



SENT VIA EMAIL: cwendel@ltcmail.com

MAILING DATE: July 2, 2020

Ms. Chelsea Wendel
Administrator
Elk Haven Nursing Home Association, Inc.
785 Johnsonburg Road,
St. Mary's, Pennsylvania 15857

RE: Silver Creek Terrace
791 Johnsonburg Road,
St. Mary's, Pennsylvania 15857
Certificate #: 426020

Dear Ms. Wendel:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on April 22, 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 that reads "Jon B. Kimberland". The signature is written in a cursive style.

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: SILVER CREEK TERRACE
Address: 791 JOHNSONBURG ROAD, ST. MARYS, PA 15857
County: ELK Region: WESTERN

License Number: 42602

Administrator

Name: Cheslea Wendel Phone: 8148342273 Email: cwendel@ltcmail.com

Legal Entity

Name: ELK HAVEN NURSING HOME ASSOCIATION INC
Address: 785 JOHNSONBURG ROAD, ST. MARYS, PA, 15857

Certificate(s) of Occupancy

Type: C-2 LP Date: Issued By:

Staffing Hours

Resident Support Staff: Total Daily Staff: 47 Waking Staff: 35

Inspection

Type: Partial BHA Docket #: Notice: Unannounced
Reason: Incident

Inspection Dates and Department Representative

04/22/2020 - On-Site: Karen Georgoulis
04/23/2020 - Off-Site: Karen Georgoulis
04/24/2020 - Off-Site: Karen Georgoulis
04/27/2020 - Off-Site: Karen Georgoulis
04/28/2020 - Off-Site: Karen Georgoulis

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 80 Residents Served: 47

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 47
Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 1

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 4/13/2020 at approximately 9:30 a.m., resident #1 was found on the bathroom floor in bedroom by direct care staff person A. The resident was assessed and sustained bruising to right knee and pain in the upper left arm and right rib area. The resident was unable to indicate what occurred, but complained of pain in the right rib area. Direct care staff person A indicated the resident exhibited facial grimacing with any physical movement, was ambulating slower than usual, and now needed assist of staff for all transfers. Resident #1 was not sent to the hospital for medical evaluation or assessed by a physician.

Resident #1 is prescribed 0.25 ml of morphine every hour for pain as needed as part of a hospice care kit. However, on 4/16/2020 a 4:00 a.m. direct care staff person B administered 1.0 ml of morphine.

On 4/16/2020 at approximately 6:00 a.m., resident #1 was found by direct care staff person E unresponsive and unable to stimulate besides opening eyes when name was spoken. Staff persons A and E got resident #1 up out of bed into the bathroom for showering. Direct care staff person A documented that resident #1 was very lethargic, needed constant direction/cueing to sit, stand, etc.

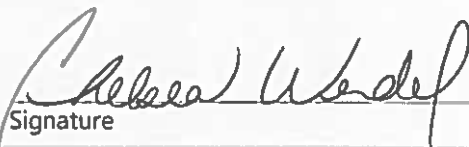
On 4/16/2020 at 11:27 a.m. resident #1 was transported by ambulance to the hospital. The resident was diagnosed with an opiate overdose, a right rib fracture, and urinary tract infection.

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 Pages 2A, 2B and 2C of 11

Legal Entity Representative


Signature

Chelsea Wendel Manager
Printed Name and Title

6/25/2020
Date

42b Abuse

Regulation 2600.42 B

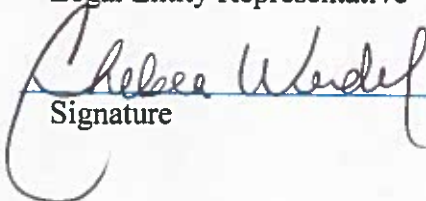
Facility violated regulation 2600.42.b that a resident may not be neglected, intimidated, physically abused, mistreated, subject to corporal punishment or discipline in any way. A resident of the facility on 4/13/2020 was found on the bathroom floor at 9:30am, resident was evaluated and had reported pain in right knee, upper left arm and right rib area and had more complaints of pain in the right rib area ongoing days resident had facial grimacing with physical movement, slower with ambulation and needing more staff assessment. Assessment /Incident report was completed on resident, MD was notified, family and hospice also notified. The hospice nurse did come in the day of the fall 4/13/2020 and on 4/14/2020. Facility was waiting on orders from Hospice to obtain x-ray. However even on 4/15/2020 facility still did not obtain order. As the facility we should have sent resident to ER for x-rays instead of waiting on the orders from hospice. Had the x-ray been completed and it was found that the resident had a fx rib the the doctor/ER could have determined a proper treatment for the resident which could have prevented the morphine to be given on 4/16/2020 which lead to a overdose of medications that put resident in a unresponsive state which lead to a opiate overdose, right rib fracture and UTI. Had the x-ray been conducted these events may have been avoided.

