



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to LEAH C ILGENFRITZ  
LEGAL ENTITY

To operate LEAH'S VICTORIAN COTTAGE I  
NAME OF FACILITY OR AGENCY

Located at 511 PARK AVENUE, SCOTSDALE, PA 15683  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

To provide Personal Care Homes  
TYPE OF SERVICE TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 30  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.  
MAXIMUM CAPACITY

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from October 24, 2019 until April 24, 2020,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **429351**

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE:** October 24, 2019

Ms. Leah C. Ilgenfritz  
Owner  
Leah C. Ilgenfritz  
521 Park Avenue  
Scottsdale, Pennsylvania 15683

RE: Leah's Victorian Cottage I  
511 Park Avenue  
Scottsdale, Pennsylvania 15683  
Certificate #: 429351

Dear Ms. Ilgenfritz:

As a result of the Department's Bureau of Human Services Licensing annual inspection on June 18, 2019 and September 5, 2019, of the above facility, the citations specified on the enclosed violation report were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), your current license # 429350 dated March 26, 2019 to March 26, 2020, is REVOKED. A FIRST PROVISIONAL license is being issued. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated March 26, 2019 to March 26, 2020 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

Ms. Ilgenfritz

2

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
65f	III	25	\$3	\$75	15 calendar days from mailing date of this letter
92	III	25	\$3	\$75	15 calendar days from mailing date of this letter
141b1	III	25	\$3	\$75	15 calendar days from mailing date of this letter
185a	III	25	\$3	\$75	15 calendar days from mailing date of this letter
187a	III	25	\$3	\$75	15 calendar days from mailing date of this letter
225c	III	25	\$3	\$75	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Shivani Patel, Enforcement Manager  
Human Services Licensing  
Department of Human Services  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

Ms. Ilgenfritz

3

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock", written in a cursive style.

Kevin Hancock  
Deputy Secretary  
Office of Long Term Living

Enclosures  
License  
Violation Report

# Violation Report

## Facility Information

Name: *LEAH'S VICTORIAN COTTAGE I*

License Number: *429350*

Address: *511 PARK AVENUE, SCOTTDALE, PA 15683*

County: *WESTMORELAND*

Region: *WESTERN*

## Administrator

Name: *Leah Ilgenfritz*

Phone: *7248873920*

Email:

## Legal Entity

Name: *LEAH C ILGENFRITZ*

Address: *521 PARK AVENUE, SCOTTDALE, PA, 15683*

## Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *03/06/1995*

Issued By: *Labor and Industry*

## Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *22*

Waking Staff: *17*

## Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

## Inspection Dates and Department Representative

*06/18/2019 - On-Site: Ashley Roser, Amy Duncan*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *30*

Residents Served: *22*

### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: *0*

### Number of Residents Who:

Receive Supplemental Security Income: *21*

Are 60 Years of Age or Older: *13*

Diagnosed with Mental Illness: *22*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *0*

Have Physical Disability: *0*

17 - Record Confidentiality Western Region

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

At 9:50 a.m., a medical evaluation and MA 51 for resident #2 was unlocked and accessible on top of the home's kitchen microwave.

At 10:15 a.m., the privacy coding document, which contained numerous resident's names, to include residents #2, #6, #7 and #8, was attached to the license inspection summary, dated 7/5/18, and was posted on a hallway bulletin board.

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 staff members have been educated on regulations of records confidentiality. Administrator held training on 8-5-19 at 10:00 am. Attached training sheet.*

Immediately: A designated staff person shall inspect the home daily to ensure all resident information is kept in an area that is locked. 9/20/19

*EM*


Legal Entity Representative

*Leah Ilgenfritz*  
Signature

*(OWNER) Administrator*  
*LEAH ILGENFRITZ* 9-16-19  
Printed Name and Title Date

17 - Record Confidentiality (continued)

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

The above plan of correction is approved as of	<u>9/27/19</u> (Date)	Plan of correction implementation status as of	<u>9/27/19</u> (Date)
The above plan of correction was approved by	<u></u> (Initials)	<input type="checkbox"/> Fully Implemented	<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress
		<input type="checkbox"/> Partially Implemented - Inadequate Progress	<input type="checkbox"/> Not Implemented

65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:  
3. Care for residents with dementia and cognitive impairments.

Description of Violation

The following staff persons did not receive training on caring for residents with dementia and cognitive impairments during the 2018 training year:

\*Staff person C

\*Staff person D

\*Staff person E

Repeat Violation: 7/5/2018

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.)

*Staff persons C-D-E received training on Dementia and cognitive impairments on 8-5-19 at 10:00am Administrator held training Staff training sheet attached.*

See Page 5A of 34

Legal Entity Representative

*Leah Ilgenfritz*  
Signature

*(owner) Administrator*  
*Leah Ilgenfritz* 9-16-19  
Printed Name and Title Date

651 - Training Topics (continued)

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

The above plan of correction is approved as of 9/27/19  
(Date)

Plan of correction implementation status as of 9/27/19  
(Date)

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

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

**65 - Training Topics**

**Regulations**

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:  
3. Care for residents with dementia and cognitive impairments.

**Description of Violation**

The following staff persons did not receive training on caring for residents with dementia and cognitive impairments during the 2018 training year:

\*Staff person C

\*Staff person D

\*Staff person E

Repeat Violation: 7/5/2018

**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.)

Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement a tracking system to ensure each direct care staff person receives training on all topics specified in 2600.65f during each established training year. Documentation of the system shall be kept. Direct care staff trainings shall be reviewed at least semi-annually, as well as during the home's quality management review.

**Legal Entity Representative**

*Leah Ilgenfritz*  
Signature

(OWNER) Administrator  
LEAH Ilgenfritz  
Printed Name and Title

9-26-2019  
Date

85a - Sanitary Conditions

Regulations

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

Multiple, dried blood stains were present on resident#2's Contour EZ glucometer. Also, dried blood was present on the resident's blood glucose measurement calendar.

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.)

Administrator will create a checking system to ensure residents with glucometer are cleaned on a daily basis.  
Administrator will implement training sanitary conditions will be maintained on all equipment used in maintaining blood glucose.

Documentation of the training shall be kept. 9/23/19

JM

Legal Entity Representative

Leah Ilgenfritz  
Signature

(owner) Administrator

LEAH Ilgenfritz 9-16-19  
Printed Name and Title Date

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

The above plan of correction is approved as of 9/27/19  
(Date)

Plan of correction implementation status as of 9/27/19  
(Date)

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

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

92 - Windows

Regulations:

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation:

No screens are present in the operable windows located in the following bedrooms:

\*The window in bedroom #1, which faces the backyard

\*The right window in bedroom #6

Repeat Violation: 7/5/2018

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.)

Bedroom #1 & #6 screens were installed and secured in both windows. Administrator will monitor the windows on a monthly basis to ensure window screens are secured in all windows. Administrator will implement a check list. Documentation of the checklist shall be kept. 9/23/19

See Page 7A of 34

Legal Entity Representative

Leah Ilgenfritz

Signature

(owner) Administrator

Leah Ilgenfritz 9-16-19

Printed Name and Title

Date

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

The above plan of correction is approved as of 9/27/19 (Date)

Plan of correction implementation status as of 9/27/19 (Date)

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

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

LEAH'S VICTORIAN COTTAGE I

429350

92 - Windows

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

No screens are present in the operable windows located in the following bedrooms:

\*The window in bedroom #1, which faces the backyard

\*The right window in bedroom #6

Repeat Violation: 7/5/2018

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.)

Immediately: A designated staff person shall inspect all operable windows, including windows in doors, to ensure they are in good repair and securely screened.

