



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail bbacon@brandycare.com**  
**Sent via e-mail kcianfrani@brandycare.com**  
**August 13, 2020**

Ms. Mary Ellen Pisanelli  
Authorized Signatory  
WELL BL OPCO, LLC  
Attn: Brenda Bacon  
525 Fellowship Road, Suite 360  
Mount Laurel, New Jersey 08054

RE: Brandywine Senior Living at Upper Providence  
1133 Black Rock Road  
Phoenixville, Pennsylvania 19460  
License #: 144310

Dear Ms. Pisanelli:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 19 and 20, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

*Claire Mendez*

Claire Mendez  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: *BRANDYWINE LIVING AT UPPER PROVIDENCE*  
Address: *1133 BLACK ROCK ROAD,, PHOENIXVILLE, PA 19460*  
County: *CHESTER* Region: *SOUTHEAST*

License Number: *14431*

## Administrator

Name: *Kathleen Cianfrani* Phone: *6109333250* Email: *kcianfrani@brandycare.com*

## Legal Entity

Name: *WELL BL OPCO LLC*  
Address: *525 FELLOWSHIP ROAD, SUITE 360, ATTN BRENDA BACON, MOUNT LAUREL, NJ, 8054*

## Certificate(s) of Occupancy

Type: *C-1* Date: *03/31/2015* Issued By: *Upper Providence Twp*

## Staffing Hours

Resident Support Staff: *83* Total Daily Staff: *187* Waking Staff: *140*

## Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*  
Reason: *Renewal*

## Inspection Dates and Department Representative

*02/19/2020 - On-Site: Sandi Wooters, Susan Smith*  
*02/20/2020 - On-Site: Sandi Wooters, Susan Smith*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *132* Residents Served: *83*

### Secured Dementia Care Unit

In Home: *Yes* Area: Capacity: *26* Residents Served: *20*

### Hospice

Current Residents: *4*

### Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *83*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *21* Have Physical Disability: *0*

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home did not have the required Influenza Information poster in accordance with the PA House Bill 1785 Influenza Awareness Act of 2015.

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 PLAN OF CORRECTION

Legal Entity Representative

*Ky Cianfrani*  
Signature

*KATHLEEN Cianfrani, Exec. Director 8/30/2020*  
Printed Name and Title Date

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(Date)

Plan of correction implementation status as of 8/12/2020  
(Date)

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


Implemented  
 Not Implemented

# Brandywine Living

## Plan of Correction

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**Name and Title of Brandywine representative Signing the Plan of Correction:**  
Kathleen Cianfrani, E.D.

**Signature of Representative:**



**Date of Submission:**

2-20-2020

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
2600.18	2/20/2020  2/27/2020  2/27/2020  7/28/2020	Poster was printed from Department of Health website and hung at all elevators and in the Wellness office waiting room.  Flu posters will be monitored for any damage or absence on a daily basis by the concierge.  The concierge team has been in serviced on this regulatory requirement and been made aware of their role in monitoring it's display.  Poster information and placement to be reviewed at quarterly Quality Improvement meetings.

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 6/17/2019, for resident 1 was not signed by the resident. There is no documentation to indicate there were attempts to obtain the resident's signature.

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Legal Entity Representative

*Ky Ciunfrani*  
Signature

*Kathleen Ciunfrani, Exec. Director* 7/30/2020  
Printed Name and Title Date

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Kathleen Cianfrani, E.D.

**Signature of Representative:** *Ky Cianfrani*  
**Date of Submission:** 7/30/2020

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
2600.25b	2/21/2020 2/26/2020 2/27/2020	The Director of Community Relations has offered the resident the opportunity to sign the contract and the resident has declined, this was documented. The residents POA has signed all the appropriate paperwork in a timely manner.
	4/25/2020	The new DCR has done a chart audit of all resident records to make sure we are in compliance with this regulation.
	7/28/2020	Ongoing the DCR will present all move in documentation to the family and resident. The DCR will obtain all signatures, if the resident declines it will be documented. She will try again at a later date, at least two more attempts will be made. The completed resident record will be presented to the Business Office manager for audit. This will be done for each new resident admission.
	7/28/2020	This POC will be reviewed at quarterly QI meetings.

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.

