



pennsylvania

DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: mligo@qualityliveservices.com
cmorrow@qualityliveservices.com

MAILING DATE: May 6, 2020

Ms. Courtney Morrow
Administrator
Trinity Living center, LP
400 Hillcrest Avenue
Grove City, Pennsylvania 16127

RE: Quality Life Services – Grove City
Certificate #: 416680

Dear Ms. Morrow:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 5, 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

4/3/2020

Violation Report

Western Region Field Office
Bureau of Human Services Licensing

Facility Information

Name: *QUALITY LIFE SERVICES - GROVE CITY*
Address: *400 HILLCREST AVENUE,, GROVE CITY, PA 16127*
County: *MERCER* Region: *WESTERN*

License Number: *41668*

Administrator

Name: *Courtney Morrow* Phone: *7244589501* Email: *cmorrow@QUALITYLIFESERVICES.COM*

Legal Entity

Name: *TRINITY LIVING CENTER LP*
Address: *400 HILLCREST AVENUE, ATTN MIKALA MEDBERRY, GROVE CITY, PA, 16127*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/04/2002* Issued By: *Dept L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *10* Waking Staff: *8*

Inspection

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

Inspection Dates and Department Representative

03/05/2020 - On-Site: Amy Duncan, Lori Gillette

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *20* Residents Served: *10*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *10*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

24 - Personal Hygiene

Regulations

2600.

24. Personal Hygiene - A home shall provide the resident with assistance with personal hygiene as indicated in the resident's assessment and support plan. Personal hygiene includes one or more of the following:

- 1. Bathing.

Description of Violation

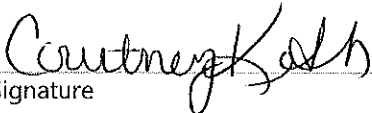
Resident #2's most recent assessment and support plan, dated 6/11/19, indicates the resident requires assistance with personal hygiene; however, staff interviews indicate the resident has not received a shower for several months.

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 #2 was immediately showered on 3/5/2020 by DCS.
 Resident #2 and all other residents were put on a shower schedule by the administrator on 3/5/2020.
 All staff have been educated by administrator 4/2/2020.
 Shower schedule will be audited by administrator once a week for three weeks.
 Audits to be completed by April 30th, 2020.
 Administrator will continue to audit shower schedules once a month ongoing.
 All audit results will be submitted to quality management at least quarterly for review.
 DCS will notify administrator immediately if a resident refuses a shower.


Legal Entity Representative


 Signature

Courtney Keith POADM 4/10/20
 Printed Name and Title Date

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The above plan of correction is approved as of 4/13/2020 Plan of correction implementation status as of 5/1/2020
 (Date) (Date)

The above plan of correction was approved by  Implemented
 (Initials) Not Implemented

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

Resident #4's resident-home contract, dated 8/23/19, is not signed by the administrator or designee, the resident or the payer.

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 contract was immediately updated by administrator, signed and acknowledged by resident. Reprinted and placed in resident chart. (Resident Contract signature page attached). PC Administrator was re-educated by RDO that all contracts must be signed by the resident and payer if different from resident. Contracts will be audited for accuracy and completion by NHA per admission for six months. If any discrepancies are found by NHA, PC administrator will be immediately re-educated. Admissions checklist will be utilized to audit all current residents charts and future admissions on going. Audits of current resident charts to be completed and submitted to QM for review by April 30th, 2020.

Legal Entity Representative

Courtney Keth
Signature

Courtney Keth PCADM
Printed Name and Title

4/10/20
Date

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(Date)

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(Date)

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(Initials)

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 Not Implemented

25c7 - Financial Assistance

Regulations

2600.

25.c. At a minimum, the contract must specify the following:

- 7. The financial arrangements if assistance with financial management is to be provided.

Description of Violation

Resident #3's resident-home contract, dated 1/2/20, does not indicate if the home provides financial assistance for residents. This area is blank.

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 contract was immediately updated by administrator, signed and acknowledged by resident. Reprinted and placed in residents chart. (Section C Fiscal initialed, checked, and attached). PC Administrator was re-educated by RDO. Contracts will be audited for accuracy and completion by NHA per admission for six months. If any discrepancies are found by NHA, PC administrator will be immediately re-educated. Admissions checklist will be utilized to audit all current residents charts and future admissions on going. Audits of current resident charts to be completed and submitted to QM for review by April 30th, 2020.