Within 7 days of receipt of the plan of correction: All staff persons shall be educated that all operable windows, including windows in doors, shall be in good repair and securely screened. The education shall include a system of reporting issues if any windows or screens are in need of repairs. Documentation of the education shall be kept.

Land Entity Representative

*Leah Ilgenfritz*  
Signature

(owner) Administrator  
LEAH ILGENFRITZ 9-26-2019  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

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

101j6 - Mirror

Regulations

2600.  
101.j. Each resident shall have the following in the bedroom:  
6. A mirror.

Description of Violation

There is no mirror in resident #2's bedroom.

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 mirror was installed in bedroom #2 at least monthly 9/23/19  
Administrator will monitor bedrooms to ensure all rooms have mirrors.  
Administrator will implement a check list.

Documentation of monthly monitoring shall be maintained for Department review. SMP 10/15/19

Legal Entity Representative

Leah Elgenfrity  
Signature

(owner) Administrator  
LEAH ELGENFRITY 9-16-19  
Printed Name and Title Date

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

The above plan of correction is approved as of 9/27/19  
(Date)

Plan of correction implementation status as of 9/27/19  
(Date)

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

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

10177 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #9 does not have an operable source of lighting that can be turned on/off at bedside.

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 bedside lamp was placed in room #9  
administrator will monitor rooms make sure all lamps  
are in place and are operable condition,  
Administrator will implement a check list.

See Page 9A of 34

Legal Entity Representative

*Leah Ilgenfritz*  
Signature

(owner) Administrator

Leah Ilgenfritz 9-16-19  
Printed Name and Title Date

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

The above plan of correction is approved as of 9/27/19  
(Date)

Plan of correction implementation status as of 9/27/19  
(Date)

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

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

LEAH'S VICTORIAN COTTAGE I

429350

1017 Lighting/Operable Lamp

Regulations:

2600.

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

Resident #9 does not have an operable source of lighting that can be turned on/off at bedside.

Plan of Correction (POC)

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

Immediately, then weekly thereafter: A designated staff person shall inspect each resident bedroom to ensure each resident has an operable source of lighting that can be turned on/off from bedside.

Documentation of inspections shall be maintained for Department review. *SMP* 10/15/19

Legal Entity Representative

*Leah Ilgenritz*  
Signature

(owner) Administrator

*Leah Ilgenritz 9-26-19*  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

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

103e - Left Overs

Regulations

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At 9:44 a.m., the following unlabeled and undated food items were present in the home's kitchen refrigerator:

- \* 1/2 lb. of bologna wrapped in plastic wrap
- \* 1/2 lb. honey ham sliced, wrapped in plastic wrap
- \* 1/4 lb. provolone cheese slices, wrapped in plastic wrap
- \* 1/4 lb. brauswiger plastic wrap
- \* A metal container containing approximately 5 lbs. of ground meat

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.)

Administrator labeled all leftovers & containers with current date. Administrator placed a sign instructing all staff to date leftovers. Night shift will inspect contents in refrigerator to ensure all leftovers are dated. A sign sheet will be posted to ensure food is kept dated.

Legal Entity Representative

*Leah Elgenfritz*  
Signature

LEAH I Elgenfritz  
Printed Name and Title

9-16-19  
Date

103e - Left Overs (continued)

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

The above plan of correction is approved as of 9/27/19  
(Date)

Plan of correction implementation status as of 9/27/19  
(Date)

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

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

1031 - Outdated Food

Regulations

2600.  
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

The following expired items were present in the resident's refrigerator:  
\*A Sunny D container with unknown liquid, which was approximately 1/6 full, expired on 2/13/18  
\*A Lipton Green Tea Citrus, approximately 1/6 full, expired on 12/13/17

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.)

*Residents refrigerator was removed.*

Immediately: A designated staff person shall inspect all food storage areas daily, including all refrigerators and freezers, to ensure no outdated, spoiled or expired food items are present. 9/23/19

*JM*

Legal Entity Representative

*Leah Ilgenfritz*  
Signature

*(owner) Administrator*  
*LEAH Ilgenfritz 9-16-19*  
Printed Name and Title Date

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

The above plan of correction is approved as of	<u>9/27/19</u> (Date)	Plan of correction implementation status as of	<u>9/27/19</u> (Date)
The above plan of correction was approved by	<u>JM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

130h - Inoperable Smoke Detector

Regulations

2600.  
130.h. The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

Description of Violation

The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.

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.)  
*Smoke detector procedure is attached and placed in (Emergency Operation plan folder).*

Legal Entity Representative

*Leah Jigenfritz* (owner) Administrator  
Signature Printed Name and Title  
*LEAH JIGENFRITZ 9-16-19*  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX

The above plan of correction is approved as of 9/27/19 (Date)  
The above plan of correction was approved by [Signature] (Initials)  
Plan of correction implementation status as of 9/27/19 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

132c - Fire Drill Records

Regulations

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the fire drill held on 3/22/19 at 9:00 does not indicate am or pm.

Repeat Violation: 7/5/2018

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.)

Fire drill held on 3/22/19 was corrected and time of day was documented. All staff persons were educated on 8/5/19 importance of accuracy in documentation of fire drill by administrator.

Immediately: A designated staff person shall review the fire drills at least monthly to ensure all items specified in 2600.132c are present on the records, including am or pm. *JM* 9/23/19

Documentation of reviews shall be maintained for Department review. *SMP* 10/15/19

Legal Entity Representative

*Leah J Genfritz*  
Signature

(owner) Administrator  
*Leah J Genfritz 9-16-19*  
Printed Name and Title Date

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

The above plan of correction is approved as of 9/27/19  
(Date)

Plan of correction implementation status as of 9/27/19  
(Date)

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

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

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 most recent fire drill held during sleeping hours was conducted on 5/9/19 at 12:30 a.m.; however, the previous fire drill held during sleeping hours was conducted on 10/14/18 at 12:16 a.m., which exceeds 6 months.

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.)

Administrator will monitor fire drill log to ensure a drill is held during sleeping hours and does not exceed more than 6 months.  
Administrator will monitor fire log on a monthly basis.

Documentation of the monthly monitoring shall be maintained for Department review. SMP 10/15/19

Legal Entity Representative

*Leah Ilgenfritz*  
Signature

(owner) Administrator  
LEAH Ilgenfritz 9-16-19  
Printed Name and Title Date

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

The above plan of correction is approved as of 9/27/19  
(Date)

Plan of correction implementation status as of 9/27/19  
(Date)

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

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

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 #5 was admitted to the home on 9/1/18; however, the resident's medical evaluation was completed on 6/20/18, which exceeds 60 days prior to admission.

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.)

Administrator monitor new admitted residents medical evaluation are completed to ensure dates do not exceed 60 days.

Within 5 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has a medical evaluation, completed in its entirety, within 60 days prior to admission or within 30 days after admission.

9/23/19 *JM*

Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement a system to ensure a medical evaluation is completed, in its entirety, for each newly-admitted resident within 60 days prior to admission or within 30 days after admission. Documentation of the system shall be kept. *JM* 9/23/19

Legal Entity Representative

*Leah J Genfrity*  
Signature

(owner) Administrator

*LEAH J Genfrity* 9-16-19  
Printed Name and Title Date

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

The above plan of correction is approved as of 9/27/19  
(Date)

Plan of correction implementation status as of 9/27/19  
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- 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 #2's most recent medical evaluation was completed on 5/15/18.

Resident #3's most recent medical evaluation was completed on 5/3/19; however, the resident's previous medical evaluation was completed on 3/12/18.

Repeat Violation: 7/5/2018

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.)

