



**Sent via e-mail bmzeta76@gmail.com
May 19, 2020**

Ms. Barbara Martinez
Administrator
Glencrest Manor, Inc.
P.O. Box 1204
Coatesville, PA 19320

RE: Glencrest Manor
115 Glencrest Road
Coatesville, PA 19320
License #: 197800

Dear Ms. Martinez:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 2, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Mia Johnson

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *GLENCREST MANOR*

License Number: *19780*

Address: *115 GLENCREST ROAD,, COATESVILLE, PA 19320*

County: *CHESTER*

Region: *SOUTHEAST*

Administrator

Name: *Barbara Martinez*

Phone: *6103847543*

Email: *BMZETA76@GMAIL.COM*

Legal Entity

Name: *GLENCREST MANOR INC*

Address: *P.O. BOX 1204, COATESVILLE, PA, 19320*

Certificate(s) of Occupancy

Type: *R-4*

Date: *10/21/1996*

Issued By: *valley township zoning code*

Staffing Hours

Resident Support Staff: *24*

Total Daily Staff: *39*

Waking Staff: *29*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

01/02/2020 - On-Site: Charlotte Wiley, Christina Eberhart, Sandra Wooters

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *13*

Residents Served: *13*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *2*

Are 60 Years of Age or Older: *4*

Diagnosed with Mental Illness: *13*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *2*

Have Physical Disability: *0*

3c - Post Current License

Regulations

2600.

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

Description of Violation

On 1/2/20 the home's copy of 55 Pa.Code Chapter 2600, current violation report, dated 3/25/19, was not posted in a conspicuous and public place 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.)

On 1/2/20 the current violation report for the home was put in a labeled binder and put in a public place. Administrative assistant will keep track of all violation reports in the future and make sure they are updated and that the report is in a public place.

Legal Entity Representative

Barbara Martinez
Signature

Barbara Martinez Administrator-3/16/2
Printed Name and Title Date

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

The above plan of correction is approved as of 5/18/20 (Date)

Plan of correction implementation status as of 5/18/20 (Date)

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

Implemented
 Not Implemented

51 - Criminal Background Check

Regulations

2600.

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

Description of Violation

Staff person A, hired on 4/4/2019, did not have a PA criminal background check completed until 4/19/2019.

Staff person B, hired on 12/24/2019, did not have a PA criminal background check completed.

Staff person C, hired on 2/14/2017, did not have a Pa criminal background check completed.

Plan of Correction (POC)

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

As of 1/8/20 Staff person B + C have completed background checks (see attached). To avoid this violation in the future all PA Background checks will be completed at day of hire and before the first day on the job. Monthly staff chart checks will be done by administrator, to ensure all required paperwork and trainings are complete. Although staff person B + C had FBI checks and inspector last time stated they were appropriate forms of background checks.

Legal Entity Representative

Barbara Martinez
Signature

Barbara Martinez, Administrator - 3/16/20
Printed Name and Title Date

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

The above plan of correction is approved as of 5/18/20 (Date)

Plan of correction implementation status as of 5/18/20 (Date)

Implemented

Not Implemented

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

65a - FS Orientation 1st Day

Regulations

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

- Staff person A, whose first day of work was 4/4/2019, did not receive orientation on the following topics: staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, the location and use of fire extinguishers, telephone use and notification of emergency services.
- Staff person B, whose first day of work was 12/24/2019, did not receive orientation on the following topics: smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, telephone use and notification of emergency services.

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+B were both fully trained on all required topics, just a day after the required time frame, but in their first 40 hours of training. In the future, so that all newly hired staff are getting the required trainings in the correct time frame, a designated staff person will complete all trainings and double check all timelines. The administrator will double check all trainings + criteria during each day a new employee is in training.

Legal Entity Representative

Barbara Martinez
 Signature

Barbara Martinez Administrator 3/16/20
 Printed Name and Title Date

65a - FS Orientation 1st Day (continued)

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

The above plan of correction is approved as of 5/18/20
(Date)

Plan of correction implementation status as of 5/18/20
(Date)

Implemented

Not Implemented

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

65e - 12 Hours Annual Training

Regulations

2600.