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Legal Entity Representative

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Signature

*Kathleen Cianfrani, Exec. Director* 7/30/2020  
Printed Name and Title Date

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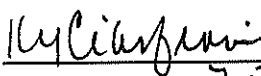
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**Signature of Representative:**   
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Regulation	Target Date by Which Correction will be Completed	Plan of Correction
2600.41e	2/21/2020 2/26/2020 2/27/2020	The opportunity to sign the acknowledgement of receipt of the Resident Rights and the Complaint procedure was offered to the resident 3 times and she refused. The resident has a POA who did receive and sign all the information. This is all documented.
	4/25/2020	The new DCR has completed chart audits regarding this regulation. She has made sure that all information has been offered to the residents and signature was obtained or it was documented that it was declined by the resident.
	7/28/2020	Ongoing the Director of Community Relations (DCR) will give all the appropriate move in documentation to the resident and obtain signatures or document otherwise. She will pass the chart on to the Business Office Manager for review (BOM). This will be done for each new resident.
	7/28/2020	This process will be reviewed at quarterly QI meetings.

101j1 - Mattress Fire Retardant

Regulations

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

Description of Violation

The mattress in room 335 is considerable sagging and does not offer support for 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.)

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Legal Entity Representative

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Signature

Kathleen Ciampromi, Exec Director 7/30/2020  
Printed Name and Title Date

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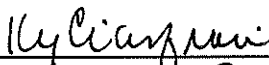
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**Date of Submission:** 7-30-2020

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
2600.101.j	3/27/2020	A new bed and mattress were delivered to the resident. (see attached invoice)
	3/4/2020	All care managers have been inserviced on the residents necessity to have a supportive mattress, care managers will monitor each mattress when they make the beds or change the linens. They will report to the Maintenance Director any questionable mattress.
	Ongoing	The Maintenance Director and the Care Managers will meet weekly during shift report to get feedback on any matress that should be replaced. Care Managers can make a report in TELS to communicate questionable mattresses.
	Ongoing	This Plan of Correction will be reviewed in Quarterly Quality Improvement meetings.
	3/27/2020	The RASP was updated to reflect that the resident had received a new bed and mattress.

101j3 - Bed/Linens/Pillows/Blankets

Regulations

2600.

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

- 3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

The bed pad was soiled with a brown stain located on the bed in room 335 for resident #2.

Plan of Correction (POC)

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SEE ATTACHED PLAN OF CORRECTION

Legal Entity Representative

*Ky Cian*  
Signature

*Kathleen Cianfrani, Executive Director*  
Printed Name and Title

*7/30/2020*  
Date

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Signature of Representative:

Ky Cianfrani

Date of Submission:

7.30-2020

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
2600.101(j)	2/20/2020  3/4/2020  3/4/2020  7/28/2020	The bed linens were changed immediately.  Care managers and housekeepers have been in serviced on the necessity to change soiled bed linens, blankets and pillows daily and as needed.  The Wellness director or designee will check bed cleanliness on a daily basis.  This policy and it's compliance will be reviewed at the quarterly QI meeting.

103c - Food Protected

Regulations

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 2/20/2020 at 1:20pm there was an uncovered container of fresh fruit on the counter in the kitchen.

Plan of Correction (POC)

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Legal Entity Representative

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Signature

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Printed Name and Title

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Signature of Representative:

  
Date of Submission: 7-30-2020

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
103.c	2/20/2020  2/21/2020 7/28/2020  2/21/2020 7/28/2020  7/28/2020	The container of fruit was immediately discarded.  The dining staff has been instructed to keep all fresh fruit covered during meal service, even if they just leave the pantry to serve a table must cover the fruit when no one is in attendance of it it could become contaminated.  The Dining Service Director will monitor daily that all food is being stored, prepared, and served correctly. He will monitor that at mealtime the fruit is covered, as well as all other food items.  This policy will be reviewed at quarterly QI meetings.

103i - Outdated Food

Regulations

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

Description of Violation

On 2/20/2020 there was a dented can of mandarin oranges on the rack 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.)

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**Signature of Representative:**

Ky Cianfrani

**Date of Submission:**

7-30-2020

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
2600.103(i)	2/20/2020  2/21/2020 7/28/2020  2/21/2020 7/28/2020  7/28/2020	This dented can of mandarin oranges was immediately discarded.  The dining staff, including cooks, servers and utility staff, were in serviced on the danger of contamination in a dented can. It was explained that a dented can should be immediately discarded. Tell the Dining Service Director and the vendor will offer us a credit.  The Dining Service Director will monitor on a daily basis that no dented cans are on the rack for use. No dented cans should be accepted at delivery.  This POC will be reviewed at quarterly QI meetings.

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 home currently serves 83 residents. However, the emergency evacuation plans does not include a line of travel to evacuate the building.