SEE ATTACHED  
A up to date DME WAS COMPLETED ON 6/26/19  
ADMINISTRATOR WILL MONITOR DME  
TO ENSURE THEY ARE COMPLETED ON A  
TIMELY MANNER  
for resident #2  
9/23/19

See Page 18A of 34

Legal Entity Representative

Leah Ilgenfritz  
Signature

(owner) Administrator  
LEAH ILGENFRITZ 9-16-19  
Printed Name and Title Date

41b1 - Annual Medical Evaluation (continued)

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

The above plan of correction is approved as of	<u>9/27/19</u> (Date)	Plan of correction implementation status as of	<u>9/27/19</u> (Date)
The above plan of correction was approved by	<u>AM</u> (Initials)	<input type="checkbox"/> Fully Implemented	
		<input type="checkbox"/> Partially Implemented - Adequate Progress	
		<input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

LEAH'S VICTORIAN COTTAGE I

429350

14101 - Annual Medical Evaluation

Residence:

2600.

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

Description of Violation

Resident #2's most recent medical evaluation was completed on 5/15/18.

Resident #3's most recent medical evaluation was completed on 5/3/19; however, the resident's previous medical evaluation was completed on 3/12/18.

Repeat Violation: 7/5/2018

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.)

Within 5 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has a medical evaluation, completed in its entirety, at least annually.

Within 5 days of receipt of the plan of correction: The home shall develop and implement a system to ensure each resident has a medical evaluation, completed in its entirety, at least annually. Documentation of the system shall be kept.

Legal Entity Representative

*Leah Ilgenfritz*  
Signature

(owner) Administrator  
LEAH Ilgenfritz 9-26-2019  
Printed Name and Title Date

181c - Self-administration Assessment

Regulations

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #2 self-administers numerous medications, to include Novolog, Basaglar, and completes her own blood sugar checks; however, resident #2 has not been assessed by a physician, physician's assistant or certified registered nurse practitioner since 5/15/18 regarding her ability to self-administer medications.

Resident #5 self-administers medications to include Basaglar, Flovent HFA, and completes her own blood sugar checks; however, the resident has not been assessed by a physician, physician's assistant or certified registered nurse practitioner for the 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.)

*Administrator no longer allows residents to self administrate medications. All medications are being administrated by trained staff and her bloodsugar check's are also being completed by staff.*

See page 20A of 34

Legal Entity Representative

*Leah Ilgenfritz*

Signature

*(OWNER) Administrator  
LEAH ILGENFRITZ 9-16-18*

Printed Name and Title

Date

181c - Self-administration Assessment (continued)

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

The above plan of correction is approved as of	<u>9/27/19</u> (Date)	Plan of correction implementation status as of	<u>9/27/19</u> (Date)
The above plan of correction was approved by	<u>LM</u> (Initials)	<input type="checkbox"/> Fully Implemented	
		<input type="checkbox"/> Partially Implemented - Adequate Progress	
		<input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

LEAH'S VICTORIAN COTTAGE I

429350

**181c Self-administration Assessment**

**Regulations**

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

**Description of Violation**

Resident #2 self-administers numerous medications, to include Novolog, Basaglar, and completes her own blood sugar checks; however, resident #2 has not been assessed by a physician, physician's assistant or certified registered nurse practitioner since 5/15/18 regarding her ability to self-administer medications.

Resident #5 self-administers medications to include Basaglar, Flovent HFA, and completes her own blood sugar checks; however, the resident has not been assessed by a physician, physician's assistant or certified registered nurse practitioner for the 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.)

Immediately: No resident, including residents #2 and #5, may self-administer any medication, or complete their own blood sugar checks, unless assessed by a physician, physician's assistant or certified registered nurse practitioner. The prescriber's assessment must include specific instructions on what the resident may self-administer, as well as the conditions in which the resident may self-administer. Documentation of the prescriber's assessment and instructions shall be kept. The assessment for any resident who self-administers medications shall be updated to include what the resident is permitted to self-administer, as well as the conditions in which the resident can self-administer, in accordance with the prescriber's instructions.

Immediately, then quarterly thereafter: A designated staff person shall assess each resident who is able to self-administer medications to ensure they are still capable of self-administering medications properly in accordance with the prescribers' orders. Documentation of the quarterly assessments shall be kept.

**Legal Entity Representative**

*Leah Ilgenfritz*  
Signature

(owner) Administrator  
LEAH ILGENFRITZ  
Printed Name and Title

9-26-2019  
Date

181f - Record of Medication

Regulations

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

Resident #3's record does not include a current list of the resident's medications that he can self-administer.

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.)

Administrator no longer allows residents to self administrate medication all medication were returned to office medication are listed on maps and are administrated by trained staff.

See Page 21A of 34

Legal Entity Representative

Leah Ilgenfritz

Signature

(OWNER) Administrator  
Leah Ilgenfritz 9-16-19

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX

The above plan of correction is approved as of

9/27/19

(Date)

Plan of correction implementation status as of

9/27/19

(Date)

The above plan of correction was approved by

LI

(Initials)

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

LEAH'S VICTORIAN COTTAGE I

429350

181f - Record of Medication

Regulations

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

Resident #3's record does not include a current list of the resident's medications that he can self-administer.

Plan of Correction (POC)

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

Immediately: The home shall obtain a current list of prescription, CAM and OTC medications for each resident who is self-administering medications. The current list shall be kept in the resident's record and reviewed on a monthly basis to ensure accuracy in accordance with prescribers' orders

Documentation of monthly reviews shall be maintained for Department review. *SMP* 10/15/19

Legal Entity Representative

*Leah Ilgenfritz*  
Signature

(owner) Administrator

*LEAH ILGENFRITZ 9-26-2019*  
Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

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

183d - Prescription Current

Regulations

2600.

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

Description of Violation

Resident #3 is prescribed Flovent HFA 220 mcg-Inhale 2 puffs by mouth twice a day. Two inhalers were present in the home; however, 1 expired in March 2017 and the other inhaler expired in March 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.)

Resident inhaler's were reordered.  
Expired inhaler's disposed of resident  
no longer retains his inhaler

See Page 22A of 34

Legal Entry Representative

*Leah Ilgenfritz*

Signature

(owner) Administrator

LEAH Ilgenfritz 9-16-19

Printed Name and Title

Date

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

The above plan of correction is approved as of 9/27/19  
(Date)

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

Plan of correction implementation status as of 9/27/19  
(Date)

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

LEAH'S VICTORIAN COTTAGE I

429350

**183d - Prescription Control**

**Regulations**

2600.

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

**Description of Violation**

Resident #3 is prescribed Flovent HFA 220 mcg-Inhale 2 puffs by mouth twice a day. Two inhalers were present in the home; however, 1 expired in March 2017 and the other inhaler expired in March 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.)

Immediately, then monthly thereafter: A designated staff person who is qualified to administer medications shall review all medication storage areas, including all medication carts, to ensure only current prescription, OTC, sample and CAM for individuals living in the home are present. All discontinued and/or expired medications shall immediately be discarded in accordance with the home's policies and procedures, as well as in accordance with 2600.183f.

Documentation of the monthly reviews shall be maintained for Department review. *SMP* 10/15/19

**Legal Entity Representative**

*Leah J. Gerhart*  
Signature

(OWNER) Administrator  
LEAH J GERHART 9-26-2019  
Printed Name and Title Date

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

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

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

Resident #2's documentation of blood glucose reading the morning of 6/13/19 indicates the resident's blood sugar was 200; however, the resident's glucometer indicates a blood sugar reading of 209.

Resident #4's glucometer is not calibrated to the current date and time.

Repeat Violation: 7/5/2018

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.)

Administrator had all glucometers calibrated. all blood glucose readings are monitor by trained staff to insure accuracy.

