



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: maryjoycemorreo@aol.com
sunsetridgepch@aol.com

MAILING DATE: May 8, 2020

Ms. Mary Joyce Morreo
President
Morkel, Inc.
466 High Street
Derry, Pennsylvania 15627

RE: Sunset Ridge Personal Care Home
Certificate #: 428830

Dear Ms. Morreo:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 16, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Mazza".

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *SUNSET RIDGE PERSONAL CARE HOME*
Address: *466 HIGH STREET, DERRY, PA 15627*
County: *WESTMORELAND*

License Number: *42883*

Region: *WESTERN*

Administrator

Name: *Mary Joyce Morreo*

Phone: *7246943105*

Email: *MARYJOYCEMORREO@AOL.COM*

Legal Entity

Name: *MORKEL INC*
Address: *466 HIGH STREET, DERRY, PA, 15627*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *01/17/1999*

Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *15*

Waking Staff: *11*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal, Complaint*

Inspection Dates and Department Representative

01/16/2020 - On-Site: Ashley Roser, Laurie Garrigan, Thomas Smith

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *16*

Residents Served: *14*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *10*

Are 60 Years of Age or Older: *6*

Diagnosed with Mental Illness: *14*

Diagnosed with Intellectual Disability: *2*

Have Mobility Need: *1*

Have Physical Disability: *0*

17 - Record Confidentiality

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., the privacy coding document, which contained the names of numerous residents to include residents #3, #4 and #5, was attached to the license inspection summary, dated 4/16/19, and was posted on the home's bulletin board.

REPEAT VIOLATION: 1/24/2019

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 privacy coding document was removed at the time of inspection. *AM* 4/24/2020

The licensing inspection summary had been posted when it arrived after a copy was made for the staff to review. By mistake the page listing resident names was left with the summary instead of with the copy.

The home will be vigilant in the future and not post anything that identifies residents in any way.

The home is very attentive about reminding residents not to leave papers they receive in the mail around the common areas. They are asked to give any mail they no longer want to save to a staff member to be shredded.

Legal Entity Representative

Mary Joyce Morreo
Signature

Mary Joyce Morreo
Printed Name and Title

4-20-2020
Date

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The above plan of correction is approved as of 4/24/2020
(Date)

Plan of correction implementation status as of 5/4/2020
(Date)

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

Implemented
 Not Implemented

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

Staff persons A and C's 2019 records of training do not include the name of the instructor.

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 record of training form for 2020 has been updated so that the instructor also has a space for signature.

The list used for 2019 was reviewed at past inspections. The need to have an instructor on the list was not pointed out by past inspectors.

This new record of training form is being used for Sunset Ridge employees to record their 12 hours of yearly training for 2020. It will be reviewed each month by the administrator to ensure it is being filled out correctly.

A copy of the record of training form for Sunset Ridge employees for 2020 is attached.

Legal Entity Representative

Mary Joyce Morreo
Signature

Mary Joyce Morreo Administrator
Printed Name and Title


5-3-20
Date

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The above plan of correction is approved as of 5/4/2020
(Date)

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(Date)

All light fixtures and exhaust fans in all bathrooms were cleaned the evening of January 16, 2020. They have been cleaned several times since then.

The above plan of correction was approved by 
(Initials)

Implemented
 Not Implemented

85a - Sanitary Conditions

Regulations

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

Description of Violation

At 10:45 a.m., there was a thick layer of lint covering the light fixture and vent in the bathroom next to the linen closet.

At 10:47 a.m., there was a thick layer of lint covering the vent cover in the shower room.

There were multiple dead bed bugs, bed bug casings, and bed bug feces in the room.
[Redacted]
[Redacted]
[Redacted] Violation Withdrawn 5/4/2020
[Redacted]

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 light fixtures and exhaust fans in all bathrooms were cleaned the evening of January 16, 2020. They have been cleaned several times since then.

The home found this needed to be done biweekly. This task has been added to the cleaning schedule of the morning shift on the 15th and 30th of each month.

The administrator will check all light fixture and exhaust fans weekly. If it is determined some need cleaned more often, the frequency will be increased on the cleaning schedule.

