

Violation Report

Facility Information

Name: *PARK CREEK PLACE - MEMORY CARE*
Address: *1089 HORSHAM ROAD,, NORTH WALES, PA 19454*
County: *MONTGOMERY* Region: *SOUTHEAST*

License Number: *14256*

Administrator

Name: [REDACTED] Phone: *2155400520* Email: [REDACTED]

Legal Entity

Name: *NORTH WALES 1089 MC BG OPCO LLC*
Address: *330 N WABASH AVENUE,SUITE 3700, CHICAGO, IL, 60611*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: Issued By:

Staffing Hours

Resident Support Staff: Total Daily Staff: *64* Waking Staff: *48*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Fine,Monitoring*

Inspection Dates and Department Representative

12/09/2019 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* Residents Served: *32*

Secured Dementia Care Unit

In Home: *Yes* Area: *entire home* Capacity: *48* Residents Served: *32*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *32*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *32* Have Physical Disability: *0*

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 #1 is prescribed Acetaminophen 500 mg two tabs as needed for fever. On 12/09/2019, this medication was not available 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 #1 prescribed Acetaminophen 500mg was available in the community on 12/10/19

Current resident with medication orders were audited by the CSM and designee on 12/11/19 to ensure ordered medications were available in the community. No other residents noted to be affected. (see attachment A)

Med Techs and nurses were re-educated on medication availability including PA code ch.2600.185a on 12/13/19 by the CSM and/or designee. (see attachment B)

CSM and/or designee will audit 5 residents with medication orders weekly for 4 weeks then monthly for 2 months to ensure their medications are available in the community. (see attachment C)

Results of these audits will be reviewed during QI meeting

Legal Entity Representative



[Redacted] Printed Name and Title

LPN, CSM 12/18/19 Date

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The above plan of correction is approved as of 12/23/19 (Date)

Plan of correction implementation status as of 12/23/19 (Date)

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

Implemented 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 Risperidone 4 mg. The resident's medication administration record (MAR) does not include the initials of the staff person who administered this med on 11/23/2019 at 05:00 PM.

Resident #3 is prescribed Lorazepam 2mg/ml - 0.5 ml every 12 hours: at 08:00 AM and 08:00 PM. On 12/08/2019 at 08:00 AM, this med was not administered but the resident's MAR includes the initials of a staff person.

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Resident #2 and Resident #3 suffered no negative outcomes related to this finding

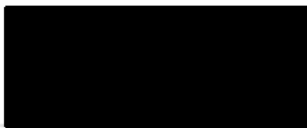
CSM and designee audited current resident MAR's to ensure medications have been administered as ordered and documented correctly on 12/11/19. Results of these findings reviewed with residents MD's and families as necessary.(see attachment A)

Med techs and nurses who administer medications were re-educated by the CSM and/or designee on 12/13/19 related to administering medications as ordered and appropriate documentation of the medication administration (see attachment D)

CSM and/or designee will audit 5 residents MAR's and medication administration observations weekly for 4 weeks then monthly for 2 months to ensure medications are administered as ordered and documented appropriately (see attachment C)

Results of these audits will be reviewed during QI meeting

Legal Entity Representative



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187c - Refusal of Medication

Regulations

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On 11/18/2019 at 08:00 AM, resident #3 refused to take a scheduled dose of [redacted] morning meds including Fluoxetine 10 mg, Levothyroxine 112 mcg, Lisinopril 5 mg, and Metoprolol 25 mg. The home did not notify the prescriber of this refusal.

Plan of Correction (POC)

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Resident #3 medication refusal on 11/18/19 was notified to the prescriber by the CSM on 12/17/19 (see attachment E)

CSM and designee reviewed current residents who have refused medications in the last 30 days on 12/11/19 to ensure residents prescriber was notified of refusal with needed notifications made by CSM and/or designee on 12/11/19.(see attachment A)

Med techs and nurses who adminster medications were re-educated on 12/13/19 by the CSM and/or designee on notification to prescriber of medication refusals within 24 hours unless otherwise instructed by the prescriber (see attachment F)

CSM and/or designee will audit 5 resident MAR's a week for 4 weeks then monthly for 2 months to ensure medication refusals are reported to the prescriber within 24 hours (see attachment C)

Results of these audits will be reviewed during QI meeting

Legal Entity Representative

[Redacted Signature]

[Redacted Signature]

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187d - Follow Prescriber's Orders

Regulations

2600.