Plan of Correction (POC)

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Legal Entity Representative

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Signature

*Kathleen Cianfrani, Executive Director*  
Printed Name and Title

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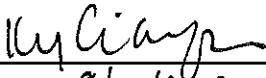
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Signature of Representative:   
Date of Submission: 8/10/2020

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
2600.123.c.	7/28/2020	All emergency evacuation diagrams on each floor and in each corridor have been updated to include a line of travel to evacuate the buildings.
	7/28/2020	Maintenance Director will monitor proper placement of diagrams on the wall in every corridor.MD will replace if damaged.
	7/28/2020	This POC will be reviewed at quarterly QI meetings.

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

Medications in the med cart for resident #5 included Haloperidol 2mg which was discontinued on 11/11/2019 and Hyoscyamine 0.125mg tablet was also in the med cart but not a current prescription for the resident.

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Legal Entity Representative

*Ky Ciagran*  
Signature

*Kathleen Cianfrani, Executive Director*  
Printed Name and Title

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**Signature of Representative:**

*Ky Cianfrani*  
7-30-2020

**Date of Submission:**

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
2600.183(f)	2/21/2020	Haloperidol and Hyoscyamine for Resident #5 were immediately removed from the medication cart and disposed of per the Environmental Protection Agency guidelines.
	3/17/2020 7/28/2020	The nurses were in serviced on the necessity of making sure when a medication order is discontinued that they immediately remove the medication from the cart.
	3/2/2020	Our contract agency, Creative Care Consultants, performs quarterly medication cart audits. I alerted them to this error and requested they be more accurate.
	3/17/2020	The 11-7 nurse will perform a cart audit nightly which will include removing all expired and discontinued meds, if it has not yet been done. She has been in serviced on this.
	3/2/2020	The Wellness Director will perform a weekly cart audit and each Wellness Nurse will monitor continued compliance.
	7/28/2020	This POC will be reviewed at quarterly QI meetings.

**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 2/20/2020 the glucometer reading for resident 6 taken at 6:30 AM was not recorded as of 11:45am Medication Administration Record (MAR) vitals history record.

The glucometer for resident 7 is not calibrated to the correct meter date and times. The following readings were recorded on the MAR vitals history record:

METER DATE	METER TIME	ACTUAL DATE	ACTUAL TIME
12/2/19	7:10	2/20/20	8:16AM
11/2/19	2:29	2/19/20	9:45PM
11/2/19	16:41	2/19/20	4:33PM
11/2/19	11:45	2/19/20	11:48

The glucometer reading for resident 8 on 2/19/20 at 20:38 AM was 100 and was recorded as 155 on the MAR vitals history record.

**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 PLAN OF CORRECTION**

**Legal Entity Representative**

*Ky Cianfrani*  
Signature

*Kathleen Cianfrani, Executive Director*  
Printed Name and Title

7-20-2020

Date

185a - Implement Storage Procedures *(continued)*

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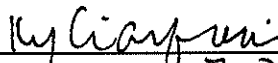
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**Signature of Representative:**   
**Date of Submission:** 7.30.2020

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
2600.185.a	2/20/2020	<p>The nurse was immediately educated on the policy of documenting all meds, dressings, glucometer readings at the time they are done. There should be no late documentation.</p> <p>This nurse was also immediately educated on the need to assure accuracy in all documentation, she transcribed 155 when the actual glucometer reading was 100.</p> <p>The Wellness Director monitored compliance daily until proficiency was exhibited, one month.</p>
	3/4/2020 7/28/2020	<p>All nurses were in serviced on the need to document immediately and to be accurate in their transcription of meds, glucometer readings and all other pertinent information. The 5 Rights were reviewed.</p>
	3/4/2020	<p>All glucometers were checked and properly calibrated or new ones ordered. All nurses were in serviced on how to calibrate glucometers, then demonstrated proficiency. Each nurse will check for proper calibration each time they use the glucometer.</p>
	3/4/2020	<p>The Wellness Director will audit glucometers weekly to assure they are calibrated correctly.</p>
	7/28/2020	<p>This POC will be reviewed at quarterly QI meetings.</p>

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 prescription medication Dulcolax was discontinued for resident 5 but remained on the physician order record on 2/20/20. This medications was discontinued on 8/22/19.

Resident 5 is prescribed medications PEG 3350 and Electrolytes solution was listed on the Medication administration record from 9/26/29 through 2/20/20. The medication was not in the cart and there is no discontinue order.