[Redacted]

Legal Entity Representative

Mary Joyce Morreo
Signature

Mary Joyce Morreo Administrator 5-3-2020
Printed Name and Title Date

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(Date)

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(Initials)

Implemented
 Not Implemented

85b - Infestation

Regulations

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

According to staff person B, the home's administrator, the home has had a bed bug infestation since July 2019. There were multiple dead bed bugs, bed bug casings, dried blood and a total of 10 live bedbugs on the mattresses, box springs, and bed linens in the following residents bedrooms:

*Shared bedroom of residents #2 and #8

*Shared bedroom of residents #5 and #7

Plan of Correction (POC)

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

The home has had a problem with bed bugs for several months. To date the home has been fumigated six times by professional exterminators. The home had an inspection following a complaint regarding bed bugs in September of 2019. At that time no bed bugs were found. That is the way it has been going, no bugs are seen for a while and then some appear.

The home has started using fumigating products recommended by other Personal Care Homes that are experiencing the same problem. The home has changed several mattresses and box springs in the past, and will continue the process of changing more as needed.

According to visiting nurses and social workers, public transportation was infested with bed bugs. Most of our residents use medical cabs. We think this was the source of the bed bugs that were brought into the home. At this time there are not many residents taking cabs. When they do, upon their return, they go directly into the bathroom and put their clothes in a plastic bag, which is taken directly to the laundry room and washed. Then the resident takes a shower, this procedure will be followed indefinitely.

The aides are checking all rooms on a daily basis for bedbugs. The aides are instructed to report to the administrator if any bedbugs are found, so the bed can be treated. The bed is then stripped and treated immediately. To date no bed bugs have been found in the beds that were affected during the inspection, or in any other beds. The home will continue to monitor for bed bugs for the next 18 months, as recommended by the exterminators.


Attached please find a copy of an article from the Tribune Review newspaper about the bed bugs in Westmoreland County's public housing, also fumigation invoices.

Legal Entity Representative

Mary Joyce Marree
Signature

Mary Joyce Marree Administrator 5-3-2020
Printed Name and Title Date

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The above plan of correction is approved as of _____ (Date) The above plan of correction was approved by _____ (Initials)	5/4/2020  (Initials)	Plan of correction implementation status as of _____ (Date) <input checked="" type="checkbox"/> Implemented <input type="checkbox"/> Not Implemented	5/4/2020 _____ (Date)
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91 - Telephone Numbers

Regulations

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers on or near the telephone outside of the kitchen.

REPEAT VIOLATION: 1/24/2019

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 emergency numbers were in a small frame on the wall above the phone. However the phone was moved, but not the frame containing the emergency numbers. The phone in the kitchen still had the frame with the emergency numbers next to it.

The emergency numbers are now attached to each phone head set. If these become worn or hard to read they will be replaced immediately. The home will make sure the emergency numbers are always attached directly to the phone.

The phones emergency number labels will be checked by the aide working the 3 – 11 pm shift every Saturday, to ensure they are legible. If any are not legible or damaged she will report it to the administrator, so that the label can be replaced. Extra labels have been printed and being kept in the office.

A photo of the phones with labels is attached.

Legal Entity Representative

Mary Joyce Morreo
Signature

Mary Joyce Morreo Administrator 5-3-2020
Printed Name and Title Date

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	(Date)		(Date)
The above plan of correction was approved by	<u>AM</u>	<input checked="" type="checkbox"/> Implemented	
	(Initials)	<input type="checkbox"/> Not Implemented	

94b - Non-Skid Surface

Regulations

2600.

94.b. Interior stairs, exterior steps and ramps must have nonskid surfaces.

Description of Violation

Approximately 80% of the nonskid surface on the home's back deck ramp has worn off, causing a slipping hazard.

Plan of Correction (POC)

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

The deck was painted last summer (June 2019) with a non-skid paint, but it did not hold up to the weather elements; by January of this year it was in poor condition.

The ramp to the deck has now been covered with non-skid strips, which have been both glued and nailed. In the event they start to peel off they will be replaced. Strips have been used in the past with a better performance record than the paint.