Legal Entity Representative

Courtney Keith
Signature

Courtney Keith PCAdm 4/10/20
Printed Name and Title Date

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(Initials) Not Implemented

25c12 - Bed Hold

Regulations

2600.

25.c. At a minimum, the contract must specify the following:

- 12. Charges to the resident for holding a bed during hospitalization or other extended absence from the home.

Description of Violation

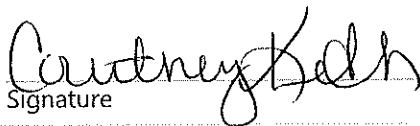
Resident #3's resident-home contract, dated 1/2/20, does not include the charges for holding a bed during hospitalization or an absence. This area is blank.

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 contract was immediately updated by administrator, signed and acknowledged by resident. Reprinted and placed in residents chart. (Resident bed hold acknowledgment initialed and attached). PC Administrator was re-educated by RDO. Contracts will be audited for accuracy and completion by NHA per admission for six months. If any discrepancies are found by NHA, PC administrator will be immediately re-educated. Admissions checklist will be utilized to audit all current residents charts and future admissions on going. Audits of current resident charts to be completed and submitted to QM for review by April 30th, 2020.

Legal Entity Representative



Signature

Courtney Keth PCAdm 4/10/20
Printed Name and Title Date

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(Initials)

- Implemented
- Not Implemented

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 #4'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.)

Resident contract was immediately updated, signed, and reprinted.
PC Administrator was re-educated by RDO.
Contracts will be audited for accuracy and completion by NHA per admission for six months.
If any discrepancies are found by NHA, PC administrator will be immediately re-educated.
Admissions checklist will be utilized to audit all current residents charts and future admissions on going.
Audits of current resident charts to be completed and submitted to QM for review by April 30th, 2020.

Legal Entity Representative

Courtney Keth
Signature

Courtney Keth PCAdm 4/10/20
Printed Name and Title Date

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(Date)

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(Initials)

Implemented
 Not Implemented

53a - Qualifications

Regulations

2600.

53.a. The administrator shall have one of the following qualifications:

- 1. A license as a registered nurse from the Department of State.
- 2. An associate's degree or 60 credit hours from an accredited college or university.
- 3. A license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field.
- 4. A license as a nursing home administrator from the Department of State.
- 5. For a home serving 8 or fewer residents, a general education development diploma or high school diploma and 2 years direct care or administrative experience in the human services field.

Description of Violation

Staff person B, the home's administrator, has no documentation of any of the qualifications indicated in 2600.53a. On 3/5/20, the home served 10 residents.

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 B, the home's administrator, qualifies under Chapter 2600 53a as a college graduate with a 4 year degree.

A copy of staff person Bs diploma was added to the employee file on 3/10/2020.

Administrator will audit all employee files utilizing employee record checklist to ensure that files contain all required documentation.

Administrator will utilize employee record checklist for current and new employees ongoing.

Audits of employee files to be completed and submitted to QM for review by April 30th 2020.

Legal Entity Representative

Courtney Keth
Signature

Courtney Keth PCAdm 4/10/20
Printed Name and Title Date

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(Date)

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(Initials)

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 Not Implemented

65b - Rights/Abuse 40 Hours

Regulations

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 2. Emergency medical plan.
- 4. Reporting of reportable incidents and conditions.

Description of Violation

Ancillary staff person A, hired 12/10/19, did not receive training on the following topics within 40 working hours of hire:

- * Emergency medical plan
- * Reporting of reportable incidents and conditions

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 was immediately inserviced on the EMP and reporting of reportable incidents and conditions.

LM
Immediately: Administrator will audit all employee files utilizing employee record checklist to ensure that files contain all required documentation.
Administrator will utilize employee record checklist for current and new employees ongoing.
Audits of employee files to be completed and submitted to QM for review by April 30th 2020.

Legal Entity Representative

Courtney Keth
Signature

Courtney Keth PCAdm 4/10/20
Printed Name and Title Date

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(Date) (Date)

The above plan of correction was approved by *LM* Implemented
(Initials) Not Implemented

65g - Annual Training Content

Regulations

2600.

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

Description of Violation

Direct care staff person C, hired 8/28/13, did not receive annual training on fire safety completed by a fire safety expert during the 2019 training year.

