



Sent via e-mail [jsimmers@phoebe.org](mailto:jsimmers@phoebe.org)  
July 9, 2020

Ms. Jennifer Simmers  
Administrator  
Phoebe Richland Health Care Center  
108 South Main Street  
Richlandtown, Pennsylvania 18955

RE: Meadow Glen at Phoebe Richland  
License #: 142250

Dear Ms. Simmers:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 12 and 13, 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



25b - Contract Signatures

Regulations

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated 12/20/2018, for resident #1 was not signed by the resident.

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.)

25.b.

This particular resident is unable to read. All residents will sign the admission agreement during the admission process. If a resident is unable to provide a signature, a mark will be provided. If neither are able to be provided, it will be noted on the admission agreement.

All charts were audited by 2/28/2020 and all Admission agreements were signed/marked by the resident.

This task will be completed by the Sales Coordinator

Legal Entity Representative

*Jennifer Simmers*  
Signature

Jennifer Simmers RCHA  
Printed Name and Title

4/2/2020  
Date

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The above plan of correction is approved as of

7/7/20  
(Date)

Plan of correction implementation status as of

7/7/20  
(Date)

Implemented

Not Implemented

The above plan of correction was approved by

*MS*  
(Initials)

41e - Signed Statement

Regulations

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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.)

41.e.

All residents and/or designated persons are provided a copy of the Resident Rights during the admission process.

Resident Rights are also posted in the main lobby for al to review.

All Residents will sign the Resident Rights during the admission process. If a resident is unable to provide a signature, a mark will be provided. If neither are able to be provided, it will be noted on the admission agreement.

All charts were audited by 2/28/2020 and all Admission agreements were signed/marked by the resident.

This task will be completed by the Sales Coordinator

Legal Entity Representative

*Jennifer Simmers*  
Signature

Jennifer Simmers  
Printed Name and Title

PCHA 4/2/20  
Date

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Not Implemented

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(Initials)

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 person A did not receive training in resident rights and 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.)

65.g.

Staff Development is auditing the Relias System against the staff list to ensure that all staff is enrolled in the proper courses. Moving forward Staff Development will ensure the staff is enrolled in the correct hierarchy when they assigned their train tracks at orientation.

Staff Development will complete a second audit prior to the end of the year to ensure the proper training courses are completed as per DHS regulation 2600.65.g.

This Task will be completed by Staff Development

*Jennifer Simmers*  
Signature

Jennifer Simmers PCHA 4/4/2020  
Printed Name and Title Date

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Implemented

Not Implemented

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

82c - Locking Poisonous Materials

Regulations

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 02/12/2020, at 09:50 am, during the initial walk-through of the home, a bottle of Isagel Handwashing gel was found in an unlocked cabinet in both sides of the common area of the home's memory care unit.

On 02/13/2020, Gojo Luxury Foam Antibacterial Handwash, with a manufacture's label indicating "If swallowed, get medical help or contact a poison control center right away", was unlocked, unattended, and accessible to residents in the secured dementia unit bathrooms.

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.)

82.c.

Education has occurred for existing staff and will continue to occur during the orientation process. Locks have been installed and keys provided to appropriate nursing staff to ensure poisonous materials are locked up.

New hand soap has been provided for residents in the memory support unit. Please see the attached SDS sheet

This task is the responsibility of EVS and nursing staff

Legal Entity Representative

*Jennifer Summers*  
Signature

Jennifer Summers  
Printed Name and Title

PCA 4/2/2020  
Date

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(Initials)

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 02/13/2020 during the physical inspection, an interview was held with laundry staff who indicated that "soiled" laundry items are washed together with regular laundry.

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.)

85.a.

The individual asked about the laundry during the inspection is not a laundry employee and may have misunderstood the question. Please see the attached policy on laundering soiled laundry. This policy has been in effect from 8/31/2017

This is the responsibility of the Laundry Department and EVS Director

Legal Entity Representative

*Jennifer Simmers*  
Signature

Jennifer Simmers  
Printed Name and Title

PTA  
Date 4/2/2020

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(Initials)

Implemented

Not Implemented

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 to include the nearest hospital and fire department on or by the telephone in room 119.

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.)

91.

All personal care resident rooms will have a laminated emergency contact phone number sheet placed on the wall.

This was completed and will be the responsibility of the Sales Coordinator and the nursing to staff to monitor.