See Page 24A of 34

Legal Entity Representative

Leah Ilgenfritz  
Signature

(owner) Administrator  
Leah Ilgenfritz 9-11-19  
Printed Name and Title Date

185a - Implement Storage Procedures (continued)

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

The above plan of correction is approved as of	<u>9/27/19</u> (Date)	Plan of correction implementation status as of	<u>9/27/19</u> (Date)
The above plan of correction was approved by	<u>LM</u> (Initials)	<input type="checkbox"/> Fully Implemented	
		<input type="checkbox"/> Partially Implemented - Adequate Progress	
		<input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

LEAH'S VICTORIAN COTTAGE I

429350

185a - Medication Storage Requirements

Requirements

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

Resident #2's documentation of blood glucose reading the morning of 6/13/19 indicates the resident's blood sugar was 200; however, the resident's glucometer indicates a blood sugar reading of 209.

Resident #4's glucometer is not calibrated to the current date and time.

Repeat Violation: 7/5/2018

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.)

Immediately, then monthly thereafter: A designated staff person shall inspect all resident glucometers to ensure they are calibrated to the current date and time.

Immediately, then weekly thereafter: A designated staff person shall review documentation of resident blood sugar checks to ensure accurate documentation. This includes documentation for residents who are assessed as capable to self-administer their own blood sugar checks.

Legal Entity Representative

*Leah Ilgenritz*  
Signature

(owner) Administrator

LEAH Ilgenritz 9-26-2019

Printed Name and Title

Date

## 187a - Medication Record

## Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

## Description of Violation

Resident #1 is prescribed Sulfamethoxazole-Take twice a day by mouth for 10 days; however, this medication is not indicated on the resident's June 2019 medication administration record (MAR).

Resident #3 is prescribed Ventolin HFA 90-Inhale 2 puffs by mouth ever 4 hours as needed for shortness of breath/wheezing; however, this medication is not indicated on the resident's June 2019 MAR.

Repeat Violation: 7/5/2018

## 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.)

Administrator will monitor MAR when  
 A short term medication is ordered.  
 Pharmacy was contacted and they  
 will send a sticker THAT can be  
 placed IN MAR BOOK. WITH NAME OF  
 medication for short term use

Plan of Correction (POC) (continued)

See Page 26A of 34

Legal Entity Representative

Leah Ilgenfritz  
Signature

(owner) Administrator  
LEAH ILGENFRITZ 9-16-19  
Printed Name and Title Date

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

The above plan of correction is approved as of 9/27/19  
(Date)

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

Plan of correction implementation status as of 9/27/19  
(Date)

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

187 Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #1 is prescribed Sulfamethoxazole-Take twice a day by mouth for 10 days; however, this medication is not indicated on the resident's June 2019 medication administration record (MAR).

Resident #3 is prescribed Ventolin HFA 90-Inhale 2 puffs by mouth ever 4 hours as needed for shortness of breath/wheezing; however, this medication is not indicated on the resident's June 2019 MAR.

Repeat Violation: 7/5/2018

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.)

Immediately: A designated staff person who is qualified to administer medications shall review all resident MAR's weekly for one month, then monthly thereafter, to ensure all medications issued by the prescriber are present, and that all items specified in 2600.187a are present for each prescribed medication.

Within 15 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be re-educated by a Department-approved Train-the-Trainer on proper MAR documentation to ensure all items specified in 2600.187a are present for each prescribed medication. Documentation of the education shall be kept.

Documentation of all reviews shall be maintained for Department review. *SMP* 10/15/19

*Barbara Harvanek*

*BARBARA HARVANEK*

9-27-2019

## 187d. Follow Prescriber's Orders

## Regulations

2600.

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

## Description of Violation

Resident #2 is prescribed Novolog 100 units/ml-Inject 10 units subcutaneously before each meal. If morning blood sugar is higher than 130, increase the supper dose of insulin to 15 units; however, the prescriber's order was not followed on the following dates:

\*6/13/19 the resident's morning blood sugar was 200; however 30 units of Novolog was administered.

\*6/18/19 the resident's morning blood sugar was 172; however, 20 units of Novolog was administered.

Resident #2 is prescribed Basaglar-Inject 26 units subcutaneously daily; however, on 6/13/19 the resident injected 30 units.

Resident #5 is prescribed blood glucose checks twice a day; however, according to the resident's glucometer, the resident's blood sugar is only being tested once a day.

## 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.)

Administrator no longer allows residents to self administrate medication, (Insulin)  
 Dr. no longer prescribe's sliding scale  
 Resident #2. Resident no longer checks  
 blood sugar. Trained staff will monitor  
 resident when checking blood sugar.

See Page 28A of 34

187d - Follow Prescriber's Orders (continued)

Legal Entity Representative

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 9/27/19  
(Date)

Plan of correction implementation status as of 9/27/19  
(Date)

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

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

LEAH'S VICTORIAN COTTAGE I

429350

**NOTE - Range of Violation**

**REGULATIONS**

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

**Description of Violation**

Resident #2 is prescribed Novolog 100 units/ml-Inject 10 units subcutaneously before each meal. If morning blood sugar is higher than 130, increase the supper dose of insulin to 15 units; however, the prescriber's order was not followed on the following dates:

\*6/13/19 the resident's morning blood sugar was 200; however 30 units of Novolog was administered.

\*6/18/19 the resident's morning blood sugar was 172; however, 20 units of Novolog was administered.

Resident #2 is prescribed Basaglar-Inject 26 units subcutaneously daily; however, on 6/13/19 the resident injected 30 units.

Resident #5 is prescribed blood glucose checks twice a day; however, according to the resident's glucometer, the resident's blood sugar is only being tested once a day.

**Plan of Correction (POC)**

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

Immediately: No resident, including residents #2 and #5, may self-administer any medication, or complete their own blood sugar checks, unless assessed by a physician, physician's assistant or certified registered nurse practitioner. The prescriber's assessment must include specific instructions on what the resident may self-administer, as well as the conditions in which the resident may self-administer. Documentation of the prescriber's assessment and instructions shall be kept. The assessment for any resident who self-administers medications shall be updated to include what the resident is permitted to self-administer, as well as the conditions in which the resident can self-administer, in accordance with the prescriber's instructions.

Immediately, then quarterly thereafter: A designated staff person shall assess each resident who is able to self-administer medications to ensure they are still capable of self-administering medications properly in accordance with the prescribers' orders. Documentation of the quarterly assessments shall be kept.

*Barbara Harvanek*

9-27-2019  
**BARBARA HARVANEK**

190b - Insulin Injections

Regulations

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Staff person D administers insulin to residents; however, has not successfully completed the Department-approved diabetes patient education program within the past 12 months.

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 person D department approved diabetes education training attached.

Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement a tracking system to ensure each staff person who administers insulin to residents successfully completes a Department-approved diabetes patient education program at least annually. Documentation of the system shall be kept. 9/23/19

Legal Entry Representative

Leah Ilgenfritz  
Signature

(owner) Administrator  
LEAH Ilgenfritz 9-16-19  
Printed Name and Title Date

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

The above plan of correction is approved as of 9/27/19  
(Date)

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

Plan of correction implementation status as of 9/27/19  
(Date)

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

221c - Post Activity Calendar

Regulations

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home. The activity calendar that is posted is dated from 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.)

Administrator dated activity calendar with current date. Administrator will monitor activity calendar on monthly basis to ensure its kept up to date.

See Page 30A of 34

Legal Entity Representative

Leah Algonfrity

Signature

LEAH J. ALGONFRITY 9-16-19

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX

The above plan of correction is approved as of 9/27/19 (Date)

Plan of correction implementation status as of 9/27/19 (Date)

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

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

LEAH'S VICTORIAN COTTAGE I

429350

**221c - Post Activity Calendar**

**Regulations**

2600.  
221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

**Description of Violation**

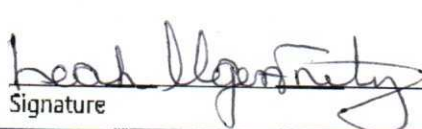
The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home.  
The activity calendar that is posted is dated from 2018.