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

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

Description of Violation

Direct care staff person C received only 10 hours of annual training in training year 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.)

Staff person C did only receive 10 hours of training in the 2019 training year. In the future to ensure all staff are receiving the proper + required trainings the home will follow the staff training schedule (see attached). The home will offer outside trainings, webinars and in-house trainings, plus trainings at the staff meeting. The administrator will check the training records monthly to make sure all staff are up to date.

Legal Entity Representative

Barbara Martinez
Signature

Barbara Martinez, Administrator 3/16/20
Printed Name and Title Date

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

The above plan of correction is approved as of 5/18/20 (Date) Plan of correction implementation status as of 5/18/20 (Date)

- Implemented
- Not Implemented

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

65f - Training Topics

Regulations

2600.

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

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff persons C, E and F did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident, safe management techniques, care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 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.)

Staff persons C + F did not have these annual trainings, but staff E is a med trainer and certification is valid for 3 years. The Trainer will train all staff on these specific topics annually and will document all trainings. The administrator will also check that trainings are being completed every month.

Legal Entity Representative

Barbara Martinez
Signature

Barbara Martinez Administrator
Printed Name and Title

3/16/20
Date

65f - Training Topics (continued)

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

The above plan of correction is approved as of 5/18/20
(Date)

Plan of correction implementation status as of 5/18/20
(Date)

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

Implemented
 Not Implemented

65g - Annual Training Content

Regulations

2600.

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

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff persons C, D, E and F did not receive training in falls and accident prevention, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) during training year 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.)

See Attached

Legal Entity Representative

Barbara Martinez
Signature

Barbara Martinez Administrator 3/16/20
Printed Name and Title Date

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

The above plan of correction is approved as of 5/18/20
(Date)

Plan of correction implementation status as of 5/18/20
(Date)

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

- Implemented
- Not Implemented

2600.65 g

Staff persons C, D, E and F

For the above staff included in the falls and accident prevention and Older Adult Protective Services Act violations

Step I – Have each staff involved in the falls and accident prevention Older Adult Protective Services Act

Step II – Follow the staff Training schedule for the year

Step III - Put their training in their training folder and have them sign off that they did the training.

Step IV – During staff meeting we will have training time allotted and minutes will reflect training who was present, so this will not happen again.

65i - Training Record

Regulations

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home does not have a record of annual training's for staff persons C, D, E and F.

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.)

I disagree with this violation, all staff members including staff persons C, D, E, F have an annual training plan in all their folders which were supplied at the day of the inspection. These staff members have the same training plan sheets that all the other staff have.

Legal Entity Representative

Barbara Martinez

Signature

Barbara Martinez, Administrator 3/16/20

Printed Name and Title

Date

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

The above plan of correction is approved as of 5/18/20
(Date)

Plan of correction implementation status as of 5/18/20
(Date)

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

Implemented
 Not Implemented

88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The tiles around the toilet, located in the hall bathroom, are lifting up away from the floor allowing urine to seep into the floor boards. There is a hole in the bathroom wall where the towel rack was pulled off.

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

Legal Entity Representative

Barbara Martinez
Signature

Barbara Martinez, Administrator, 3/18/20
Printed Name and Title / Date

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

The above plan of correction is approved as of 5/18/20
(Date)

Plan of correction implementation status as of 5/18/20
(Date)

Implemented

Not Implemented

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

2600.88 a

Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Step I – The maintenance person shall repair the tiles around the toilet on the floor and repair the hole on the wall where the tile rack was. This should be completed by the end of the month 3/31/20.

Step II – The maintenance person shall follow a Quality Control checklist to make sure everything is in good repair.

Step III – The maintenance person shall meet with the administrator monthly to review the Quality Control checklist and sign off so this will not happen again.

101j1 - Mattress Fire Retardant

Regulations

2600.

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

- 1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

Description of Violation

Mattress found in resident #2's bedroom was stained with dried urine.