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Legal Entity Representative

	<p>Kathleen Ciaramani, Executive Director</p>	<p>7-30-2020</p>
Signature	Printed Name and Title	Date

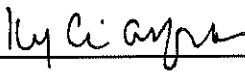
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## Plan of Correction

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**Address:** 1133 Black Rock Road, Phoenixville, PA. 19460  
**License Number:** 144310  
**Inspection date(s):** February 19 and 20, 2020  
**Name and Title of Brandywine representative Signing the Plan of Correction:**  
Kathleen Cianfrani, E.D.

**Signature of Representative:**   
**Date of Submission:** 7-30-2020

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
2600.186a	2/21/2020	Immediate action was taken to review the Physician order sheet against the MAR to make sure that only current orders were on the MAR. Any changes were reported to the pharmacy.
	3/17/2020	The nurses have been in serviced on this procedure: Any medications that have been discontinued by the provider must be reported to the pharmacy, updated on the MAR immediately and the medication is to be removed from the medication cart and disposed of appropriately. The nurse who removes the order will then take the pink copy from the Physician Order Sheet and attach it to the 24 hour report sheet so the 11-7 nurse will know to review for accuracy.
	7/28/2020	The Wellness Nurse will monitor this process as well as check the order has been taken off appropriately on a daily basis.
	7/28/2020	This POC will be reviewed at quarterly QI.

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:

Description of Violation

Resident 4 is prescribed Aspirin 81mg, Eliquis 2.5mg and Isosorbide MN ER 30mg. However, resident's 4 medication administration record for February 2020 does not indicate a diagnosis for these medications.

Resident 5 is prescribed Lasix, Lidocaine Patch, Cozaar, Prerevision Soft gel, Deep Sea Nose Spray, Systane Eye drops, Tylenol, Nystatin Powder, Peg Electrolytes Solution. However resident's 5 medication administration record does not indicate a diagnosis for these 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.)

SEE ATTACHED PLAN OF CORRECTION

Legal Entity Representative

*Ky Cianfrani*  
Signature

*Kathleen Cianfrani, Executive Director*  
Printed Name and Title

*7/30/2020*  
Date

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

The above plan of correction is approved as of 8/12/2020  
(Date)

Plan of correction implementation status as of 8/12/2020  
(Date)

- Implemented
- Not Implemented

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

# Brandywine Living

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**Signature of Representative:** *Ky Cianfrani*  
**Date of Submission:** 7-30-2020

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
2600.187a	2/21/2020	The medication record for reesident #4 was immediately updated to reflect a diagnosis for each medication ordered.
	3/17/2020	The nurses are instructed to call any physician who has written an order and has not provided a diagnosis. They were educated on where to update this on the MAR. The pharmacy is to be made aware so the diagnosis will carry over there after.
	7/28/2020	The Wellness Nurse will look at each medication and update the diagnosis if it is not on the MAR. Each Wellness nurse can perform this audit when they are passing meds.
	7/28/2020	The Wellness Director will audit the Mar's monthly and provide training on this POC.
	7/28/2020	This POC will be reviewed at quarterly QI. Disciplinary action will be considered for non compliance.

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 6/17/19 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)

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SEE ATTACHED PLAN OF CORRECTION

Legal Entity Representative

*Ky Ciampini*  
Signature

*Kathleen Ciampini, Executive Director*  
Printed Name and Title

*7-30-2020*  
Date

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**Signature of Representative:**   
**Date of Submission:** 7-30-2020

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
2600.191	7/28/2020	Resdient #1 has repeatedly refused to sign the Resident Rights form and this has been documented. We have made the resident aware verbally of her right to refuse a medication and her right to question if a medication is correct. This is documented on attached form.
	7/28/2020	Upon move in the DCR will make the resident aware of their right to question or refuse medication if they believe there is a medication error. This will be done verbally if the resident refuses to sign the Resident Rights and documented on the attached form.
	Ongoing	When the BOM performs the chart audits if the resident has refused to sign the Resident Rights she will make sure there is an attestation form that states we verbally informed them of that right. We will make this an agenda item at Resident Council throughtout the year.
	7/28/2020	We will review this POC in quarterly QI meetings.

231b - Medical Evaluation

Regulations

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident 1 was admitted to the Secure Dementia Care Unit (SDCU) on 6/17/2019; however, the resident's medical evaluation dated 6/6/2019 does not indicate the need for the SDCU.

Resident 3 was admitted to the Secure Dementia Care Unit (SDCU) on 12/15/19; however, the resident's medical evaluation was completed on 1/2/2020.