**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.)

Immediately: A designated staff person shall ensure a current weekly activity calendar, which includes the dates, is posted in a conspicuous and public place in the home.

**Legal Entity Representative**

 Signature	(owner) Administrator Leah J. Gerhart 9-26-2019 Printed Name and Title <span style="float: right;">Date</span>
--------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------

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

The above plan of correction is approved as of _____ (Date)		Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

225c - Additional Assessment

Regulations

2600.  
225.c. The resident shall have additional assessments as follows:  
1. Annually.

Description of Violation

Resident 3's most recent assessment was completed on 4/11/18.

Resident #4's most recent assessment was completed on 3/12/18.

Repeat Violation: 7/5/2018

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.)

New Assessments were Completed  
(SEE ATTACHED)

Administrator will monitor Assessments  
to Ensure They Are completed on a  
Timely manner.

See Page 32A of 34

Legal Entity Representative

Leah Ilgenfritz

Signature

(owner) Administrator

Leah Ilgenfritz 9-16-19

Printed Name and Title

Date

225c - Additional Assessment (continued)

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX

The above plan of correction is approved as of	<u>9/27/19</u> (Date)	Plan of correction implementation status as of	<u>9/27/19</u> (Date)
The above plan of correction was approved by	<u>JM</u> (Initials)	<input type="checkbox"/> Fully Implemented	
		<input type="checkbox"/> Partially Implemented - Adequate Progress	
		<input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

LEAH'S VICTORIAN COTTAGE I

429350

**225.c. - Additional Assessments**

2600.  
225.c. The resident shall have additional assessments as follows:  
1. Annually.

**Description of Violation**

Resident 3's most recent assessment was completed on 4/11/18.  
  
Resident #4's most recent assessment was completed on 3/12/18.  
  
Repeat Violation: 7/5/2018

**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.)  
  
New assessments were completed for residents #3 and #4 on 8/6/19.  
  
Within 5 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has an assessment, completed in its entirety, at least annually.  
  
Within 5 days of receipt of the plan of correction: The home shall develop and implement a system to ensure each resident has an assessment, completed in its entirety, at least annually. Documentation of the system shall be kept.

**Level Entry Representative**

Leah Ilgenritz (owner) Administrator  
Signature Printed Name and Title  
LEAH ILGENRITZ 9-26-2019  
Date

06/18/2019

252 - Record Content

Regulations

2600.

- 252. Content of Resident Records - Each resident's record must include the following information:
  - 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Resident 1's record does not include a photo of the resident.

Repeat Violation: 7/5/2018

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.)

A photo was Taken & placed in resident's File  
 Administrator will monitor photo's to ensure they are placed in resident's file and are not more than 2 years old. *JM* 9/23/19

Within 15 days of receipt of the plan of correction: A designated staff person shall review each resident record to ensure all items specified in 2600.252, including a photo of the resident that is not older than 2 years, is in each resident record. 9/23/19

*JM*

Legal Entity Representative

*Leah Ilgenritz*  
Signature

(owner) Administrator  
*Leah Ilgenritz 9-16-19*  
Printed Name and Title Date

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

The above plan of correction is approved as of 9/27/19  
(Date)

Plan of correction implementation status as of 9/27/19  
(Date)

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

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

253c - Records Log

Regulations

2600.

253.c. The home shall keep a log of resident records destroyed on or after October 24, 2005. This log must include the resident's name, record number, birth date, admission date and discharge date.

Description of Violation

According to staff person B, the home's administrator, the home has been destroying resident records for many years, most recently during the summer of 2018; however, the home does not maintain a log containing the information of the records that were destroyed.

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 Log was posted in office to ensure resident's records that are destroyed are logged.

See Page 34A of 34

Legal Entity Representative

*Leah Ilgenfritz*  
Signature

Leah Ilgenfritz  
Printed Name and Title

9-16-19  
Date

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

The above plan of correction is approved as of 9/27/19  
(Date)

Plan of correction implementation status as of 9/27/19  
(Date)

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

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

**253. Records Log**

**Regulations**

2600.

253.c. The home shall keep a log of resident records destroyed on or after October 24, 2005. This log must include the resident's name, record number, birth date, admission date and discharge date.

**Description of Violation**

According to staff person B, the home's administrator, the home has been destroying resident records for many years, most recently during the summer of 2018; however, the home does not maintain a log containing the information of the records that were destroyed.

**Plan of Correction (POC)**

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

Immediately: The home shall develop and implement a log that includes all items specified in 2600.253c. The log shall be completed in its entirety each time a resident record is destroyed.

**Legal Entity Representative**

*Leah Ilgenfritz*  
Signature

(owner) Administrator  
*LEAH ILGENFRITZ* 9-26-2019  
Printed Name and Title Date

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

The above plan of correction is approved as of \_\_\_\_\_ (Date)

Plan of correction implementation status as of \_\_\_\_\_ (Date)

The above plan of correction was approved by \_\_\_\_\_ (Initials)

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

### Violation Report

<b>Facility Information</b>		License Number: 42935
Name: LEAH'S VICTORIAN COTTAGE I		
Address: 511 PARK AVENUE,, SCOTTDALE, PA 15683		
County: WESTMORELAND	Region: WESTERN	

<b>Administrator</b>		<b>RECEIVED</b>
Name: Leah Ilgenfritz	Phone: 7248873920	Email:
		SEP 19 2019

<b>Legal Entity</b>		Western Region
Name: LEAH C ILGENFRITZ		
Address: 521 PARK AVENUE, SCOTTDALE, PA, 15683		

<b>Certificate(s) of Occupancy</b>		
Type: C-2 LP	Date:	Issued By:

<b>Staffing Hours</b>		
Resident Support Staff: 0	Total Daily Staff: 25	Waking Staff: 19

<b>Inspection</b>		
Type: Partial	BHA Docket #:	Notice: Unannounced
Reason: Monitoring		

<b>Inspection Dates and Department Representative</b>	
09/05/2019 - On-Site: Ashley Roser, Scott Klein	

<b>Resident Demographic Data as of Inspection Dates</b>			
<b>General Information</b>		Residents Served: 25	
License Capacity: 30			
<b>Secured Dementia Care Unit</b>			
In Home: No	Area:	Capacity:	Residents Served:
<b>Hospice</b>			
Current Residents: 0			
<b>Number of Residents Who:</b>			
Receive Supplemental Security Income: 21		Are 60 Years of Age or Older: 13	
Diagnosed with Mental Illness: 25		Diagnosed with Intellectual Disability: 3	
Have Mobility Need: 0		Have Physical Disability: 0	

LEAH'S VICTORIAN COTTAGE I

42935

65f - Training Topics

Regulations

2600.

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

- 3. Care for residents with dementia and cognitive impairments.

Description of Violation

The following staff persons did not receive training on caring for residents with dementia and cognitive impairments during the 2018 training year:

\*Staff person A

\*Staff person B

Repeat Violation: 7/5/2018

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.)

ALL staff person's will Be Trained on Dementia and Cognitive Impairment's. Administrator will Train staff in Month of September 2019. Administrator will fax Verification TO Department Human Services.

See Page 2A of 16


Legal Entity Representative

*Leah Ilgenfritz*  
Signature

Administrator  
*Leah Ilgenfritz (owner) 9/19/19*  
Printed Name and Title Date

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

The above plan of correction is approved as of 9/27/19  
(Date)

The above plan of correction was approved by   
(Initials)

Plan of correction implementation status as of 9/27/19  
(Date)

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

65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:  
3. Care for residents with dementia and cognitive impairments.