We the facility are responsible to assess the resident and to ensure we are taking the correct steps to ensure the residents safely. To ensure that no other resident is neglected we will do the following steps:


1)All resident aides-Med tech will have mandatory training offered June 22 2020 and June 23 2020- (training to be completed by LPN/Wellness Coordinator and manager) which will include review of policy and procedure on resident abuse prevention (see attachment A) that assures that all resident are free from abuse and neglect according to regulations (2600.15 a-d, 42 B & C, reviewed policies and procedures on abuse, neglect and misappropriation (attachment B). Handouts of the above policies will be provided to each staff member as well as reviewed with all staff.

2) If any residents falls, incident report will be completed as normal, updated form labeled Resident/vis incident report on page 2, if resident reports any pain x-ray will be offered (attachment C), this will assist staff in taking the correct steps of offering X-ray, contacting family/POA, physician, manager/wellness coordinator. This will allow a better assessment to be conducted by MD/wellness coordinator to assist in monitoring and ensuring the correct care is being done for the resident. Manager updated forms they will be initiated on 6/23/2020 after education is completed with all staff. We maintain the responsibility to conduct checks on the resident and ensure that even if the fall initially does not have pain related that if later on the day or week, proper MD updating/x-ray will be done.

Legal Entity Representative


Signature

Chelsea Wendel manager 6/25/2020
Printed Name and Title

6/30/2020 

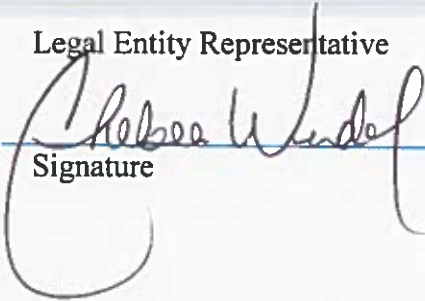
42b Abuse

Regulation 2600.42 B

3) Resident was on hospice and did have a doctors order for no X-ray or lab-work. On 4/13/20 Hospice nurse was in our building due to being notified of residents fall and pain, Hospice nurse did call Dr. Scott for pain medication, Hospice nurse did return again on 4/14/2020 to f/u with pain due to fall. In house LPN at Silver Creek did make several calls/fax to hospice doctor, hospice nurse and POA. Even with Hospice order facility now understands that as a facility we can override a doctors orders and that the resident should have been sent for an X-Ray regardless of doctors orders. LPN made aware it is our responsibility to get any resident medical treatment regardless of orders attachment D of residents order from hospice).

The new incident report will provide staff with step-by-step to take to ensure that any resident is being properly evaluated.

Legal Entity Representative



Signature

Chelsea Wendel manager
Printed Name and Title

6/25/2020

6/30/2020



42b Abuse

Regulation 2600.42 B

4) All staff at mandatory training that took place on 6/22/2020 and 6/23/2020 fully are made aware that Hospice is a services and a resident is placed on hospice due to a condition, example (end stage cancer), if a resident would have a new dx such as fall, UTI, Etc. these are new conditions and the resident is to be treated for those new conditions. It is understood that if a resident falls and resident is having pain or later has pain that resident is to seek medical treatment and that we do not need to wait to hear back from hospice to obtain a script for a mobile x-ray or to send the resident to the ER immediately. LPN/Wellness and all staff educated on our duties and responsibilities for keeping all residents safe and we need to take action to ensure that we are not causing any neglect/abuse for any resident regardless of the services such as hospice that is put in place.

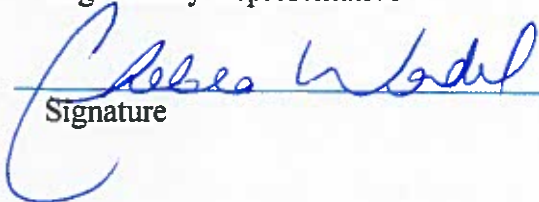
5) Due to AAA availability August 4th 2020 1:00pm for all staff will participate in this training will be the external abuse training. This training will be in house, at training that took place on 6/22 and 6/23/2020 older adult protective service act reviewed, abuse and neglect policy and procedures and residents rights.

6) Please refer to all training guides provided to staff on the 6/22/2020 and 6/23/2020 please see attachments labeled training packet page 24-30. Manager reviewed this policy and procedure with staff and provided them with copies of all training material, also reviewed where the policy and procedure book is located, as well as how to locate the personal care home complaint hotline, Area Agency on Aging, PA protection Advocacy and poison control numbers are listed by every phone in our building.


Once our resident was transferred to the ER and it was found that resident was found to be overdosed, manager took all steps to report this incident, AAA office was contacted adult protective services, Local police called and report given, State level of department of aging notified, staff member was immediately suspended for investigation and was terminated due to findings.