Legal Entity Representative

*Jennifer Simmers*  
Signature

Jennifer Simmers PCHA  
Printed Name and Title

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Implemented

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*MSJ*  
(Initials)

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

The resident in room 102 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction (POC)

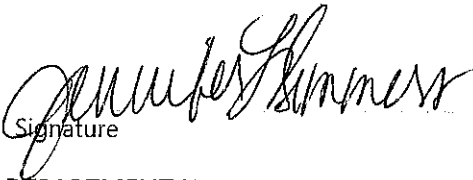
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

101.j.7

Resident's night stand was moved and placed next to her bed with a working table lamp on top.

This is the responsibility of EVS and nursing staff.

Legal Entity Representative

  
Signature

Jennifer Simmons RCHA 4/2/20  
Printed Name and Title Date


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105g - Lint Removal and Duct Cleaning

Regulations

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 02/13/2020, there was an accumulation of lint in the lint trap of the commercial dryer. There were no clothes in the dryer at the time.

Plan of Correction (POC)

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

105.g.

Staff education occurred with a read and sign for lint to be removed after every cycle and anytime there is visible lint. New staff will be education on the procedure.

A check list was implemented for each usage.

This is the responsibility of EVS Director, Laundry staff and Laundry Manager.

Legal Entity Representative

*Jennifer Summers*  
Signature

Jennifer Summers PCHA  
Printed Name and Title

4/6/2020  
Date

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*MSJ*  
(Initials)

Implemented

Not Implemented

132g - Fire Drills Days/Times

Regulations

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The fire drills conducted on 07/29/19, 08/26/19, 09/16/19 and 10/14/19 were all conducted on a Monday.

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.)

132.g.

Fire Drills will be kept on a calendar to ensure drills are held on a different day of the week each month.

This is the responsibility of the EVS Director

Legal Entity Representative

*Jennifer Simmers*  
Signature

Jennifer Simmers PLHA 7/7/20  
Printed Name and Title Date

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(Initials)

Not Implemented

141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #2's most recent medical evaluation did not include a list of current medications.

Resident #3's most recent medical evaluation did not include a list of current 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.)

141.a.

Copies of medications included with the DME will be kept with the DME and a copy will be placed in the order second of the chart to ensure the DME is complete with the medication list.

This is the responsibility of the nursing staff

Legal Entity Representative

*Jennifer Simmers*  
Signature

Jennifer Simmers PCHA  
Printed Name and Title

4/2/2020  
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Implemented

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*MS*  
(Initials)

141b1 - Annual Medical Evaluation

Regulations

2600.

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

Description of Violation

Resident #1's most recent medical evaluation was completed on 12/20/2018. An additional medical evaluation has not been completed.

Resident #4's most recent medical evaluation was completed on 01/16/2020. The resident's previous medical evaluation was completed on 12/27/2018.

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.)

141..b.1

An Updated DME has been completed and in the chart for resident #1

Residents who have physicians that are out of our facility will be notified in advance and encouraged to make annual appointments prior to annual date or within the 15 day grace period.

A spreadsheet was created with annual DME dates.

This is the responsibility of the Nurse Manager

Legal Entity Representative

*Jennifer Simmons*  
Signature

Jennifer Simmons RHA  
Printed Name and Title  
4/2/20  
Date

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(Date)

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(Date)

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

Implemented  
 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 02/12/2020, the glucometer for resident #5 was not calibrated to the correct date and time.

On 02/12/2020, the glucometer for resident #6 was not calibrated to the correct date and time.

Plan of Correction (POC)

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

185.a.

The admitting nurse will calibrate the glucometer upon admission and the nursing staff on 11-7 will calibrate all glucometers monthly and sign off once they are complete.

This is the responsibility of the nursing staff

Legal Entity Representative

*Jennifer Simmers*  
Signature

Jennifer Simmers  
Printed Name and Title

PLTA  
Date

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Implemented

Not Implemented

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*MSJ*  
(Initials)

185b - Medication Procedures

Regulations

2600.

185.b. At a minimum, the procedures must include:

Description of Violation

Resident #7's narcotics sign out sheet of Hydrocodone 3/325 mg shows current count as 2 on 02/13/2020, the actual count is 1.

A review shows that the med tech who administered this medication at 17:00 on 02/12/2020 failed to sign the narcotics count sheet and the med tech who administered this medication at 09:00 am on 02/13/2020 deducted one pill from the previous count without performing an actual count.