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

Legal Entity Representative

Barbara Martinez
Signature

Barbara Martinez Administrator 3/16/20
Printed Name and Title Date

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

The above plan of correction is approved as of 5/18/20 Plan of correction implementation status as of 5/18/20
(Date) (Date)

Implemented

Not Implemented

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

2600.101j1

Mattress for resident #2 cover was ripped and she urinated through om mattress.

Step I – Purchase mattress and box spring on 3/14/20. Purchase one mattress thick cover, Protective waterproof on 3/13/20.

Step II – Housekeeper will report to the maintenance person any changes in the beds and mattress covers. This will be reviewed monthly during staff meetings so this will not happen again.

101j2 - Bedroom Chairs

Regulations

2600.

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

- 2. A chair for each resident that meets the resident's needs.

Description of Violation

The ladies bedroom is occupied by 4 residents; however, there are only 2 chairs in this room.

Plan of Correction (POC)

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

See Attached

Legal Entity Representative

Barbara Martinez
Signature

Barbara Martinez, Administrator
Printed Name and Title

3/16/20
Date

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

The above plan of correction is approved as of 5/18/20
(Date)

Plan of correction implementation status as of 5/18/20
(Date)

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

- Implemented
- Not Implemented

2600.101j2

The ladies bedroom is occupied by 4 residents, however, there is only 2 chairs.

Step I – Will provide 2 more folding chairs in the bedroom to accompany the other 2 chairs and meet the needs of the 4 residents.

Step II – Staff will follow the bedroom control checklist monthly and document.

Step III – The administrator will review bedroom control checklist monthly so this will not happen again.

123b - Emergency Procedures Posted

Regulations

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place 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.)

See Attached

Legal Entity Representative

Barbara Martinez
Signature

Barbara Martinez, Administrator *3/16/20*
Printed Name and Title Date

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

The above plan of correction is approved as of 5/18/20
(Date)

Plan of correction implementation status as of 5/18/20
(Date)

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

Implemented
 Not Implemented

2600.123b

The home's emergency procedures are not posted in a conspicuous and public place in the home.

Step I – The home emergency procedures will be in a binder located on top of the resident's main box in the dining room area.

Step II- Immediately

Step III – A copy will be stored in the office.

123c - Evacuation Diagrams

Regulations

2600.

123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

The evacuation diagram located in the dining room does not indicate a line of travel to the exits and the locations of the fire extinguishers and the pull signals.

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

Legal Entity Representative

Barbara Martinez

Signature

Barbara Martinez, Administrator 5/16/20

Printed Name and Title

Date

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

The above plan of correction is approved as of

5/18/20
(Date)

Plan of correction implementation status as of

5/18/20
(Date)

The above plan of correction was approved by

MJ
(Initials)

Implemented

Not Implemented

2600.123c

The home shall have a diagram with the line of travel to the exits and fire extinguishers.

Step I – Will review the exits with residents during fire drills and monthly home meetings.

124 - Notice to Fire Department

Regulations

2600.

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

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

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

Documentation was sent 3/16/20 per attachment. *MG*

Legal Entity Representative

Barbara Martinez
Signature

Barbara Martinez, Administrator 3/16/20
Printed Name and Title Date

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

The above plan of correction is approved as of 5/18/20
(Date)

Plan of correction implementation status as of 5/18/20
(Date)

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

Implemented
 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 drill conducted on 12/16/2019 held at 5:40 does not indicate if the drill was held in the AM or PM.

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 Fire drill did not have Am or PM for 12/16/19. It was an AM fire drill that was conducted. It was an honest mistake. Staff has been re-trained on the proper information that is required on the fire drill logs. The administrator will check the log sheet after every drill to ensure all information is correct.

Legal Entity Representative

Barbara Martinez
Signature

Barbara Martinez, Administrator 3/16/20
Printed Name and Title Date

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

The above plan of correction is approved as of 5/18/20 (Date)

Plan of correction implementation status as of 5/18/20 (Date)

Implemented

Not Implemented

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

161c - Additional Portions

Regulations

2600.