7) Please see attachment M to see in-service training record and program content that took place on 6/22/2020 and 6/23/2020

Legal Entity Representative


Signature


Chelsea Wendel manager 6/26/2020
Printed Name and Title

6/30/2020 

42b - Abuse (continued)

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(Date) (Date)

The above plan of correction was approved by 
(Initials)

- Implemented
- Not Implemented

142c - Consent for Treatment

Regulations

2600.

142.c. If a resident has a serious medical or dental condition, reasonable efforts shall be made to obtain consent for treatment from the resident or the resident's designated person.

Description of Violation

On 4/13/2020 at approximately 9:30 a.m., resident #1 was found on the bathroom floor in bedroom by direct care staff person A. The resident was assessed and sustained bruising to right knee and pain in the upper left arm and right rib area. The resident was unable to indicate what occurred, but complained of pain in the right rib area. Direct care staff person A indicated the resident exhibited facial grimacing with any physical movement, was ambulating slower than usual, and now needed assist of staff for all transfers. Resident #1 was not sent to the hospital for medical evaluation or assessed by a physician.

Resident #1 is prescribed 0.25 ml of morphine every hour for pain as needed as part of a hospice care kit. However, on 4/16/2020 a 4:00 a.m. direct care staff person B administered 1.0 ml of morphine.

On 4/16/2020 at approximately 6:00 a.m., resident #1 was found by direct care staff person E unresponsive and unable to stimulate besides opening her eyes when her name was spoken. Staff persons A and E got resident #1 up out of bed into the bathroom for showering. Direct care staff person A documented that resident #1 was very lethargic, needed constant direction/cueing to sit, stand, etc.

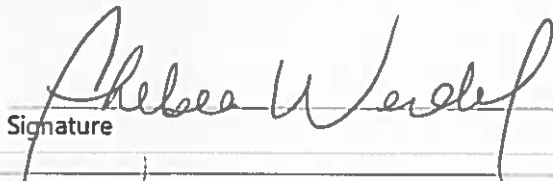
On 4/16/2020 at 11:27 a.m. resident #1 was transported by ambulance to the hospital. The resident was diagnosed with an opiate overdose, a right rib fracture, and urinary tract infection.

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 Pages 4A and 4B of 11

Legal Entity Representative

Signature 

Chelsea Wendel manager

Printed Name and Title

04/25/2020

Date

04/22/2020

142C- Consent for Treatment

42602

Regulation 2600.142.c

Facility violated 2600. 142.c. If a resident has a serious medical or dental condition, reasonable efforts shall be made to obtain consent for treatment from the resident or the resident's designated person.

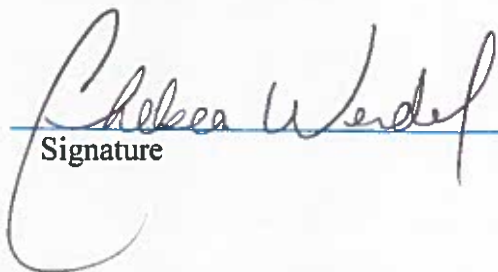
On 4/13/2020 our resident was found on the bathroom floor by a direct care staff person, resident was assessed and incident report was completed, on that date it was found that resident had bruising on her right knee, pain in the upper left arm and right rib area, resident had continue complaints of right rib pain along with facial grimacing with physical movement, ambulating slower than usual, and needed assistance of staff for transfers, resident was not sent to the hospital, Assessment/Incident report was completed on resident, MD was notified, family and hospice also notified of incident. The hospice nurse did come in the day of the fall 4/13/2020 and on 4/14/2020. Facility was waiting on orders from Hospice to obtain x-ray. However even on 4/15/2020 facility still did not obtain order.

As the facility we should have sent resident to ER for x-rays instead of waiting on the orders from hospice. Had the x-ray been completed and it was found that the resident had a fx rib the the Doctor/ER could have determined a proper treatment for the resident which could have prevented the morphine to be given on 4/16/2020 which lead to a overdose of medications that put resident in a unresponsive state which lead to a opiate overdose, right rib fracture and UTI. Had the x-ray been conducted these events may have been avoided.

To prevent this from occurring in the future.

1) Resident will be offered medical treatment for all incidents, if resident is unable to make decision due to cognitive state POA/designated person will be contacted to assist in making a decision refer to attachment E that will be attached to attachment C to assist in the correct steps to be taken to ensure reasonable efforts occurred during a incident. The new incident report is more detailed in covers 2600.142.c. if any resident has a serious medical or dental condition, reasonable efforts shall be made to obtained consent for treatment from the resident or the resident's designated person. Attachment E had detailed information to ensure staff know who to contact, what steps are needed which include calling the POA/designated person, as well as the Wellness Coordinator. At the training on 6/22 and 6/23/2020 staff will receive a copy of the new incident report, steps on how to fill it out, education will be provided by LPN-wellness coordinator and Manager. Regulation 2600. 42.B reviewed by manager and ensured policy reflected this information. Refer to training packet page 8 of 29, 20-22 of training packet.