Description of Violation

The following staff persons did not receive training on caring for residents with dementia and cognitive impairments during the 2018 training year:

\*Staff person A

\*Staff person B

Repeat Violation: 7/5/2018

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.)

- Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement a tracking system to ensure each direct care staff person receives training on all topics specified in 2600.65f during each established training year. Documentation of the system shall be kept. Direct care staff trainings shall be reviewed at least semi-annually, as well as during the home's quality management review.

Legal Entity Representative

*Leah Ilgenritz*

Signature

(owner)

LEAH ILGENRITZ

Printed Name and Title

Date

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

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

LEAH'S VICTORIAN COTTAGE I

42935

85a - Sanitary Conditions

Regulations

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

Multiple dried blood stains were present on resident #1's Freestyle glucometer.

Plan of Correction (POC)

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

ALL STAFF Trained on Diabetes and Insulin Injections was Informed Glucometer's must be cleaned After Every USE. A sign was Posted To ensure staff follows procedure.

See Page 3A of 16

Legal Entity Representative

Leah IlgenFritz  
Signature

Administrator (owner)  
LEAH IlgenFritz 9/19/19  
Printed Name and Title Date

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

The above plan of correction is approved as of 9/27/19  
(Date)

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

Plan of correction implementation status as of 9/27/19  
(Date)

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

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

Multiple dried blood stains were present on resident #1's Freestyle glucometer.

Plan of Correction (POC)

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

Immediately: A designated staff person shall inspect each resident's glucometer to ensure it is clean.

The inspections of the glucometers shall be done daily and documentation shall be maintained for Department review. *SMP* 10/15/19

Legal Entity Representative

*Leah Ilgenfritz*  
Signature

(owner) Administrator  
*LEAH Ilgenfritz* 9-26-2019  
Printed Name and Title Date

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

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

LEAH'S VICTORIAN COTTAGE I

42935

92 - Windows

Regulations

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

No screens are present in the operable windows located in bedrooms #5, #10 and #16.

Repeat Violation: 7/5/2018

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.)

Maintenance put Screens in Rooms #5 #10 #16.

Maintenance will check rooms on a weekly basis to make sure screens are secure and in place.

See Page 4A of 16

Legal Entity Representative

*Leah Ilgenfritz*  
Signature

Administrator (owner)  
*LEAH ILGENFRITZ* 9/19/19  
Printed Name and Title Date

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

The above plan of correction is approved as of 9/27/19  
(Date)

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

Plan of correction implementation status as of 9/27/19  
(Date)

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

92 - Windows

Regulations

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

No screens are present in the operable windows located in bedrooms #5, #10 and #16.

Repeat Violation: 7/5/2018

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.)

Within 5 days of receipt of the plan of correction: A designated staff person shall inspect all operable windows, including windows in doors, to ensure they are in good repair and securely screened.

Within 7 days of receipt of the plan of correction: All staff persons shall be educated that all operable windows, including windows in doors, shall be in good repair and securely screened. The education shall include a system of reporting issues if any windows or screens are in need of repairs. Documentation of the education shall be kept.

Legal Entity Representative

*Leah Ilgenritz*  
Signature

(owner) Administrator  
*Leah Ilgenritz 9-26-2019*  
Printed Name and Title Date

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

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

LEAH'S VICTORIAN COTTAGE I

42935

101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #2's bedside lamp is approximately 2.5 feet from the resident's bed and cannot be turned on/off at bedside.

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 pool lamp was placed in resident #2 room by bedside that can be turned on at bedside. Weekly checks will be done and dated on Att List. (SEE)

Documentation of weekly checks shall be maintained for Department review. SMP 10/15/19

Legal Entity Representative

Administrator (owner)

Leah Ilgenfritz

Leah Ilgenfritz

9/19/19

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 9/27/19 (Date)

Plan of correction implementation status as of 9/27/19 (Date)

The above plan of correction was approved by (Initials)

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

LEAH'S VICTORIAN COTTAGE I

141b1 - Annual Medical Evaluation

Regulations

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

Description of Violation

Resident #3's most recent medical evaluation was completed on 12/27/17.  
Resident #4's most recent medical evaluation was completed on 6/20/18.  
Resident #5's most recent medical evaluation was completed on 2/20/18.  
Repeat Violation: 7/5/2018

Plan of Correction (POC)

See Page 6A of 16

(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 was seen By Dr July 31, 2019 A medical Evaluation was dropped off at office. Dr will complete. And Home will pick up form.  
Resident #4 Medical Evaluation was completed 9/9/19 see Abb!  
Resident #5 DME was dropped of at medical Dr. 9/18/19  
Resident was seen several times and DME is being completed  
All Form's will be submitted when completed

Legal Entity Representative

Administrator (owner)

Leah Ilgenfritz  
Signature

Leah Ilgenfritz 9/9/19  
Printed Name and Title Date

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

The above plan of correction is approved as of 9/27/19  
(Date)

Plan of correction implementation status as of 9/27/19  
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- 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 #3's most recent medical evaluation was completed on 12/27/17.

Resident #4's most recent medical evaluation was completed on 6/20/18.

Resident #5's most recent medical evaluation was completed on 2/20/18.

Repeat Violation: 7/5/2018

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.)

Immediately: A designated staff person shall ensure a new medical evaluation is completed for resident #3. The completed medical evaluation shall be placed in the resident's record.

Within 5 days of receipt of the plan of correction: A designated staff person shall review all current resident records, including residents #4 and #5, to ensure each resident has a medical evaluation, completed in its entirety, at least annually.

Within 5 days of receipt of the plan of correction: The home shall develop and implement a system to ensure each resident has a medical evaluation, completed in its entirety, at least annually. Documentation of the system shall be kept.

Legal Entity Representative

*Leah Ilgenfritz*  
Signature

(OWNER) Administrator

LEAH ILGENFRITZ 9-26-2019  
Printed Name and Title Date

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

The above plan of correction is approved as of \_\_\_\_\_

(Date)

Plan of correction implementation status as of \_\_\_\_\_

(Date)

The above plan of correction was approved by \_\_\_\_\_

(Initials)

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

181c - Self-administration Assessment

Regulations

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in §. 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #6 self-administers his Breo Elipta inhaler and Clotrimazol cream with no assistance from others and keeps them in his room; however, the resident's most recent medical evaluation, dated 3/19/19, indicates he can only self-administer medications with assistance at prescribed times.

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 #6 Inhaler and Cream was Taken from resident and returned to office. Trained staff will assist resident with Administration.

See Page 7A of 16

Legal Entity Representative

Leah Ilgenfritz  
Signature

Administrator (owner)  
LEAH Ilgenfritz 9/19/19  
Printed Name and Title Date

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

The above plan of correction is approved as of 9/27/19  
(Date)

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

Plan of correction implementation status as of 9/27/19  
(Date)

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

09/05/2019

7 of 16

181c - Self-administration Assessment

Regulations

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #6 self-administers his Breo Elipta inhaler and Clotrimazol cream with no assistance from others and keeps them in his room; however, the resident's most recent medical evaluation, dated 3/19/19, indicates he can only self-administer medications with assistance at prescribed times.

Plan of Correction (POC)

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

Immediately, then quarterly thereafter: A designated staff person shall assess each resident who is able to self-administer medications to ensure they are still capable of self-administering medications properly in accordance with the prescribers' orders. Documentation of the quarterly assessments shall be kept.

Legal Entity Representative

*Leah Ilgenfritz*  
Signature

(owner) Administrator  
LEAH ILGENFRITZ 9-26-2019  
Printed Name and Title Date

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

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

LEAH'S VICTORIAN COTTAGE I

181f - Record of Medication

Regulations

2600. 181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

Resident #6's is self-administering medications to include Breo Elipta inhaler and Clotrimazol cream; however, the resident's record does not include a current list of the medications that he can self-administer.