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.)

185.b.

Education was provided to all Med Tech and Nursing Staff on correct way to do Narcotic count. This correct was made by Med Tech who signed out the narcotic on the narcotic sheet.

Please see attached policy.

This is the responsibility of Med Tech and Nurses who administer narcotics.

Legal Entity Representative

*Jennifer Simmers*  
Signature

Jennifer Simmers RCHA  
Printed Name and Title

7/7/20  
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Implemented

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*JMS*  
(Initials)

Not Implemented

## 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 #8 is prescribed Tamsulosin Cap 0.4 MG, Myrbetriq Tab 50 MG and Oxybutynin Tab 5 MG. However, resident's February 2020 medication administration record does not indicate diagnosis or purpose for the medication, including pro re nata (PRN).

## Plan of Correction (POC)

187.a.

All Orders must have a supporting diagnosis. If not diagnosis is provided a clarification order is requested from the ordering physician.

Education provided during nurses meeting.

This particular violation was corrected

This is the responsibility of the nurses who are obtaining orders

## Legal Entity Representative

  
Signature

Jennifer Summers RCHA  
Printed Name and Title

4/2/20  
Date

02/12/2020

15 of 26

187a - Medication Record *(continued)*

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(Date)

Plan of correction implementation status as of 7/7/20  
(Date)

The above plan of correction was approved by MC  
(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

The med-tech on duty during the evening shift of 02/12/2020 initialed the MAR without administering the medication Memantine Tab HCL 5 MG for resident #6; the pill packet with the date and time of 02/12/2020 at 21:00 was still in the med box.

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.)

187.b.

Education occurred 1:1 for this specific Med Tech including the policy. Staff Development was requested to add Medication Administration training to Med Techs on an ongoing basis.

DHS incident report was issued for this specific incident.

This is the responsibility of Staff Development and nursing staff. See Attached Policy.

Legal Entity Representative

*Jennifer Simmers*  
Signature

Jennifer Simmers  
Printed Name and Title

PEHA Ephoro  
Date

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*MSJ*  
(Initials)

Implemented

Not Implemented

187d - Follow Prescriber's Orders

Regulations

2600.

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

Description of Violation

Resident #6 is prescribed Memantine Tab HCL 5 MG - 1 Tab by mouth at bedtime, Start Date: 02/12/2020 at 21:00. However, this medication was not administered to resident #6 on 02/12/2020.

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.)

187.d.

Medications will be provided at the correct time. If medications are not available, the prescribing physician will be notified for orders.

This specific violation the medication was not available at the prescribed time.

Education was provided to Nurses and Med Techs

See attached policy

Legal Entity Representative

*Jennifer Simmers*  
Signature

Jennifer Simmers RCH  
Printed Name and Title  
4/2/2020  
Date

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(Initials)

191 - Resident Right to Refuse

Regulations

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted 12/24/2018, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.)

191.

All residents and/or designated persons are provided a copy of the Resident Rights during the admission process.

Resident Rights are also posted in the main lobby for al to review.

All Residents will sign the Resident Rights during the admission process. If a resident is unable to provide a signature, a mark will be provided. If neither are able to be provided, it will be noted on the admission agreement.

This task will be completed by the Sales Coordinator

Legal Entity Representative

*Jennifer Simmers*  
Signature

Jennifer Simmers RCHA  
Printed Name and Title

4/2/2020  
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(Initials)

Not Implemented

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 #9 is prescribed Lorazepam Tab 0.5 MG - 1/2 tablet (0.25 MG) by mouth every 8 hours as needed for agitation. This medication was administered on 12/03/2019.

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.)

202.

Education to physicians and nurses that a specific diagnosis must accompany the order.

Medications will be discontinued if they are not used for more than 30 days.

This task will be completed by the Nurse and Nurse Manager

See attached correction order.

Legal Entity Representative

*Jennifer Simmons*  
Signature

Jennifer Simmons PCAA  
Printed Name and Title

7/7/20  
Date

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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 #10's preadmission screening form, dated 10/11/2019, does not include a determination that the needs of the resident can be met by the services provided by 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.)

224.a.

Prescreen was completed to show Meadow Glen is able to provide services to this resident.

Nurse or Administrator will provide a second review of Prescreen to ensure this form is completed in its entirety.