The administrator will check the non-skid strips on the deck ramps every Monday morning. If any have become loose they will be reattached or replaced immediately. The administrator shall check all interior steps, exterior steps and ramps during the weekly checks to ensure a nonskid surface is present. *AM* 5/4/2020

Legal Entity Representative

Mary Joyce Morreo
Signature

Mary Joyce Morreo Administrator 5-3-2020
Printed Name and Title Date

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8-101j

The above plan of correction is approved as of

5/4/2020

(Date)

Plan of correction implementation status as of

5/5/2020

(Date)

The above plan of correction was approved by

AM

(Initials)

Implemented

Not Implemented

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 #6 does not have an operable lamp or other 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.)

Resident #6 does have a useable lamp in the room. It was on top of the closet since this resident wanted more room on his night stand. He said he did not need a light there. The resident is now agreeable with having a lamp on the night stand since realizing it is a requirement.

Residents have been asked to leave the lamps on their nightstands, and let a staff member know if the light bulb needs replaced or if the lamp is not working.

Staff members have been instructed to check lamps when changing beds and cleaning rooms.

Legal Entity Representative

Mary Joyce Morreo
Signature

Mary Joyce Morreo
Printed Name and Title

4-20-2020
Date

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- 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

There were 4 unlabeled and undated bags of pancakes in the kitchen freezer.

Plan of Correction (POC)

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

These packages of pancakes had been labeled with only the date written on masking tape. The tape had come loose in the freezer, so there really was no way of knowing how old the packages were. When leftovers lose label date or become too old, they are given to the animals in the woods. This was done with the 4 packages of unlabeled pancakes the evening of January 16, 2020.

The home is now double bagging any leftovers put in plastic bags. A paper label with the name and date is put between the two bags. This will make sure it stays in place. All aides have been instructed to store bagged leftovers in this manner.

The aide on the night shift has been instructed to check the refrigerator and freezer nightly for any unmarked or non-dated containers or packages. If any are found they are immediately discarded.

Legal Entity Representative

Mary Joyce Morone
Signature

Mary Joyce Morone Administrator 5-3-2020
Printed Name and Title Date

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Implemented
 Not Implemented

103f - Refrigerator/Freezer Temps

Regulations

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At 10:20 a.m., the temperature in the kitchen refrigerator was 50 degrees Fahrenheit, and at 11:20 a.m., it was 48 degrees Fahrenheit.

At 10:24 a.m. there was no thermometer in the freezer, located in the pantry.

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.)

This refrigerator was cleaned on the back and the area underneath the evening of January 16, 2020. Actually it had reached a temperature of 40 degrees by late afternoon of that day. It was also pulled out a little from the wall to allow for better circulation at the back. We believe this will also help.

This refrigerator is being checked daily or more often. The temperature has consistently been between 38 and 40 degrees, the ideal range for refrigerators. The home will continue to clean the outside areas of the refrigerator every month or more often in warmer weather. The administrator will monitor the temperature in the kitchen refrigerator every morning. If the temperature consistently is unacceptable the refrigerator will be replaced.

The freezer located in the pantry does have a thermometer. It could not be found the day the day of inspection. All refrigerators and the freezers have thermometers which had been placed in any location within the units. From now on all thermometers will be kept on the top left hand corner of each appliance.

A chart has been developed to record the temperatures in the refrigerators and freezers weekly. This will be completed by the aide working nightshift on Thursday nights. This checking will ensure that the thermometers are always in the designated position.

Legal Entity Representative

Mary Joyce Morrea
Signature

Mary Joyce Morrea Administrator 5-3-2020
Printed Name and Title Date

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(Date)

Plan of correction implementation status as of 5/4/2020
(Date)

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

Implemented
 Not Implemented

103g - Storing Food

Regulations

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At 10:07 a.m., there were 8 open and unsealed boxes of cereal in the kitchen cabinet above the microwave.

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 bags in boxes of cereal as well as bags in snack boxes are now closed with a clip. This has been done since the evening of January 16, 2020. Clips were purchased at a store that afternoon.

All aides have been instructed to use the clips on all opened bags at all times. This preserves freshness as well as being sanitary.

All opened boxes of cereal and snacks will be checked weekly by the aide on the Sunday night shift to ensure all have clips in place. This has been implemented since the inspection; no boxes or bags have been found unclipped.