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.)

All resident's medication's Inhaler & Cream was turned into office. Trained staff will assist resident with administration.

See Page 8A of 16

Legal Entity Representative

*Leah Ilgenfritz*  
Signature

Administrator (owner)  
*LEAH Ilgenfritz* 9/19/19  
Printed Name and Title Date

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

The above plan of correction is approved as of 9/27/19  
(Date)  
*[Signature]*  
The above plan of correction was approved by \_\_\_\_\_  
(Initials)

Plan of correction implementation status as of 9/27/19  
(Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

LEAH'S VICTORIAN COTTAGE I

42935

181f - Record of Medication

Regulations

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

Resident #6's is self-administering medications to include Breo Elipta inhaler and Clotrimazol cream; however, the resident's record does not include a current list of the medications that he can self-administer.

Plan of Correction (POC)

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

Immediately: The home shall obtain a current list of prescription, CAM and OTC medications for each resident who is self-administering medications. The current list shall be kept in the resident's record and reviewed on a monthly basis to ensure accuracy in accordance with prescribers' orders.

Documentation of monthly reviews shall be maintained for Department review. *SMP* 10/15/19

Legal Entity Representative

*Leah Ilgenfritz*  
Signature

(Owner) Administrator  
*LEAH ILGENFRITZ* 9-26-2019  
Printed Name and Title Date

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

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

LEAH'S VICTORIAN COTTAGE I

183d - Prescription Current

Regulations

2600.

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

Description of Violation

On 9/1/19, resident #5's Docusate Sodium 100 mg-Take 1 capsule by mouth twice a day was discontinued; however, this medication is still present 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.)

Resident #5 Docusate was returned to Pharmacy EDC. DR office was contacted and order was submitted to home. See Att

See Page 9A of 16

Legal Entity Representative

Leah Ilgenfritz  
Signature

Administrator (owner)  
LEAH ILGENFRITZ 9/19/19  
Printed Name and Title Date

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

The above plan of correction is approved as of 9/27/19 (Date)

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

Plan of correction implementation status as of 9/27/19 (Date)

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

09/05/2019

6 of 16

LEAH'S VICTORIAN COTTAGE I

42935

183d - Prescription Current

Regulations

2600.

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

Description of Violation

On 9/1/19, resident #5's Docusate Sodium 100 mg-Take 1 capsule by mouth twice a day was discontinued; however, this medication is still present 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.)

Immediately, then monthly thereafter: A designated staff person who is qualified to administer medications shall review all medication storage areas, including all medication carts, to ensure only current prescription, OTC, sample and CAM for individuals living in the home are present. All discontinued and/or expired medications shall immediately be discarded in accordance with the home's policies and procedures, as well as in accordance with 2600.183f.

Documentation of monthly reviews shall be maintained for Department review. *SMP* 10/15/19

Legal Entity Representative

*Leah Ilgenfritz*  
Signature

*(owner) Administrator*  
*LEAH Ilgenfritz* *9-26-2019*  
Printed Name and Title Date

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

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

185a - Implement Storage Procedures

Regulations

2600.

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

Description of Violation

On the morning of 9/1/19, resident #2's blood glucose reading on her glucometer was 135, however, this blood glucose reading is not recorded on the resident's blood sugar testing log.

Repeat Violation: 7/5/2018

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.)

Resident #2 Glucose readings are being recorded by staff on Blood Sugar Testing log. All staff that record Blood Sugar readings are educated in Insulin & Diabetes

See Page 10A of 16

Legal Entity Representative

*Leah Ilgenfritz*  
Signature

Administrator (owner)  
LEAH ILGENFRITZ  
Printed Name and Title

9/19/19  
Date

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

The above plan of correction is approved as of

9/27/19

(Date)

Plan of correction implementation status as of

9/27/19

(Date)

The above plan of correction was approved by

*[Handwritten initials]*  
(Initials)

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

185a - Implement Storage Procedures

Regulations

2600.

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

Description of Violation

On the morning of 9/1/19, resident #2's blood glucose reading on her glucometer was 135, however, this blood glucose reading is not recorded on the resident's blood sugar testing log.

Plan of Correction (POC)

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

Immediately, then weekly thereafter: A designated staff person shall review documentation of resident blood sugar checks to ensure accurate documentation. This includes documentation for residents who are assessed as capable to self-administer their own blood sugar checks.

Documentation of weekly reviews shall be maintained for Department review. *SMP* 10/15/19

Legal Entity Representative

*Leah Ilgenfritz*  
Signature

(owner) Administrator  
*Leah Ilgenfritz* 9-26-2019  
Printed Name and Title Date

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

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

187b - Date/Time of Medication Admin.

**Regulations**

2600.

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

**Description of Violation**

Resident #2 is prescribed Novolog Flexpen-Inject 10 units subcutaneously before each meal. However, the 12:00 pm dose on 9/3/19 and 9/4/19 were not initialed on the resident's September 2019 medication administration record (MAR) by the staff person who administered it.

**Plan of Correction (POC)**

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

All staff person's that are trained in Medication Administration will be Retrained on Medication recorded on MAR's.  
 Training will be done in the month of September. Administrator will train staff. Documentation of the training shall be kept.  
 9/23/19 *AM*

See Page 11A of 16

**Legal Entity Representative**

*Leah Jergenfranz*  
 Signature

Administrator (owner)  
 LEAH JERGENFRANZ 9/19/19  
 Printed Name and Title Date

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

The above plan of correction is approved as of 9/27/19  
 (Date)

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

Plan of correction implementation status as of 9/27/19  
 (Date)

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

187b - Date/Time of Medication Admin.

Regulations

2600.

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

Description of Violation

Resident #2 is prescribed Novolog Flexpen-Inject 10 units subcutaneously before each meal. However, the 12:00 pm dose on 9/3/19 and 9/4/19 were not initialed on the resident's September 2019 medication administration record (MAR) by the staff person who administered it.

Plan of Correction (POC)

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

Immediately, then weekly thereafter: A designated staff person shall review all resident MAR's to ensure all administered medications are initialed and dated by the staff person who administered them.

Documentation of weekly reviews shall be maintained for Department review. *SMP* 10/15/19

Legal Entity Representative

*Leah Ilgenfritz*  
Signature

*(owner) Administrator*  
*LEAH ILGENFRITZ*  
Printed Name and Title  
*09/26/2019*  
Date

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

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

187d - Follow Prescriber's Orders

Regulations

2600.

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

Description of Violation

Resident #1 is prescribed blood glucose checks 2 times a day; however, blood glucose checks were only completed 1 time a day on the following dates: 8/16/19, 8/17/19, 8/31/19 and 9/3/19.

Resident #2 is prescribed blood glucose checks 4 times a day; however, blood glucose checks were only completed 1 time a day on the following dates: 9/1/19, 9/2/19, 9/3/19 and 9/4/19.

Resident #2 is prescribed Humalog Kwikpen 100 units/ml inject 10 units subcutaneously before each meal; however, the home is administering Novolog Kwikpen 100 units/ml 10 units subcutaneously before each meal.

Resident #3 is prescribed Arthritis Pain Relieve 650 mg-Take 1 tablet by mouth 3 times a day; however, the resident did not receive his 2:00 pm dose on 8/4/19 and 8/11/19.

Resident #4 is prescribed blood glucose checks 3 times a day; however, blood glucose checks were only completed 1 time a day on 9/1/19, 9/2/19 and 9/4/19 and only 2 times a day on 9/3/19 and 9/5/19.