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.)

Employee files were audited to ensure fire safety training was completed as appropriate. Staff person C completed training on 4/2/2020, as did all DCS staff.

LM
Immediately:

Administrator will audit all employee files utilizing employee record checklist to ensure that files contain all required documentation.

Administrator will utilize employee record checklist for current and new employees ongoing. Audits of employee files to be completed and submitted to QM for review by April 30th 2020.

Immediately: A designated staff person shall review the staff education checklist at least semi-annually to ensure all staff persons receive training on all topics specified in 2600.65g during each established training year.

LM 4/13/2020

Legal Entity Representative

Courtney Keth
Signature

Courtney Keth PCAdm 4/10/20
Printed Name and Title Date

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The above plan of correction is approved as of 4/13/2020 (Date)

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

Plan of correction implementation status as of 5/1/2020 (Date)

Implemented
 Not Implemented

84 - Heat Sources

Regulations

2600.

84. Heat Sources - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120° F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from comin in contact with the heat source.

Description of Violation

At 10:02 am, the surface temperature of the coffee maker unit, located approximately 3 feet from the resident dining tables, was 185.0 degrees Fahrenheit. There were no protective guards in place to prevent residents from coming into contact with the unit.

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.)

Coffee unit maker was immediately relocated to a distance exceeding 3 feet from a resident area where it can also be visually monitered by staff. Door will be closed and locked so that residents do not have unsupervised access.

Staff educated on new procedure on 4/2/2020.

Audits will be performed by administrator once a week for three weeks.

Audits will be completed by April 30th, 2020.

Administrator will continue audits of coffee unit once a month ongoing.

Audits of coffee unit will be completed and submitted to QM for review by April 30th, 2020.

Legal Entity Representative

Courtney Keth
Signature

Courtney Keth PCAd
Printed Name and Title

4/10/20
Date

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(Date)

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5/1/2020
(Date)

The above plan of correction was approved by

JKM
(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 #1 does not have 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.)

On 3/5/2020, a functioning lamp was immediately placed in the residents room at bedside. Resident also utilizes a pole lamp that is connected to an outlet that is operated by a switch. That switch is also accessible at bedside.

Staff was educated on Chapter 2600 101 j.

Audits of all resident rooms will be completed by administrator once a week for three weeks.

Administrator will continue audits of resident rooms once a month ongoing.

Audits will be completed and submitted to QM for review by April 30th, 2020.

Immediately: A designated staff person shall inspect all resident bedrooms to ensure each resident has an operable lamp that can be turned on/off at bedside.

4/13/2020

LM

Legal Entity Representative

Courtney Keth
Signature

Courtney Keth PCAd 4/10/20
Printed Name and Title Date

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(Date)

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(Date)

The above plan of correction was approved by *LM*
(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

Resident #3's unrefrigerated Lantus Flexpen was opened and undated. According to manufacturer's instructions, the Lantus Flexpen expires 28 days after opening.

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.)

Flexpen was immediately discarded. A new one was opened immediately on 3/5/2020 and dated correctly.
Resident suffered no ill affects.
Lantus Flexpen has since been discontinued.
All staff was educated on checking dates of open medication on 4/2/2020.
Audits of med carts will be done by administrator once a week for three weeks.
Adminstrator will continue audits once a month ongoing.
Audits will be completed and submitted to QM for review by April 30th, 2020.

Immediately: A designated staff person shall inspect all medication storage areas weekly to ensure all medications are stored properly in accordance with 2600.183e and the manufacturer's instructions.

4/13/2020
LM

Legal Entity Representative

Courtney Keth
Signature

Courtney Keth PCAd 4/10/20
Printed Name and Title Date

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(Date)

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(Initials)

Implemented
 Not Implemented

184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #2 is prescribed Magnesium Oxide 420 mg tablet -Give 1 tablet by mouth in the morning; however, the pharmacy label indicates Magnesium Oxide 400 mg tablets-Take 1 tablet by mouth every day.

Resident #2 is prescribed Acetaminophen capsule 500 mg-Give 2 capsules by mouth every 4 hours as needed for pain; however, the pharmacy label indicates Acetaminophen capsule 500 mg-Give 2 capsules by mouth every 8 hours as needed for pain.

