/Fire Drill

Regulations

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home's last supervised fire drill by a fire safety expert was conducted on 7/10/2018. The home did not conduct an annual supervised fire drill as required by this regulation.

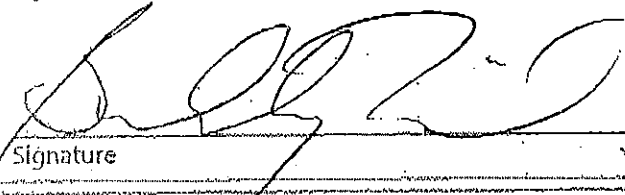
Plan of Correction (POC)

(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.)

We were 3 months behind with fire supervised drill. The city was backed up gave letter to inspectors at time of inspection. We called Bob Muller when we found out. Bob came on 10/11/19 and did supervised fire drill.

SEE ATTACHED.....

Legal Entity Representative



Buddy Minelli Admin 12/18/19

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

2600 132b

Within 10 days of receipt of the plan of correction and annually thereafter:

The administrator will ensure that a fire safety inspection and fire drill are conducted by a fire safety expert. Documentation of the inspection and drill will be kept.

The administrator shall monitor monthly for the next 12 months.

12-30-19
MM

132d - Evacuation

Regulations

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home did not have a current letter from a fire safety expert establishing a maximum safe evacuation time. On the following dates the home's fire drills exceeded the maximum evacuation time: 7/12/19, completed in 3 minutes and 32 seconds, 8/20/2019, completed in 3 minutes and 10 seconds, 9/29/19 completed in 3 minutes and 15 seconds.

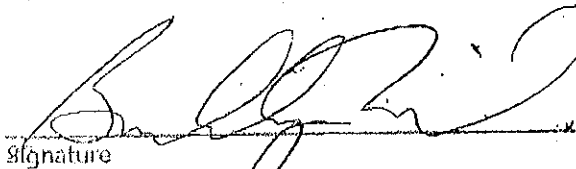
Plan of Correction (POC)

(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.)

These times go over because we did not have fire drill paper from Bob Muller yet. 10/11/2019 Bob Muller came out and did evacuation drill and fire safety expert paper.

SEE ATTACHED....

Legal Entity Representative



Signature

Bussy Minelli Admin 12/18/19

Printed Name and Title

Date

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- Not Implemented

2600 132d

Within 10 days of receipt of the plan of correction and annually thereafter:

Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

The administrator will ensure that a fire safety expert will complete the required documentation need to extend the home's evacuation times. Annual documentation shall be kept by the home for review by the department upon request.

The administrator shall monitor monthly for the next 12 months for ongoing compliance.

12-30-19
MM

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

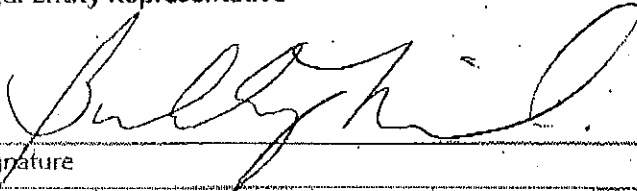
Resident #2's documentation of medical evaluation form (DME) dated 5/8/2019 was incomplete because it did not indicate the resident's ability to self administer medications.

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.)

For resident #2 has can not self admin meds, but has a bed side inhaler with script for it, The home will attach script to DME. The home will keep monitoring residents inhaler every month and order refills.

Legal Entity Representative

 Buddy Minelli 12/9/19
 Signature Printed Name and Title Date

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		<input checked="" type="checkbox"/> Fully Implemented	
The above plan of correction was approved by	<u>MM</u> (Initials)	<input checked="" type="checkbox"/> Partially Implemented Adequate Progress	
		<input checked="" type="checkbox"/> Partially Implemented Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

144c1 - Smoking Area Guidelines

Regulations

2600:

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

There were more than a dozen extinguished cigarette butts observed in the grassy areas surrounding the home's outdoor smoking area located in the rear of the home.