Plan of Correction (POC)

See Page 13A of 16

(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 Blood sugar's Testing is Being monitored by Trained staff and recorded on Testing log
- Resident #2 Blood sugar's Testing is Being monitored by Trained staff, and checked twice day per Dr's Order's
- Resident #2 is not prescribed Humalog and home does not have a Humalog Pen in Facility. (See Attached)
- Resident #3 Goes Home and Forgets to take medication and returns it to office. Administrator will have resident's sign when he missed a dose, at home visit
- Resident #4 has Dr Appt 9/18/19 Home will get Dr to Summit prescribed direction's on Blood Sugar Testing. To ensure

Legal Entity Representative

*Leah Ilgenfritz*  
Signature

Administrator (owner)

LEAH Ilgenfritz 9/19/19  
Printed Name and Title Date

187d - Follow Prescriber's Orders (continued)

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

The above plan of correction is approved as of

9/27/19

(Date)

The above plan of correction was approved by

(Initials)

Plan of correction implementation status as of

9/27/19

(Date)

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

187d - Follow Prescriber's Orders

Regulations

2600.

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

Description of Violation

Resident #1 is prescribed blood glucose checks 2 times a day; however, blood glucose checks were only completed 1 time a day on the following dates: 8/16/19, 8/17/19, 8/31/19 and 9/3/19.

Resident #2 is prescribed blood glucose checks 4 times a day; however, blood glucose checks were only completed 1 time a day on the following dates: 9/1/19, 9/2/19, 9/3/19 and 9/4/19.

Resident #2 is prescribed Humalog Kwikpen 100 units/ml inject 10 units subcutaneously before each meal; however, the home is administering Novolog Kwikpen 100 units/ml 10 units subcutaneously before each meal.

Resident #3 is prescribed Arthritis Pain Relieve 650 mg-Tab<sub>1</sub> tablet by mouth 3 times a day; however, the resident did not receive his 2:00 pm dose on 8/4/19 and 8/11/19.

Resident #4 is prescribed blood glucose checks 3 times a day; however, blood glucose checks were only completed 1 time a day on 9/1/19, 9/2/19 and 9/4/19 and only 2 times a day on 9/3/19 and 9/5/19.

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.)

Immediately: No resident, including residents #1 and #2 and #4, may self-administer any medication, or complete their own blood sugar checks, unless assessed by a physician, physician's assistant or certified registered nurse practitioner. The prescriber's assessment must include specific instructions on what the resident may self-administer, as well as the conditions in which the resident may self-administer. Documentation of the prescriber's assessment and instructions shall be kept. The assessment for any resident who self-administers medications shall be updated to include what the resident is permitted to self-administer, as well as the conditions in which the resident can self-administer, in accordance with the prescriber's instructions.

Immediately, then quarterly thereafter: A designated staff person shall assess each resident who is able to self-administer medications to ensure they are still capable of self-administering medications properly in accordance with the prescribers' orders. Documentation of the quarterly assessments shall be kept.

Immediately, then monthly thereafter: A designated staff person qualified to administer medications shall ensure all prescribed medications are available in the home in accordance with prescribers' orders.

Within 5 days of receipt of the plan of correction: The home shall develop and implement a system to ensure all medications are administered in accordance with prescribers' orders. This includes medications for residents who leave the facility with family/friends. Documentation of the system shall be kept.

Legal Entity Representative

*Leah Ilgenritz*  
Signature

(OWNER) Administrator

LEAH ILGENRITZ 9-26-2019  
Printed Name and Title Date

225c - Additional Assessment

Regulations

2600.  
225.c. The resident shall have additional assessments as follows:  
1. Annually.

Description of Violation

Resident #5's most recent assessment was completed on 2/20/18.

Repeat Violation: 7/5/2018

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.)

Resident #5 Assessment was complete 9/18/19 see Att.

See Page 14A of 16

Legal Entity Representative

Leah Ilgenfritz  
Signature

Administrative (owner)  
Leah Ilgenfritz 9/19/19  
Printed Name and Title Date

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

The above plan of correction is approved as of 9/27/19  
(Date)

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

Plan of correction implementation status as of 9/27/19  
(Date)

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

LEAH'S VICTORIAN COTTAGE I

42935

225c - Additional Assessment

Regulations

2600.  
225.c. The resident shall have additional assessments as follows:  
1. Annually.

Description of Violation

Resident #5's most recent assessment was completed on 2/20/18.

Repeat Violation: 7/5/2018

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.)

Immediately: A designated staff person shall review all current resident records to ensure each resident has an assessment, completed in its entirety, at least annually.

Within 5 days of receipt of the plan of correction: The home shall develop and implement a system to ensure each resident has an assessment, completed in its entirety, at least annually. Documentation of the system shall be kept.

Legal Entity Representative

*Leah J GenFritz*  
Signature

(owner) Administrator  
*Leah J GenFritz* 9-26-2019  
Printed Name and Title Date

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

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

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

Resident #6's most recent assessment, dated 3/27/19, indicates the resident can self-administer medications with assistance in remembering schedule, assistance in offering medications at prescribed times and assistance in opening container or locked area; however, the resident's most recent support plan, dated 3/27/19, does not address the plan to meet this need.

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's 6 medications are kept in office. Till a plan can be implemented to meet resident's needs.

See Page 15A of 16

Legal Entity Representative

*Leah Ilgenfritz*  
Signature

Administrator (owner)  
LEAH Ilgenfritz 9/19/19  
Printed Name and Title Date

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

The above plan of correction is approved as of 9/27/19  
(Date)

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

Plan of correction implementation status as of 9/27/19  
(Date)

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

09/05/2019

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

Resident #6's most recent assessment, dated 3/27/19, indicates the resident can self-administer medications with assistance in remembering schedule, assistance in offering medications at prescribed times and assistance in opening container or locked area; however, the resident's most recent support plan, dated 3/27/19, does not address the plan to meet this need.

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 #6's assessment and support plan shall be updated to indicate the resident is no longer self-administering medications.

Within 5 days of receipt of the plan of correction: A designated staff person shall review all resident assessments for those residents who self-administer medications to ensure accuracy and completion and is in accordance with the prescriber's directions.

Within 5 days of receipt of the plan of correction: The home shall develop and implement a system to ensure resident assessments and support plans are immediately updated when written changes from the prescriber are received regarding the resident's ability to self-administer medications.

Legal Entity Representative

*Leah J. Gentile*  
Signature

(owner) Administrator

LEAH J. GENTILE 9-26-2019  
Printed Name and Title Date

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

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

251b - Record Entries Legible

Regulations

2600.

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

Description of Violation

Correction fluid is covering the resident's name, date of birth, date of evaluation, and date form completed on resident #7's medical evaluation, dated 8/31/18.

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.)

Correction fluid will no longer be used on any document. IF correction fluid is used by outside source document will be returned and redone

See Page 16A of 16

Legal Entity Representative

Leah J Genfritz  
Signature

Administrator (owner)  
LEAH J GENFRITZ 9/19/19  
Printed Name and Title Date

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

The above plan of correction is approved as of

9/27/19  
(Date)

Plan of correction implementation status as of

9/27/19  
(Date)

The above plan of correction was approved by

  
(Initials)

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

LEAH'S VICTORIAN COTTAGE I

42935

251b - Record Entries Legible

Regulations

2600.

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

Description of Violation

Correction fluid is covering the resident's name, date of birth, date of evaluation, and date form completed on resident #7's medical evaluation, dated 8/31/18.

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.)

Within 5 days of receipt of the plan of correction: All staff persons shall be educated that correction fluid is prohibited on any documents contained in the resident's record. Documentation of the education shall be kept.

Legal Entity Representative

*Leah Albert*  
Signature

(owner) Administrator  
LEAH J GENTRICH 9-26-2019  
Printed Name and Title Date

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

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