Legal Entity Representative


Signature

Chelsea Wendel manager 6/25/2020
Printed Name and Title

6/30/2020



142C- Consent for Treatment

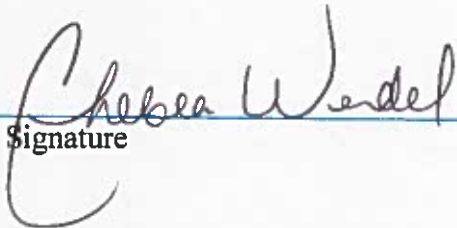
42602

Regulation 2600.142.c


2) Even if the residents is on a services such as Hospice, it is the facilities responsible to ensure that the resident is being assessed correctly, we should have not waited for Hospice to provide us with orders, resident should have been sent for x-ray, not attempted to be showered, LPN needs to evaluate residents and proper assessment needs to be done by LPN/Manager, if not available due to off shift/weekend, contacting the 911 and or family to transport.

3) The new incident report with attachment E will ensure that we are taking the correct steps to obtain consent for treatment from the resident or the resident's designated person for any future serious medical or dental conditions. LPN/Wellness Coordinator will review all incident reports and will monitor that all steps on were taken, this will be monitored every incident report. Refer to attachment N for monitoring tool for incident reports that the wellness coordinator will completed on all assessments.

Legal Entity Representative


Signature

Chelsea Wendel manager 6/25/2020
Printed Name and Title

6/30/2020 

142c - Consent for Treatment *(continued)*

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(Date)

Plan of correction implementation status as of 6/30/2020
(Date)

The above plan of correction was approved by


(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

The home is not following its own medication policies and procedures as follows: The homes policy and procedure for Controlled Medication, Receipt Count and Storage indicate:

"Use of Controlled Substance":

2. Shift Narc Count indicates: A controlled drug count for PRN controlled drugs and patches will be made at the beginning of each shift by the direct care staff person responsible for the controlled drugs on the out-going shift and in-coming shift. Paperwork for shift to shift narcotic count is to be complete with legible dates, amount of medication remaining, and initials of staff involved in the count. Both direct care staff member are to view the cassettes, boxes, bottles, etc. the proof of use sheet and amount documented. The actual count should coincide with the balance recorded on the proof of use sheet.

On 4/16/2020 at 6:00 a.m. direct care staff persons B and C conducted a count of narcotic medications. However, direct care staff person C did not sign or initial the paperwork to show participation in the narcotic 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.)

Page 6A of 11

Legal Entity Representative

Chelsea Wendel
Signature

Chelsea Wendel manager
Printed Name and Title

6/25/2020
Date

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(Date)

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(Initials)

Implemented
 Not Implemented

185.a.- implement storage procedures

42602

Regulation 2600.185.a.

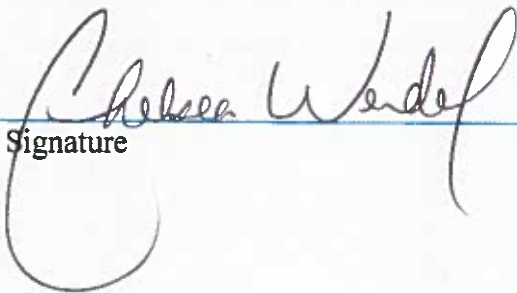
Facility violated regulation 2600. 185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff person. Facility was not following own medication policies and procedures on controlled medications receipt, count and storage. The Narc count that all staff are responsible for the controlled drugs on the out-going shift and in-coming shift was not being properly filled out. On the date of 4/16/2020 staff persons B and C did conduct the count of narcotics medications however direct care staff C did not sign or initial the paperwork to show participation in the narcotic count.

To fix this for any future issues we as a facility will

1) provide Resident aides-Med tech will have mandatory training offered June 22 2020 and June 23 2020, presented by manager and wellness coordinator/LPN which will include review of policy and procedure of Controlled Medication, Receipt count and Storage, (attachment F), stress the importance of signing in and out in the Narc Count and reviewing the steps at the training. LPN/Wellness coordinator/ manager will review the shift change/narcotic audit form and give step-by-step guidance on how to fill this out correctly, copy will be provided to all staff as well. LPN reviewed the importance of signing in and out on the narcotic sheet and a counseling form will be conducted on each staff member who fails to sign the book.

2) LPN Wellness Coordinator/ or supervisor will monitor that the narc count sheet is completed correctly with all signatures weekly for the next 2 months, then it will be monthly for 2 months, and will be monitored quarterly, monitoring tools will be reviewed at monthly QA/QAPI meetings to evaluate the monitoring tools and addressing issues or concerns that occur on the monitoring, that all medication tech members are signing/initialing paperwork to show they are participating in narcotic count correctly, as well as monitoring that correct steps of medication administration is being done, and that all medications not just narcotics are being signed for please refer to attachment G.