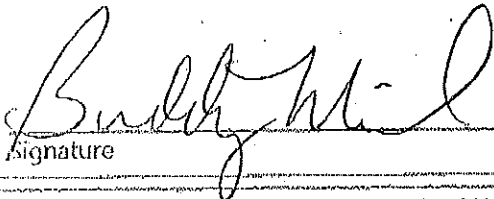
Plan of Correction (POC)

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In the outdoor smoking area there was cigarette butts in grass. Due to a butt can being knocked over and them blowing around. The home Admin had meeting with housekeepers. Housekeepers are going to check smoking area every hour to make sure they are all cleaned up at all times. The homes manager is going to check periodically to make sure house keepers keep up with checking & cleaning up cig butts.

Immediately and Ongoing - The Administrator will check weekly for x's 6 months the smoking area for ongoing compliance.
12-30-19 - MM

Legal Entity Representative


Signature

Buddy Minelli
Printed Name and Title

12/9/19
Date

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181a - Self-administration Assist

Regulations

2600.

181.a. A home shall provide residents with assistance, as needed, with medication prescribed for the resident's self-administration. This assistance includes helping the resident to remember the schedule for taking the medication, storing the medication in a secure place and offering the resident the medication at the prescribed times.

Description of Violation

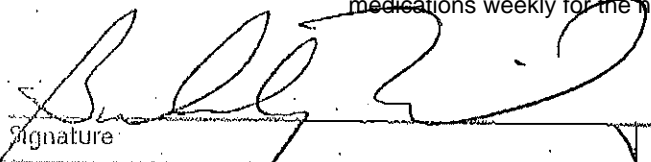
Resident #3 is prescribed Proventil neb solution to be administered 4 times a day. The diagnosis is for wheezing. On site it was determined via an interview with resident #3 and with medication technician staff that the resident did not have Proventil neb available for use in the neb machine for a period of two years. In addition, the inhaler, Proair, was to be self-administered PRN and instead the resident was self-administering 4 times daily instead of PRN usage. There was no oversight or assistance from the home's medication tech staff to assure that resident #3 was self-administering both medications correctly.

Plan of Correction (POC)

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Resident #3 didn't have neb treatments in her room other than 2 tubes of nebs. When Admin found this out Pharmacy delivered them their within ten mins. Staff was pulled into meeting about checking resident #3's nebs and making sure they are reordered as needs. A New Doctor came to re eval meds, because of resident being on both these meds. Inhaler is used 4 times a day resident told inspector, then said 3 times a day. The Inhaler is PRN 4 times a day and she understands that. Resident #3 agreed to keep nebs in med room so staff can see to reorder nebs. Resident switched doctors and has new orders. ATTACHED

Legal Entity Representative Immediately and Ongoing: The administrator will continue to monitor ALL residents who self-administer medications weekly for the next 3 months to establish ongoing compliance. 12-30-19 - MM


Signature

Buddy Minelli
Printed Name and Title

12/19/19
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

The glucometer belonging to resident #1 was not calibrated to the correct date and time.

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 glucometer was not calibrated to correct time and date. The home called pharmacy for help, being a new machine they had to call someone to get info to change it. The Pharmacy called back a day or two later, with the info a med tech calibrated it. Explained in training again for med tech's how important it is to make sure they are calibrated. The Head Med Tech and Admin will check periodically through out weeks & monthly to make sure they are calibrated.

Legal Entity Representative

[Handwritten Signature]

Buddy Minelli Admin

12/9/19

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187b - Date/Time of Medication Admin.

Regulations

2600.

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

Description of Violation

Resident #4 has an order for Metoprolol to be held if the systolic blood pressure is less than 120. On 10/4/2019 and 10/8/2019 the medication was held due to the parameters but the medication was initialed as administered.