Attached is a picture of the clips purchased and a picture of the cereal boxes with clips on them.

Legal Entity Representative

Mary Joyce Marreo
Signature

Mary Joyce Marreo Administrator 5-3-2020
Printed Name and Title Date

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	(Date)		(Date)
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	(Initials)	<input type="checkbox"/> Not Implemented	

109b - Rabies Vaccination

Regulations

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

The home's cat does not have a current certificate of rabies vaccination.

Plan of Correction (POC)

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

The home has only one pet at this time – a male cat. The cat needed its rabies vaccination in November. This was overlooked due to the weather and holiday season. The vet was called Friday, January 17, 2020. No appointments were available until Monday, January 20th. On that day the cat had an examination and his rabies vaccination. The home's pet is now up to date on all requirements and recommendations.

The vet offers a service which reminds one that an appointment is due. The home will now receive a reminder post card for any needed appointments.

Legal Entity Representative

Mary Joyce Monneo
Signature

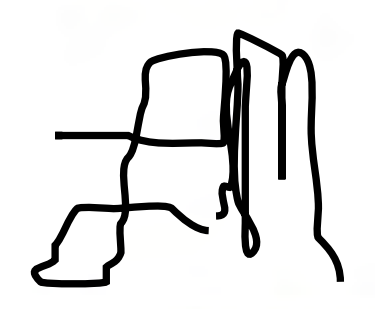
Mary Joyce Monneo
Printed Name and Title

4-20-2020
Date

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(Date)

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(Date)

The above plan of correction was approved by 
(Initials)

Implemented
 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

On 4/26/19, resident #6 was prescribed Gavilax Powder- Take 17 grams in liquid and drink daily for 7 days; however, the medication was still present in the home's medication cart.

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.)

This medication was prescribed for a set time and was given for that time period. It was not removed from the medicine cart, but was no longer being given.

In the future when a medication is prescribed for a certain period of time on the day and time of the last prescribed dose the medication will be immediately removed from the medicine cart. No medications not currently in use will be left in the medication cart.

The medication cart will be checked weekly for any expired PRN's and any not current medication that may have been overlooked. This task will be performed by the administrator every Wednesday morning.

Legal Entity Representative

Mary Joyce Mocco
Signature

Mary Joyce Mocco Administrator 5-3-2020
Printed Name and Title Date

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(Date)

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(Date)

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(Initials)

Implemented
 Not Implemented

183e - Storing Medications

Regulations

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

There was an open and undated Levemir Flextouch insulin pen, belonging to resident #2, in the home's medication cart. According to the manufacturer's instructions, the open insulin pen must be used within 28 days after being open.


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.)

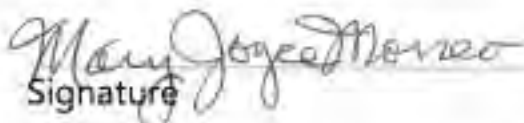
According to the prescribed amounts of insulin taken by the three residents using insulin, no pen will last longer than 9 days; most last a lot less time. The home had not been dating pens when put into use because it had never been told the pens needed to be dated.

Since January 16, 2020 every pen started is dated when put into use. The pen is checked each time it is given to a resident to verify the date is on it. This is done by the medication aide.

Immediately, then weekly thereafter: A designated staff person shall inspect all medication storage areas to ensure all insulin pens are dated when opened.

 5/4/2020

Legal Entity Representative



Signature

Mary Joyce Monroe Administrator 5-3-2020
Printed Name and Title Date

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(Initials)

Implemented
 Not Implemented

186a - Authorized Prescriber

Regulations

2600.

186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

Description of Violation

The following medications were on resident #2's January 2020 medication administration record (MAR); however, no current physician orders are present in the home:

*Clonidine HCL 0.2 mg-Take 1 tablet by mouth twice a day

*Clonidine HCL 0.1 mg-Take 1 tablet by mouth twice 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.)

The home receives prescription orders from the pharmacy each month along with the MARS. However the prescription orders for January could not be found when the inspectors were here.

The prescription orders were found in a closet where they had been accidentally stored. One complete copy was put into a plastic sleeve and put in the same binder as the MARS.