Legal Entity Representative


Signature

Chelsea Wendel Manager 6/25/2020
Printed Name and Title

6/30/2020



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

Resident #1 is prescribed Calcium 600 + D800iu medication – Take one tablet by mouth once daily (2:00 p.m.). The resident's April 2020 MAR was not initialed by the staff person who administered the medication on 4/13/2020 at 2:00 p.m.

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 Page 7A of 11

Legal Entity Representative

Chelsea Wendel
Signature

Chelsea Wendel manager 6/25/2020
Printed Name and Title Date

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(Date)

Plan of correction implementation status as of 6/30/2020
(Date)

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

- Implemented
- Not Implemented

187.b.- Date/time of medication admin.

42602

Regulation 2600.187.b.

Facility violated regulation 2600.187.B The information in subsection (a)(13) and (14) shall be reported at the time the medication is administered.

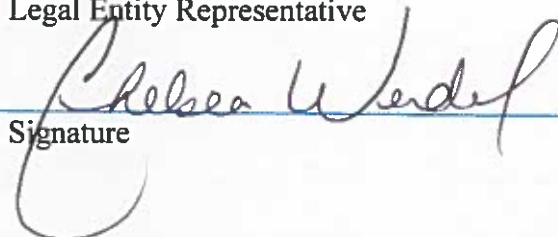
Staff/Med Tech was to give resident #1 the prescribed Calcium 600 + D800iu medication take one tablet by mouth once daily (2:00pm), the staff person who was responsible for the medication on 4/13/2020 did not initial the MAR so therefore it is unsure if dosage was missed or if dosage was given and not documented on that date. Staff on that cart did not complete the correct checks, therefore this was a medication error which would result in a medication error report, employee counseling form and incident report should have been sent to DHS once error was identified.

To correct this and to prevent future incidents:

1) Resident aides-Med tech will have mandatory training offered June 22 2020 and June 23 2020, training with Wellness Coordinator-LPN and manager- which will review the 5 rights from the Pennsylvania medication administration course content (attachment H), it will be reviewed that if the MAR is not initialed by the staff who administered the medications this is considered a medication error and depending on the medication will depend on the group of degree of severity (attachment I) and an employee counseling form (attachment J) will be completed and maintained in staff records to track the groups/errors to make sure these errors are being monitored and correct action is taken to ensure the staff member is trained correctly. Training will be completed by Wellness Coordinator/Manager on that date. Handouts will be provided to all staff regarding the five "rights" of giving medications, as well as how to correctly discontinue a medications on a MAR and handling documentation errors (refer attachment M training packet that was reviewed and copy provided to staff)

2) Wellness Coordinator /or supervisor will monitor weekly for the next 2 months, then will continue to monitor 1 time a month for 2 more months, it will continue to be monitored quarterly, monitoring tools will be reviewed at monthly QA/QAPI meetings to evaluate the monitoring tools and addressing issues or concerns that occur on the monitoring, this will ensue that staff members are signing/initialing paperwork to show they are participating in narcotic count correctly as well as ensuring all areas in MAR are signed for if not signed investigate if dosage was missed or given but not signed for (attachment G). Disciplinary action/counseling the staff will be completed as needed.


Legal Entity Representative



Signature

Chelsea Wendel manager 6/25/2020

Printed Name and Title

6/30/2020 

187d - Follow Prescriber's Orders

Regulations

2600.

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

Description of Violation

Resident #1 is prescribed 0.25 ml of morphine every hour for pain as needed as part of a hospice care kit. However, on 4/16/2020 a 4:00 a.m. direct care staff person B administered 1.0 ml of morphine.

On 4/16/2020 at approximately 6:00 a.m., resident #1 was found by direct care staff person E unresponsive and unable to stimulate besides opening her eyes when her name was spoken. Staff persons A and E got resident #1 up out of bed into the bathroom for showering. Direct care staff person A documented that resident #1 was very lethargic, needed constant direction/cueing to sit, stand, etc.

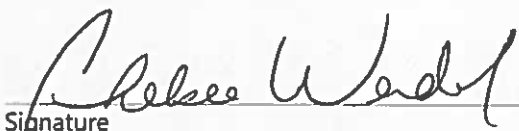
On 4/16/2020 at 11:27 a.m. resident #1 was transported by ambulance to the hospital. The resident was diagnosed with an opiate overdose, a right rib fracture, and urinary tract infection.