161.c. Additional portions of meals and beverages at mealtimes shall be available for the resident.

Description of Violation

Multiple residents reported additional portions at meals are not always provided. On 01/01/20, beef stew was served at dinner, there were no additional portions of beef stew available for residents. Residents reported they could not have additional portions because it as being served again on 1/2/2020. On 1/2/2020, there were only 7 servings of beef stew available for 13 residents. The menu does indicate it is the same menu for both dates.

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

Legal Entity Representative

Barbara Martinez
Signature

Barbara Martinez, Administrator 3/16/20
Printed Name and Title Date

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

The above plan of correction is approved as of 5/18/20
(Date)

Plan of correction implementation status as of 5/18/20
(Date)

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

Implemented
 Not Implemented

2600.161c

Glencrest Manor hire a staff person on second shift to plan menu's meal planning, meal prep and serving sizes.

Step I – Administrator and Admin/Assistant review food list and order food to cover whole month.

Step II – Administrator and Admin/Assistant will review with second shift person, the menus for the month and her to follow.

Step III – Enough food will be provided for second portions.

Step IV – Administrator will review second shift's ability to perform her duties in managing the foods.

Step V – Administrator will review in 30 days for any improvement. If not will replace with someone that is more knowledgeable.

162c - Menus Posted

Regulations

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the month of January 2020 was posted. However, it was only the breakfast menu. The menu for lunch was from November. The dinner menu was for December.

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.)

Legal Entity Representative

Barbara Martinez
Signature

Barbara Martinez Administrator 3/16/20
Printed Name and Title Date

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

The above plan of correction is approved as of

5/18/20
(Date)

Plan of correction implementation status as of

5/18/20
(Date)

Implemented

Not Implemented

The above plan of correction was approved by

MB
(Initials)

2600.162c

Step I - All menus will be approved, printed and posted a week before the new month.

Step II - Administrator and Admin/Assistant will be responsible for review.

183c - Refrigerated Meds Locked

Regulations

2600.

183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

Description of Violation

On 1/2/20, at 1:20 pm, Lantus insulin pen and Lispro 100 units prescribed for resident #1, and Magic Mouthwash prescribed to resident #2 was unlocked and accessible in the refrigerator in the kitchen.

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.)

As of 1/3/20, the home now has a combination lock box in the refrigerator that stores all residents medications or treatments. This box will be used for all required items. All staff have been educated to what goes in the box and the combination code.

Legal Entity Representative

Barbara Martinez
Signature

Barbara Martinez, Administrator 3/16/20
Printed Name and Title Date

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

The above plan of correction is approved as of 5/18/20
(Date)

Plan of correction implementation status as of 5/18/20
(Date)

Implemented

Not Implemented

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

183f - Discontinued Medications

Regulations

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

On 1/2/20, the following medications, Magic Mouthwash belonging to resident #2 were found in the refrigerator with a label indicating to not use after 12/13/2019.

Plan of Correction (POC)

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

The MAGIC MOUTHWASH WAS DISCARDED ON 1/2/20. TO MAKE SURE THIS IS NOT OVERLOOKED AGAIN, ALL STAFF WILL CHECK THE DATES ON ALL BOTTLES AND WRITE BESIDE THE ORDER ON THE MAR, THE DAY THAT THE ITEM WILL BE EXPIRED. ALL STAFF WERE RE-TRAINED ON 1-3-20 ON THE IMPORTANCE OF CHECKING ALL DATES ON THE MEDICATION BOTTLES

Legal Entity Representative

Barbara Martinez
Signature

Barbara Martinez, Administrator 3/16/20
Printed Name and Title Date

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

The above plan of correction is approved as of 5/18/20 (Date)

Plan of correction implementation status as of 5/18/20 (Date)

Implemented

Not Implemented

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

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).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #3 is prescribed Ibuprofen 600 mg as needed. However, resident's #3 medication administration record does not indicate name of medication.