This is the responsibility of the Administrator or Nurse Manager

Legal Entity Representative

*Jennifer Simmers*  
Signature

Jennifer Simmers  
Printed Name and Title

PLHA Aphoro  
Date

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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

Resident #2 had a medical evaluation on 01/06/2020 due to a status change; however, the resident's support plan, dated 09/11/2019, was not updated to include this information.

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.)

227.c.

Support plan will be completed per DHS regulation and in conjunction with the DME.

This specific RASP was completed to reflect the significant change and an updated RASP is placed in the chart.

This is the responsibility of the Nurses and Administrator

Legal Entity Representative

*Jennifer Simmers*  
Signature

Jennifer Simmers RCHA  
Printed Name and Title

7/7/20  
Date

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The above plan of correction is approved as of

7/7/20  
(Date)

Plan of correction implementation status as of

7/7/20  
(Date)

Implemented

The above plan of correction was approved by

*MS*  
(Initials)

Not Implemented

227g -Support Plan Signatures

Regulations

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #2's RASP, dated 09/11/2019, is not signed by the assessor (staff).

Resident #4's RASP, dated 01/16/2020, is not signed by the resident or the resident's responsible party.

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.)

227.g.

Education to nursing staff to ensure the necessary signatures are obtained. If a signature is unable to be obtained, it will be documented.

Resident #2 – Assessor signed the RASP

Resident #4 – The box was checked that he resident declined to participate. Responsible party was unable to sign, it was documented and a copy was provided.

This is the responsibility of the assessor with a double check by the Administrator to ensure all boxes are checked.

Legal Entity Representative

*Jennifer Simmers*  
Signature

Jennifer Simmers  
Printed Name and Title

PCHA  
7/7/20  
Date

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(Date)

Implemented

Not Implemented

The above plan of correction was approved by

*MS*  
(Initials)

231c - Preadmission Screening

Regulations

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #4 was admitted to the Secure Dementia Care Unit (SDCU) on 02/02/2018. However, the resident's written cognitive preadmission screening was completed on 01/15/2018.

Resident #10 was admitted to the Secure Dementia Care Unit (SDCU) on 10/11/2019. However, the resident's written cognitive preadmission screening is incomplete.

Resident #11 was admitted to the Secure Dementia Care Unit (SDCU) on 03/12/2019. However, the resident's written cognitive preadmission screening was not 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.)

231.c.

Resident #4 - the resident went to the physician's office where it was not filled out.

Resident #10 - the preadmission screen has been completed

Resident #11 - the preadmission cognitive screening was completed for this resident.

This is the responsibility of the Nurse Manager or Administrator. A double check will be implemented to ensure all boxes are marked and dates are within regulation.

Legal Entity Representative

*Jennifer Summers*  
Signature

Jennifer Summers RCHA #26020  
Printed Name and Title Date

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Plan of correction implementation status as of 7/7/20 (Date)

Implemented

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

Not Implemented

233c - Key-Locking Devices

Regulations

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the courtyard's exterior gate door of the Secure Dementia Care Unit (SDCU).

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.)

233.c.

Roman numeral code was adhered to the gate immediately after ~~violation~~ violation was noted on 2/12/2020.

Legal Entity Representative

*Jennifer Simmers*  
Signature

Jennifer Simmers RCHA 4/12/20  
Printed Name and Title Date

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The above plan of correction is approved as of

7/7/20  
(Date)

Plan of correction implementation status as of

7/7/20  
(Date)

Implemented

The above plan of correction was approved by

*MS*  
(Initials)

Not Implemented

234c - Support Plan Responsible Person

Regulations

2600.

234.c. The support plan must identify the individual responsible to address the resident's needs.

Description of Violation

The support plan, dated 10/11/2019, for resident #10 does not identify the individual responsible for addressing the resident's needs, including "ability to use and avoid poisonous materials".

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.)

234.c.

All RASPs will be completed in its entirety as per DHS regulation.

RASPS will be audited by the Nurse Manager or Administrator

Legal Entity Representative

*Jennifer Summers*  
Signature

Jennifer Summers RCHA 4/2/2020  
Printed Name and Title Date

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The above plan of correction is approved as of

7/7/20  
(Date)

Plan of correction implementation status as of

7/7/20  
(Date)

Implemented

The above plan of correction was approved by

*MS*  
(Initials)

Not Implemented