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 Pages 8A and 8B of 11

Legal Entity Representative



Signature

Chelsea Wendel manager 6/25/2020

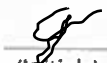
Printed Name and Title

Date

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(Date)

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(Date)

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(Initials)

- Implemented
- Not Implemented

187d- Follow Prescriber's orders

42602

Regulation 2600.187.d

Facility violated regulation 2600.187.d. The home shall follow the directions of the prescriber. On 4/16/2020 resident had the order for morphine 0.25ml every hour for pain as needed as part of the hospice care kit, however the staff member who administered the medications did not follow the directions of the prescriber and administered 1.0ml of morphine due to not using the syringe provided in the same box of the morphine, but instead used a medication measuring cup that did not have 0.25ml line on the cup therefore put the resident in great harm which lead the resident to be unresponsive and needed to be transported to the hospital and was diagnosed with opiate overdose.

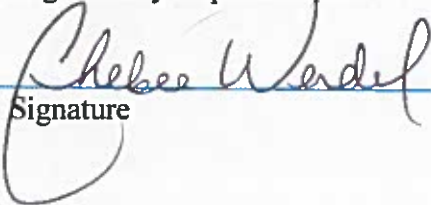
To prevent this from happening to any resident in the future:

1) Provide all resident aides-Med tech will have mandatory training offered June 22 2020 and June 23 2020- presented by LPN/Wellness Coordinator and manager, which will include a review of policy and procedure of Controlled Medication, Receipt count and Storage, (attachment F), updated the policy on 6/4/2020 #3 under controlled substances that "if the controlled substance is in liquid form in a bottle which requires a syringe or medication measuring cup, two staff members must observe that the correct dosage is being given and both staff will sign off on the controlled sheet". All staff will be provided with handouts, training will be completed by LPN/Wellness Coordinator and manager.


2) Each staff on that training day will demonstrate with a syringe how to read the the measuring scale, by the Wellness coordinator giving them a ML dosage number and monitoring that each staff member can obtain that exact dosage requested, LPN will monitor that each staff properly drawls up the correct amount of medication (water will be used for demonstration purposed). This exact method will be done with a medication measuring cup at the mandated training. The Wellness Coordinator will monitor each staff member doing the correct steps "5 rights" and provide tips and suggestions during this training. If/when another liquid form of medication comes in, LPN/Wellness coordinator will review these steps with staff in the future to prevent issues in the future.

3) all staff were educated that they can call the manger and/or wellness coordinator with any questions or concerns about medications if not in the building, all staff have access to those numbers in the main office. Staff will be required to have another staff member monitor the liquid medication amount and both staff will be required to sign off that the correct about of Narcotic liquid medication was given.

Legal Entity Representative


Signature

Chelsea Wendol Manager 6/25/2020
Printed Name and Title

6/30/2020 

187d- Follow Prescriber's orders

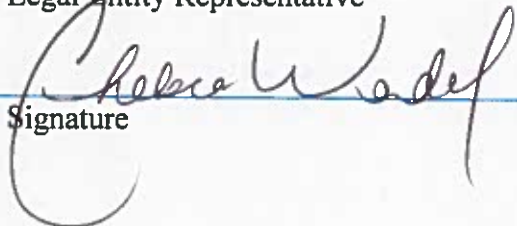
42602

Regulation 2600.187.d

4) Each medication cart will have a shift change/narcotic audit form and wellness coordinator will monitor that all medications are signed for refer to attachment O, this will be monitored with attachment G to ensure all medications are being given, that staff are completing the correct steps "5 rights" of giving medications. Wellness Coordinator will monitor weekly for the next 2 months, then will continue to monitor 1 time a month for 2 more months, it will continue to be monitored quarterly, monitoring tools will be reviewed at monthly QA/QAPI meetings to evaluate the monitoring tools and addressing issues or concerns that occur on the monitoring, this will ensue that staff members are signing/initialing paperwork to show they are participating in narcotic count correctly as well as ensuring all areas in MAR are signed for all medication if not signed investigate if dosage was missed or given but not signed for, as well as monitoring staff that they are completing the correct steps in administering medications with the monitoring tool (attachment G). Disciplinary action/counseling the staff will be completed as needed.

Once our resident was transferred to the ER and it was found that resident was found to be overdosed, manager took all steps to report this incident, AAA office was contacted adult protective services, Local police called and report given, State level of department of aging notified, staff member was immediately suspended for investigation and was terminated due to findings.


Legal Entity Representative



Signature

Chelsea Wendel manager 6/25/2020

Printed Name and Title

6/30/2020 

189a - Adverse Reaction Medications

Regulations

2600.

189.a. If a resident has a suspected adverse reaction to a medication, the home shall immediately consult a physician or seek emergency medical treatment. The resident's designated person shall be notified, if applicable.

Description of Violation

Resident #1 is prescribed 0.25 ml of morphine every hour for pain as needed as part of a hospice care kit. However, on 4/16/2020 a 4:00 a.m. direct care staff person B administered 1.0 ml of morphine.