Resident #3 is prescribed Humalog Kwikpen solution pen injector-Inject 4 units subcutaneously before meals and inject per sliding scale:

0-150=0 units, 151-200=2 units; 201-250=4 units; 251-300=6 units; 301-350=8 units; 351-400=10 units; Greater than 401, notify MD. However, the pharmacy label does not include the sliding scale orders.

REPEAT VIOLATION: 8/28/2019

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.)

On 3/5/2020, resident #2's magnesium oxide order was clarified with physician. Order summary was signed to update order and ensured by the administrator that the pharmacy label, medication order, and medication administration record match.

On 3/5/2020, resident #2's acetaminophen order was clarified with physician. Order summary was signed to update order and ensured by the administrator that the pharmacy label, medication order, and medication administration record match.

On 3/5/2020, a label with resident #3's Humalog Kwikpen sliding scale was placed on the bag which the pen is stored. Order summary was signed and ensured by the administrator that the pharmacy label, medication order, and medication administration record match.

All staff was educated that pharmacy labels, medication orders, & medication administration records must match exactly.

Audits of med carts will be done by administrator once a week for three weeks.

Administrator will continue audits once a month ongoing.

Audits will be completed and submitted to QM for review by April 30th, 2020.

Immediately: The home shall develop and implement procedures to ensure pharmacy labels are accurate in accordance with prescriber's orders upon receipt from the pharmacy, as well as are immediately updated upon receipt of a new physician order. Documentation of the procedures shall be kept. All staff persons qualified to administer medications shall be educated on the new procedures. 4/13/2020

Legal Entity Representative

LM

Courtney Keth

Signature


Courtney Keth PCAd 4/10/20

Printed Name and Title

Date

184a - Labeling OTC/CAM (continued)

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

Courtney Kahan
PCA Admin
4/10/20

185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #3's glucometer is 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.)

Resident #3's glucometer was immediately calibrated to the correct date and time by administrator on 3/5/2020.
Staff was educated by administrator as to how to properly set the date and time on 4/2/2020.
Audits of glucometer will be done by administrator once a week for three weeks.
Administrator will continue audits once a month ongoing.
DCS will report any inaccuracies to the administrator immediately.
Audits will be completed and submitted to QM for review by April 30th, 2020.

Legal Entity Representative

Courtney Keth
Signature

Courtney Keth
Printed Name and Title

4/10/20
Date

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(Date)

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(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

Resident #4 receives Colace Capsule 100 mg-Take 1 capsule by mouth in the morning; however, the home does not have a current written prescription for the medication.

Plan of Correction (POC)

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

On 3/5/2020, resident #4's Colace Capsule order was clarified by physician. Order summary was signed and ensured by the administrator that the pharmacy label, medication order, and medication administration record match.

All staff was educated that pharmacy labels, medication orders, & medication administration records must match exactly.

Audits of med carts will be done by administrator once a week for three weeks.

Administrator will continue audits once a month ongoing.

Audits will be completed and submitted to QM for review by April 30th, 2020.

Immediately, then monthly thereafter: A designated staff person shall review all resident records to ensure copies of all current medications issued by prescribers are present in the home.

LM

4/13/2020

Legal Entity Representative

Courtney Keth
Signature

Courtney Keth PCAd 4/10/20
Printed Name and Title Date

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(Date)

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(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 #2 is prescribed Magnesium Oxide 420 mg tablet -Give 1 tablet by mouth in the morning; however, the pharmacy label indicates Magnesium Oxide 400 mg tablets. The resident's March 2020 medication administration record (MAR) indicates the incorrect dosage was administered to the resident daily from 3/1/20 through 3/5/20.

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.)

On 3/5/2020, resident #4's Magnesium Oxide order was clarified by physician. Order summary was signed and ensured by the administrator that the pharmacy label, medication order, and medication administration record match.

Resident suffered no ill affects.

All staff was educated that pharmacy labels, medication orders, & medication administration records must match exactly.

Audits of med carts will be done by administrator once a week for three weeks.

Administrator will continue audits once a month ongoing.

Audits will be completed and submitted to QM for review by April 30th, 2020.