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

Description of Violation

Resident #3 is prescribed Lorazepam 2mg/ml: 0.5 ml every twelve hours. However, resident #3 was not administered this med on 11/24/2019 at 08:00 AM and 12/08/2019 at 08:00 AM. Resident #4 is prescribed Lorazepam 0.5 mg four times a day. However, the resident was not administered this med on 12/08/2019 at 04:00 PM.

Repeat Violation: 03/05/2019

Plan of Correction (POC)

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Resident #3 suffered no negative effects from these findings. Resident #3 prescriber was notified of medication omission by the CSM on 12/17/19(see attachment E) Resident #4 suffered no negative effects from these findings. Resident #4 prescriber was notified of medication omission by CSM on 12/10/19.(see attachment G)

CSM and designee reviewed current resident MAR's on 12/11/19 to ensure medications were administered as prescribed, with notification made to the prescriber as necessary. (see attachment A)

Med techs and nurses who administer medications were re-educated by the CSM and/or designee on 12/13/19 related to administering medications as prescribed.(see attachment H)

CSM and/or designee will audit 5 resident MAR's a week for 4 weeks then monthly for 2 months to ensure medications are administered as prescribed.(see attachment C)

Results of these audits will be reviewed during QI meeting

Legal Entity Representative

[Redacted Signature]

[Redacted Name and Title]

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190a - Completion Medication Course

Regulations

2600.

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

Description of Violation

Staff person A, who has not successfully completed the annual practicum requirements for medication administration training (last recertified 05/22/2018), administered medications to residents in the home's North wing on 12/01/2019 through 12/05/2019 at 08:00 AM.

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 A completed their annual practicum requirements for medication administration on 12/09/19 (see attachment I)

Staff persons who administer medications training files were reviewed by the CSM and/or designee on 12/17/19 to ensure they have completed their annual practicum requirements for medication administration. No other staff persons noted (see attachment J)

CSM re-educated on PA code ch. 2600.190.a training requirements by the Regional Director of Care Services on 12/17/19 (see attachment K)

CSM and/or designee will audit 5 staff persons files who administer medications a week for 4 weeks then monthly for 2 months to ensure they have met the training requirements to administer medications (see attachment L)

Results of these audits will be reviewed during QI meeting

Legal Entity Representative

[Redacted Signature]

[Redacted Name and Title]

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202 - Prohibitions

Regulations

2600.

202. The following procedures are prohibited:

- 4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

Description of Violation

Resident #3 is prescribed Trazadone 12.5 mg as needed for agitation. According to the resident's MAR, this med was administered to the resident to control behaviors on

10/06/2019 at 05:00 PM

10/07/2019 at 01:00 PM

10/09/2019 at 09:00 AM

10/14/2019 at 05:00 PM

Plan of Correction (POC)

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Resident #3 trazadone was discontinued on 11/21/19

CSM and/or designee reviewed current residents with psychotropic medication orders on 12/10/19 to ensure appropriate diagnosis is in place and no chemical restraints are administered.(see attachment M)

CSM re-educated by Regional Director of Care Services on 12/17/19 on PA code ch. 2600.202 and the prohibiting of chemical restraints (see attachment N)

CSM and/or designee will audit 5 residents a week for 4 weeks then monthly for 2 months to ensure they are free from chemical restraints.(see attachment O)

Results of these audits will be reviewed during QI meeting

Legal Entity Representative

[Redacted Signature]

[Redacted Signature]

LPU, CSM 12/18/19
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236 - Staff Training

Regulations

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Direct care staff person A, who works in the Secure Dementia Care Unit (SDCU), had only 3 hours of training in dementia care during training year 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 person A completed required dementia care training for 2018 on 8/14/19 (see attachment P)

CSM and designee reviewed current staff persons training files on 12/17/19 to ensure staff persons received the required 6 hours of dementia care training for 2018. Identified staff persons needing training had their dementia care training for 2018 completed on 12/31/19.(see attachment Q)

CSM was re-educated on PA code ch. 2600.236 and the required dementia care training by the Regional Director of Care Services on 12/17/19 (see attachment K)

CSM and/or designee will audit 5 staff person files weekly for 4 weeks then monthly for 2 months to ensure they have completed their required dementia care training (see attachment R)

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