The first day of each month the MARS and prescription orders are placed in a binder. This will assure that the prescription orders are readily available when needed.

Legal Entity Representative

Mary Joyce Morreo
Signature

Mary Joyce Morreo
Printed Name and Title

4-20-2020
Date

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

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(Date)

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(Initials)

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(Date)

Implemented
 Not Implemented

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, hired on 7/9/17, has not successfully completed the Department-approved medications administration course. Staff person A administered medications to numerous residents on numerous dates, to include the following:

- *Resident #1 on 1/1/20 and 1/2/20, 1/6/20 through 1/9/20, and 1/13/20 through 1/15/20.
- *Resident #2 on 1/7/20 through 1/10/20 and 1/13/20 through 1/16/20.

Staff person C, hired on 12/21/10, has not successfully completed the Department-approved medications administration course. Staff person C administered medications to numerous residents on numerous dates, to include residents #1 and #2 on 1/1/20, 1/3/20, 1/6/20, 1/8/2020 through 1/13/20 and 1/15/20.

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 and Staff person C have been trained to administer medications. Documentation for this training is attached. This documentation could not be found on the day of inspection.

Staff records had been poorly kept and often ended up in a few different files. They are now being kept in binders. This method has proven successful in keeping resident records in order.

The home previously had no computer, so all training was done on paper forms. The home has now invested in a computer and printer. In the future all medication administration training will be completed on the new online system as required.

The administrator will check each employee binder the first day of each month. She will note on a calendar when any testing or documentation needs updated in the coming month.


Legal Entity Representative

Mary Joyce Morreo
Signature

Mary Joyce Morreo Administrator 5/3/20
Printed Name and Title Date

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(Date) (Date)

The above plan of correction was approved by  Implemented
(Initials) 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 conspicuous and public place in the home.

REPEAT VIOLATION: 1/24/2019

Plan of Correction (POC)

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

The home in the past has been told that a current printed calendar could be used to make an activities calendar. The calendar for January 2020 had not been filled in, however activities were taking place.

The home does have problems getting most residents to participate in activities. Most residents only want to watch TV. Several will play bingo but only for edible prizes or money.

The home has a vast supply of art supplies, craft supplies, games and puzzles. The staff encourages residents to work individually or in small groups. When a craft activity is planned the residents just want the instructors to complete the project for them.

The home now has a printed activities calendar posted on the bulletin board. The staff has been instructed to encourage and motivate residents to participate in activities.

The administrator will check the bulletin board on the first day of each month to ensure the activities calendar has been posted for the month.

Legal Entity Representative

Mary-Joyce Morreo
Signature

Mary-Joyce Morreo Administrator 5-3-2020
Printed Name and Title Date

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The above plan of correction is approved as of	5/4/2020	Plan of correction implementation status as of	5/4/2020
	(Date)		(Date)
The above plan of correction was approved by	<i>AM</i>	<input checked="" type="checkbox"/> Implemented	
	(Initials)	<input type="checkbox"/> Not Implemented	

224a - Preadmission Screen Form

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1 was admitted to the home on 7/11/19; however, no preadmission screening form was completed for the resident.

Plan of Correction (POC)

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The preadmissions screening was completed, but was placed in the wrong folder. It was found the evening of January 16, 2020 in the resident's secondary file and placed in the main binder. A copy is attached under supporting materials.

All mandated forms for each resident, i.e. Preadmissions Screening, DME, RASP, Contract, Right to Refuse Medication and Rent Rebate Form, are kept in a separate binder for each resident. These binders also contain the RASP and DME from the previous year. This method is making it easier to maintain all forms together.


The administrator will check each resident binder monthly to ensure that all required documents are included and up to date. A record will be kept of any DMEs or RASPs that need updated in the next month, and steps will be taken to complete the updated documents.

Legal Entity Representative

Mary Joyce Monroe
Signature

Mary Joyce Monroe Administrator 5-5-2020
Printed Name and Title Date

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The above plan of correction is approved as of	5/4/2020	Plan of correction implementation status as of	5/4/2020
	(Date)		(Date)
The above plan of correction was approved by		<input checked="" type="checkbox"/> Implemented	
	(Initials)	<input type="checkbox"/> Not Implemented	