Plan of Correction (POC)

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

Resident #3 did not have Ibuprofen written on the MAR. On 11/20 Ibuprofen was added to the MAR. The pharmacy was notified on 11/26 to add the order to the MAR. To ensure this is not overlooked in the future the med trainer will double check the MAR's when they arrive for the month, and do kicky MAR and med checks.

Legal Entity Representative

Barbara Martinez
Signature

Barbara Martinez, Administrator 3/16/20
Printed Name and Title Date

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

The above plan of correction is approved as of 5/18/20
(Date)

Plan of correction implementation status as of 5/18/20
(Date)

Implemented

Not Implemented

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

221b - Activity Types

Regulations

2600.

221.b. The program must provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.

Description of Violation

The home's activities program does not include any social, physical, intellectual, or recreational activities. The only activity is bingo once or twice a week and self directed card games.

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

Legal Entity Representative

Barbara Martinez
Signature

Barbara Martinez, Administrator 3/16/20
Printed Name and Title Date

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

The above plan of correction is approved as of 5/18/20
(Date)

Plan of correction implementation status as of 5/18/20
(Date)

Implemented

Not Implemented

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

2600.221b

Glencrest Manor dispute your findings.

Glencrest Manor run a lot of different activities, but the problem is some will not participate. Food is a incentive to get greater participation. We have holiday events, Birthday parties, movie night, Park picnic and cooking. We have Health series with the residents, word search, puzzles, wii which have different physical activities, walking group, House meetings for their input, participate in community activities, just to name a few.

227c - Support Plan Revision

Regulations

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

On 09/21/2019, resident#1 reported wanting to stab herself in the stomach as of 1/2/2020 the support plan was not updated to address her need regarding suicidal idealizations.

Plan of Correction (POC)

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

ON 1/3/20 RESIDENT #1'S RASP WAS UPDATED WITH THE INFORMATION THAT WAS WRITTEN IN THE CARE NOTES. STAFF HAS BEEN RE-TRAINED WITH WHAT IMPORTANT INFORMATION HAS TO BE ADDED TO THE RASP AND THE IMPORTANCE OF ALL INFORMATION FOR STAFF TO BE MADE AWARE OF, THE SAFETY OF THE RESIDENTS IS THE MOST IMPORTANT. THE ADMINISTRATOR WILL CONTINUE TO DO MONTHLY CHART CHECKS.

Legal Entity Representative

Barbara Martinez
Signature

Barbara Martinez Administrator 3/16/20
Printed Name and Title Date

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

The above plan of correction is approved as of 5/18/20
(Date)

Plan of correction implementation status as of 5/18/20
(Date)

Implemented

Not Implemented

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

227d - Support Plan Medical/Dental

Regulations

2600.

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

Description of Violation

The assessment for resident #1, dated 6/18/2019, indicates the resident has a need for assistance making and keeping appointments. The resident's support plan, dated 6/18/2019 does not document how this need will be met.

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 RASP for Resident #1 has been fully filled out on 1/3/20 with how the need of the resident can be met.

To avoid missing information on the RASP in the future the administrative assistant will complete the RASP Annually and Chart checks will be done monthly by the administrator.

Legal Entity Representative

Barbara Martinez
Signature

Barbara Martinez Administrator-3/16/20
Printed Name and Title Date

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

The above plan of correction is approved as of 5/18/20 (Date)

Plan of correction implementation status as of 5/18/20 (Date)

Implemented

Not Implemented

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

252 - Record Content

Regulations

2600.

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

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Resident #1's record does not include Inventory Sheet.

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.)

Inventory sheet for Resident #1 was completed on 1/4/20. It was an overlooked error during admission. The Administrator will do all chart checks monthly along with designated staff to avoid this in the future.

252 - Record Content (continued)

Legal Entity Representative

Barbara Martinez
Signature

Barbara Martinez, Administrator 3/18/20
Printed Name and Title Date

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

The above plan of correction is approved as of 5/18/20
(Date)

Plan of correction implementation status as of 5/18/20
(Date)

Implemented

Not Implemented

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