On 4/16/2020 at approximately 6:00 a.m., resident #1 was found by direct care staff person E unresponsive and unable to stimulate besides opening her eyes when her name was spoken. Staff persons A and E got resident #1 up out of bed into the bathroom for showering. Direct care staff person A documented that resident #1 was very lethargic, needed constant direction/cueing to sit, stand, etc.

On 4/16/2020 at 11:27 a.m. resident #1 was transported by ambulance to the hospital. The resident was diagnosed with an opiate overdose, a right rib fracture, and urinary tract infection.

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 Page 9A of 11

Legal Entity Representative

Chelsea Wendel
Signature

Chelsea Wendel manager 6/25/2020
Printed Name and Title Date

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The above plan of correction is approved as of 6/30/2020 (Date)

Plan of correction implementation status as of 6/30/2020 (Date)

- Implemented
- Not Implemented

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

189.a – Adverse Reaction Medications

42602

Regulation 2600.189.a.

Facility violated regulation 2600. 189.a. If a resident has a suspected adverse reaction to a medication, the home shall immediately consult a physician or seek emergency medical treatment, the resident's designated person shall be notified if applicable.

On 4/16/2020 Med tech gave resident morphine due to pain at 4:00am out of the hospice kit, due to improper medication administration staff member gave 1ml instead (this was unknown at the time until investigation was completed once resident was sent to the ER). At 6:00 staff member A and E had to provide the resident with assistance to the bathroom, resident was lethargic, needing constant direction/cueing to sit, stand, etc, At that point at 6:00am resident should have been sent to the ER to be evaluated for suspected adverse reaction to the medication immediately and not waiting.

1) Resident aides-Med tech will have mandatory training offered June 22 2020 and June 23 2020- Training will be completed by LPN/Wellness Coordinator and manager, which will include education on 2600.198 (a) Policies and Procedures Adverse Reaction created on 6/5/2020 to be reviewed and added to policy book (attachment K). Wellness Coordinator/LPN will review common ways to identify an adverse reaction and provide handouts to all staff. If any resident of Silver Creek Terrace experiences an adverse reaction to medications follow steps below and document in the residents progress notes steps taken:

2600.189. Adverse Reaction

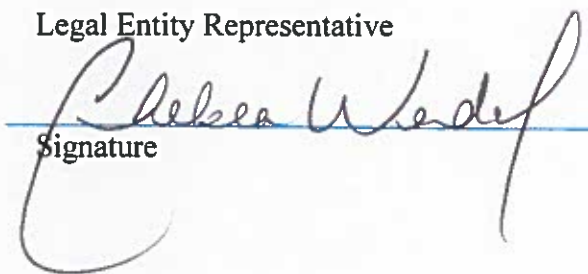
(A) If a resident has a suspected adverse reaction to a medication, the home shall immediately consult a physician or seek emergency medical treatment. The resident’s designated person shall be notified, if applicable.

(B) The home shall document adverse reactions, the prescriber’s response and any action taken in the resident’s record

2) Wellness Coordinator will review what common side effects that could be an adverse reaction at the mandatory training so assist staff in having a more clear understanding of what to look for when a medication is given. All staff provided with the adverse reaction policy (attachment K) that if any suspected adverse reactions requires immediate physician or emergency treatment.

3) Wellness Coordinator and or manager will review/monitor all future adverse reactions to ensure that our facility policy and procedure was followed during that event. Education will be provided to staff if any steps were missed and ways to improve. All adverse reactions will be monitored at the monthly QA meetings as well as to ensure all appropriate steps were taken during a resident having an adverse reaction.

Legal Entity Representative



Signature

Chelsea Wendol manager 6/25/2020

Printed Name and Title

6/30/2020



225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1's assessment, dated 9/24/19, for significant change, indicates the resident began receiving hospice services 9/18/19. The resident's assessment indicates the resident is independent with bowel/bladder incontinence. However, the home's progress notes, and the staff communication notes indicate the resident has had frequent urinary tract infections and incontinence needs that are not addressed.

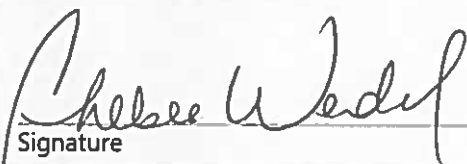
The resident's assessment indicates no issues with agitation, aggression and no short-term memory issues. However, the resident has diagnosis of frontal lobe dementia and documentation indicated memory loss for tasks as simple as location of his/her bedroom and exhibiting aggression and agitation. However, the home's progress notes, and the staff communication notes indicates the resident has gone into other residents' rooms accusing them of being in his/her chair, yelling at them and telling staff to make them get out of his/her chair. The documentation indicated the resident had attempted to strike another resident; however, did not make contact. The residents' assessment indicates prompting/cueing for ambulation and minimal supervision. However, the documentation indicates the resident has had 9 unwitnessed falls that all occurred in the resident's bedroom/bathroom from 1/14/19 to 4/13/2020.