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.)

SEE ATTACHED PLAN OF CORRECTION

Legal Entity Representative

*Ky Ciampromi*

Signature

*Kathleen Ciampromi, Executive Director*

Printed Name and Title

*7/30/2020*  
Date

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Kathleen Cianfrani, E.D.

**Signature of Representative:** *Ky Cianfrani*  
**Date of Submission:** 7/30/2020

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
2600.231b	2/21/2020	The medical evaluation was updated by the physician to reflect their needs can best be served in the Secured Dementia Unit, for resident #1 Resident #3 was seen in the correct timeframe prior to admission but the PCP filled out the form incorrectly he was then seen on 1/2/2020 by our medical director.
	7/28/2020	The Wellness Director will audit all Reflections residents records by August 15 to make sure all DME's reflect the need for SDU and are in compliance.
	Ongoing	Upon move in the Wellness Director will make sure the medical evaluation is dated within 60 days prior to move in and that the physician has appropriately designated the need for a SDU Wellness Director received training on this regulation. 2600.231b WD will assure accuracy of DME.
	7/28/2020	The Wellness Director has been in serviced on the need to have medical evaluations for the Reflections unit residents, to be dated and done with in 60 prior to move in.
	7/28/2020	This POC will be reviewed at quarterly QI meetings.

231e - No Objection Statement

Regulations

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident 1 was admitted to the Secure Dementia Care Unit (SDCU) on 6/14/2019. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Plan of Correction (POC)

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SEE ATTACHED PLAN OF CORRECTION

Legal Entity Representative

*Ky Ciaroni*  
Signature

*Kathleen Ciaroni, Executive Director*  
Printed Name and Title

*7/30/2020*  
Date

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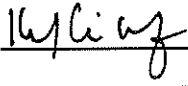
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**Signature of Representative:**   
**Date of Submission:** 7.30.2020

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
2600.231e	2/21/2020	The consent form for the Secured Dementia Unit will be signed prior to or on the day of move in by the physician, the resident and the legal representative. Resident #1 did agree to living in the SDU when I had a discussion with her and explained the locking doors and the keypad. She then signed the consent form, her POA signed the consent form.
	7/28/2020	The Director of Community Relations will take responsibility to have the consent form signed by the resident, the physician and the legal representative. The Wellness Director will review the paperwork prior to move in to assure compliance with this regulation.
	7/28/2020	The Executive Director will monitor compliance.
	7/28/2020	This POC will be reviewed at quarterly QI.

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 exit to the outdoor space and the second floor exit door to the Secure Dementia Care Unit (SDCU).

Plan of Correction (POC)

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SEE ATTACHED PLAN OF CORRECTION

Legal Entity Representative

*Ky Cianfrani*  
Signature

*Kathleen Cianfrani, Executive Director*  
Printed Name and Title

*7/30/2020*  
Date

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**Signature of Representative:** *Ky Cian*  
**Date of Submission:** 7-30-2020

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
233.c	2/20/2020	The framed picture of the home's locking mechanism code was removed by a resident. It was immediately retrieved and replaced at the exit to the outdoor space in the Secured Dementia Unit.
	3/4/2020 3/17/2020	All staff and nursing have been inserviced on the need to make sure the keypad code is always properly posted by each exit in the Secured Dementia Unit.
	7/28/2020	The Reflection Nurse Supervisor will check daily that the directions for the home's keypad lock is posted in a conspicuous place.
	7/28/2020	Adherence to this policy will be reviewed at quarterly QI meetings.

234a - Admission Support Plan

Regulations

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident 3 was admitted to the Secure Dementia Care Unit (SDCU) on 12/15/2019. However, the resident's initial support plan was completed on 12/20/2019.

Plan of Correction (POC)

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SEE ATTACHED PLAN OF CORRECTION

Legal Entity Representative

*Ky Ciarynki*  
Signature

*Kathleen Ciarynki, Executive Director*  
Printed Name and Title

*7/31/2020*  
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Kathleen Cianfrani, E.D.

Signature of Representative:

K. Cianfrani  
7/30/2020

Date of Submission:

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
2600.234a	7/28/2020  7/28/2020  7/28/2020	This regulation has been reviewed with the new Wellness Director and a training was done regarding the difference in timeline of regulatory paperwork for an admission to the Secured Dementia Unit versus to a general Personal Care admission. The WD has access to both the RCG and the Title 55 pink book as resources.  The Executive Director will monitor compliance.  This POC will be reviewed at quarterly QI meetings.