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 med tech signed the MAR, but pill was held and blood pressure was taken. When state was here they talked to med tech and pill wasn't given she was still marking it to show blood pressure was taken. We had all med techs retrain in documentation, self admin, and med review class. Head Med Techs will check MAR book periodically throughout the months to make sure med techs are documenting the MAR's correctly. The Administrator shall monitor weekly x's 3 months. 12-30-19 MM

Legal Entity Representative

[Handwritten Signature]
Signature

Buddy Minelli Admin 12/9/19
Printed Name and Title Date

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187d - Follow Prescriber's Orders

Regulations

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

Description of Violation

Resident #3 was prescribed a nebulizer solution 4 x a day (electronic prescription 2/27/17). It was confirmed by the Pharmacy that in fact the resident did not have their prescribed nebs delivered for two years. Today, the nebulizer solution was not available for use. The home failed to monitor and assure that the neb solution was on hand for daily resident use as prescribed. Additionally, the home also did not monitor the self-administration use of a Proair Inhaler, (prescribed on 1/18/17) also for resident #3. The resident was incorrectly using a Proair inhaler as a straight order continually instead as a PRN as prescribed.

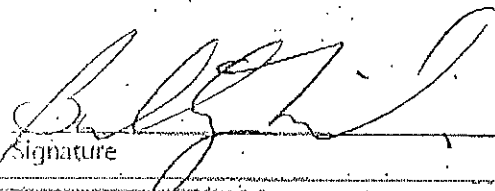
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Resident's #3 Nebs where not ordered, Med Techs were not checking on it. She had 6 nebs left. Soon as admin found out Pharmacy was called and nebs were sent over within ten mins. Had staff meeting about checking on resident #3 to make sure they are ordered. Resident #3 agreed to leaving nebs in medroom so med staff can see to reorder when nebs are getting low. Also resident is switching doctors to better manage her meds. The resident switched Doctors and new orders were given and nebs where D/ced.

The Administrator shall monitor weekly x's 3 months. 12-30-19 MM

Legal Entity Representative



Bussy Minelli Admin

12/9/19

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227e - Self Administer Medication

Regulations

2600.

227.e. The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

Description of Violation

The home did not provide oversight for resident #3's prescribed medication Proventil neb solution- (Inhale one unit via nebulizer 4 times a day.) Additionally, the home was not monitoring the inhaler Proair take 2 puffs by mouth 4 times a day as needed. The resident was taking this inhaler as a straight order and not as a PRN. There was no procedure in place to assure that that 1) resident #3 was receiving their medications as prescribed and 2) still maintained the ability to self-administer, taking the prescribed medication as order by their physician.

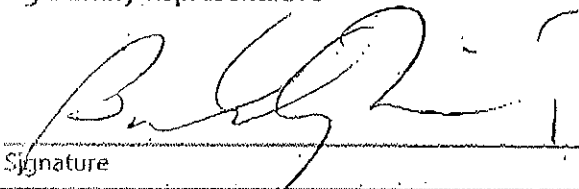
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There was issues with refills for neb solution which was D/C'ed by new doctor. At time when Admin found out, the admin had nebs here within 5mins. The inhaler is PRN 4-times day, with doctor order to keep it with her. She never used it more than 4-times.

Immediately and Ongoing: The resident's assessment shall document the ability of the resident to self-administer his/her medications or the need for medication reminders or medication administration. The administrator shall monitor for compliance weekly X's 3 months. 12-30-19 MM

Legal Entity Representative



Buddy Mancini
Printed Name and Title

12/18/19
Date

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252 - Record Content

Regulations

2600.

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

23. If the resident dies in the home, a copy of the official death certificate.

Description of Violation

Resident #5 passed away in the home. The home did not obtain a death certificate.

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 called and tried to get copy of Death Cert. Coroner office was called multiple times. Called twice the week of 12-8-19, as well. Still no response from them. The home will keep calling and try until it is received.

With in 30 days of receipt of the plan of correction and biannually thereafter:

The administrator will review audit all resident records to ensure that all of the information required by this regulation is present.

Missing information will be added immediately. 12-30-19 -MM

Legal Entity Representative

Signature 

Printed Name and Title Benjamin Minelli

Date 12/19/19

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