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 Page 10A of 11

Legal Entity Representative


Signature


Chelsea Wendel manager 6/25/2020
Printed Name and Title Date

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The above plan of correction is approved as of 6/30/2020
(Date)

Plan of correction implementation status as of 6/30/2020
(Date)

- Implemented
- Not Implemented

The above plan of correction was approved by 
(Initials)

225C – Additional Assessment

42602

Regulation 2600.225.c.

Facility violated regulation 2600. 225.c. The resident shall have additional assessment as followed: 2) if the condition of the resident significantly changes prior to the annual assessment. Manager who is responsible for all Resident Assessments did not property updated the Resident Assessment to indicate the level of care the resident requires. Per the Resident Assessment it indicated that the resident was independent with bowel/bladder incontinence, however per documentation resident had frequent UTI and incontinence needs that were not addressed. In the Resident Assessment it indicated that resident had no issues with agitation, aggression, no short term memory loss, however resident displayed these behaviors/memory loss. It is the manager's responsibility to ensure Resident Assessment Support Plan is updated.

Resident #1 is no longer in our facility

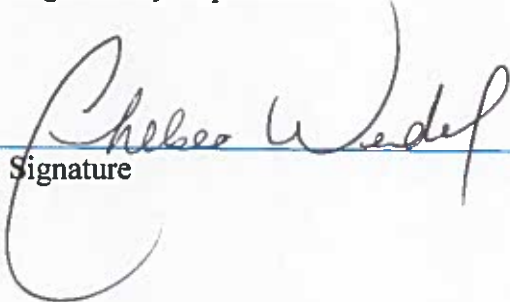
1) Manager reviewed section 2600.225.a.c.d in RCG guide regarding initial and annual assessments. Updates to Resident Assessment will be completed as events are taking place and Resident Assessment is a never ending and changing document.

2) Manager will take notes personal notes to remind that Resident Assessment section needs updated (Attachment L section A and C). Staff will document in the communication log, reporting anything out of the ordinary, falls, behaviors, signs/symptoms of any illness. Manager will have LPN/Wellness Coordinator review every Resident Assessment completed/updated starting today to ensure the support plan is correct


3) Manager will update the Resident Assessment as needed and ensure that staffs have knowledge of the level of care we need to assist with and their responsibility. Communication log will be updated with the residents name and the change completed in the Resident Assessment Support Plan so staff are aware to help meet that resident's needs.

4) Manager will review every resident assessment to ensure accuracy to each resident's assessment.

Legal Entity Representative


Signature

Chespa Wurdell manager 6/25/2020
Printed Name and Title

6/30/2020 

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 #1's support plan, dated 9/24/19, was not updated to include the services provided by hospice.

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 Page 11A of 11

Legal Entity Representative

Chelsee Wendel
Signature

Chelsee Wendel manager 6/25/2020
Printed Name and Title Date

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The above plan of correction is approved as of 6/30/2020
(Date)

Plan of correction implementation status as of 6/30/2020
(Date)

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

Implemented
 Not Implemented

227c – Support Plan Revision

42602

Regulation 2600.227.c.

Facility violated regulation 2600. 227.c. the support plan shall be revised within 30 days upon completion of the annual assessment upon changes in the resident's needs as indicated on the current assessment. Manager failed to update the support plan dated for 9/24/2019 to include what services are provided by hospice. The support plan should have had clear indication of what services Hospice would be completing (ex: Hospice will provide showers to the resident 2x per week). Facility does not have any current hospice patients, however on the next hospice patient it will be outlined exactly what services hospice will be providing and what the facility/staff will be provided.

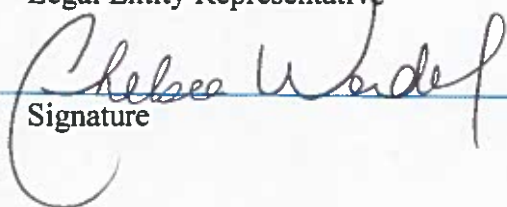
Resident #1 is no longer at our facility.

1) Manager will take notes personal notes to remind that support plan section needs updated, this template will be used weekly to track any changes to be an extra reminder to update the support plan as changes occur. Refer to attachment L (B), this will trigger that manager needs to update the assessment and (attachment L, section C) will ensure that Wellness Coordinator reviews all support plan also reviews any updated support plan that the services/care the facility provides ensures that support plan accurate for each residents.

2) If any services are provided to a resident such as home health, hospice, outpatient therapy services manager will have a clear understanding of services being provided and this will be clearly outlined in the support plan.

3) Manager will review every support plan to ensure accuracy to each residents support plan.

Legal Entity Representative


Signature

Chelsea Wendel manager 6/25/2020
Printed Name and Title date:

6/30/2020 