Legal Entity Representative

Courtney Keith
Signature

Courtney Keith PCAdm 4/10/20
Printed Name and Title Date

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The above plan of correction is approved as of

4/13/2020

(Date)

The above plan of correction was approved by

JKM

(Initials)

Plan of correction implementation status as of

5/1/2020

(Date)

- Implemented
- Not Implemented

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

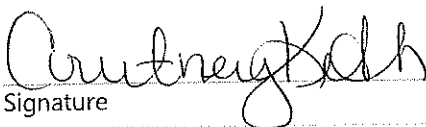
There is no documentation that resident #4, admitted to the home on 1/3/20, has been educated on the resident's right to question or refuse medication of the resident believes that there may be a medication error. The signature area is blank.

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 contract was immediately updated by administrator, signed and acknowledged by resident on 4/3/2020.
 Reprinted and placed in residents chart. (See attached acknowledgment signature page).
 PC Administrator was re-educated by RDO.
 Contracts will be audited for accuracy and completion by NHA per admission for six months.
 If any discrepancies are found by NHA, PC administrator will be immediately re-educated.
 Admissions checklist will be utilized to audit all current residents charts and future admissions on going.
 Audits of current resident charts to be completed and submitted to QM for review by April 30th, 2020.


Legal Entity Representative


 Signature

Courtney Keth PCAdm 4/10/20
 Printed Name and Title Date

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The above plan of correction is approved as of 4/13/2020 Plan of correction implementation status as of 5/1/2020
 (Date) (Date)

The above plan of correction was approved by  Implemented Not Implemented
 (Initials)

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, admitted 1/12/17, does not have a preadmission screening 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.)

Resident chart was immediately updated by administrator, signed, and reprinted.
Resident #1 was assessed by PC Administrator on 4/3/2020 and was found to still be appropriate for personal care services.
PC Administrator was re-educated by RDO.
Charts will be audited for accuracy and completion by NHA per admission for six months.
If any discrepancies are found by NHA, PC administrator will be immediately re-educated.
Admissions checklist will be utilized to audit all current residents charts and future admissions on going.
Audits of current resident charts to be completed and submitted to QM for review by April 30th, 2020.

Legal Entity Representative

Courtney Keith
Signature

Courtney Keith PCAdm 4/10/20
Printed Name and Title Date

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(Initials)

Implemented
 Not Implemented

227d - Support Plan Medical/Dental

Regulations

2600.

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

Description of Violation

Resident #2's most recent support plan, dated 6/11/19, does not address the services the home will provide to meet the resident's needs for multiple diagnoses as indicated on the resident's most recent medical evaluation, dated 6/6/19, to include: Essential hypertension, peripheral vascular disease, chronic obstructive pulmonary disease and asthma.

Resident #3's initial support plan, dated 1/15/20, does not address the services the home will provide to meet the resident's needs for multiple diagnoses as indicated on the resident's initial medical evaluation, dated 1/2/20, to include: Unspecified atrial fibrillation, major depressive disorder, alcohol dependence and chronic obstructive pulmonary disease. In addition, the plan to meet all the listed diagnoses indicates the same plan: "All medications and treatments will be provided by staff in accordance with physician's orders to support these diagnoses. The physician will be notified of any changes in condition or concerns regarding the resident."

Resident #4's most recent support plan, dated 1/17/20, does not address the services the home will provide to meet the resident's needs for multiple diagnoses as indicated on the resident's most recent medical evaluation, dated 1/3/20, to include: Osteoporosis, hyperlipidemia, arthropathy, malignant neoplasm of the breast and major depressive disorder. In addition, the plan to meet all the listed diagnoses indicates the same plan: "All medications and treatments will be provided by DCS to support these diagnoses. The physician will be notified of any changes in condition."

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 support plans were updated by administrator, and signed by residents on 4/10/2020.
 Reprinted and placed in resident charts.
 PC Administrator was re-educated by RDO on 4/10/2020.
 Support plans will be audited for accuracy and completion by NHA per admission for six months.
 If any discrepancies are found by NHA, PC administrator will be immediately re-educated.
 Admissions checklist will be utilized to audit all current residents charts and future admissions on going.
 Audits of current resident charts to be completed and submitted to QM for review by April 30th, 2020. Immediately: The home shall develop and implement a system to ensure resident support plans are immediately updated as resident care needs change. 4/13/2020

Legal Entity Representative

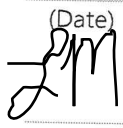



Signature

Courtney Keith PCAD 4/10/20
Printed Name and Title Date

227d - Support Plan Medical/Dental (continued)

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

Courtney Beth PCAdmin