

Department of Human Services
Bureau of Human Service Licensing

September 10, 2020

BENSALEM PCH LLC
6400 HULMEVILLE ROAD
BENSALEM, PA, 19020

RE: ALLEGRIA AT THE OAKS
6400 HULMEVILLE ROAD
BENSALEM, PA, 19020
LICENSE/COC#: 14367

Dear Mr. Satt,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/13/2020, 05/18/2020, 05/22/2020, 05/26/2020, 06/04/2020, 06/17/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cs: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSE INSPECTION SUMMARY**

Facility Information

Name: ALLEGRIA AT THE OAKS License #: 14367 License Expiration Date: 05/29/2021
 Address: 6400 HULMEVILLE ROAD, BENSALEM, PA 19020
 County: BUCKS Region: SOUTHEAST

Administrator

Name: Regina Heilman-Toth Phone: 2157529140 Email: reginat@allegriaatoaks.com

Legal Entity

Name: BENSALEM PCH LLC
 Address: 6400 HULMEVILLE ROAD, BENSALEM, PA, 19020
 Phone: 2157529140 Email: AVI@SAGEHCP.COM

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: 103 Waking Staff: 77

Inspection

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 06/17/2020

Inspection Dates and Department Representative

05/13/2020 - Off-Site: Youn Hie Chung
 05/18/2020 - Off-Site: Youn Hie Chung
 05/22/2020 - Off-Site: Youn Hie Chung
 05/26/2020 - Off-Site: Youn Hie Chung
 06/04/2020 - Off-Site: Youn Hie Chung
 06/17/2020 - Off-Site: Youn Hie Chung

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 95 Residents Served: 58

Secured Dementia Care Unit

In Home: Yes Area: 1st floor Capacity: 36 Residents Served: 24

Hospice

Current Residents: xx

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 57
 Diagnosed with Mental Illness: 7 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 45 Have Physical Disability: 0

Inspections / Reviews

05/13/2020 - Partial

Lead Inspector: *Youn Hie Chung*Follow-Up Type: *POC Submission*Follow-Up Date: *07/24/2020*

8/3/2020 - POC Submission

Lead Reviewer: *Claire Mendez*Follow-Up Type: *POC Submission*Follow-Up Date: *08/05/2020*

8/17/2020 - POC Submission

Lead Reviewer: *Claire Mendez*Follow-Up Type: *Document Submission*Follow-Up Date: *08/28/2020*

9/10/2020 - Document Submission

Lead Reviewer: *Claire Mendez*Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On multiple days in April 2020 including 04/23, 24, 25, 26, and 27 and in May 2020 including 05/01 through 05/05/2020, resident #1, #2, #3, and #4 medications were not administered. The home did not report this incident to the department.

Plan of Correction - 08/03/2020

Do Not Accept

Med techs and nurses have been retrained and in-serviced regarding the reporting of medication refusals and/or omissions ensuring all that should be notified are made aware. This will include, PCP, family, and DHS. Notice has been sent to all supplemental support agencies, who will be assisting with the medication administration, that they must report any medication refusals and/or omissions to a nursing supervisor who will then notify PCP, family and the DHS. Going forward, all supplemental support agencies will be notified of the medication administration requirements per DHS regulation. 2600.16.c

Completion Date: 07/31/2020

Plan of Correction - 08/17/2020

Accept

Med techs and nurses have been retrained and in-serviced regarding the reporting of medication refusals and/or omissions ensuring all that should be notified are made aware. This will include, PCP, family, and DHS. Notice has been sent to all supplemental support agencies, who will be assisting with the medication administration, that they must report any medication refusals and/or omissions to a nursing supervisor who will then notify PCP, family and the DHS. Going forward, all supplemental support agencies will be notified of the medication administration requirements per DHS regulation. Med Techs or nurses from staffing agencies will be individually instructed about the handling of refusals and/or omissions by the Dir. of Residential Services or designee. Each individual will sign off that they are aware of the process to follow should a resident refuse medication. 2600.16.c

Completion Date: 08/07/2020

Document Submission - 09/10/2020

Implemented

see attached

23a - Activities of Daily Living Assistance

1. Requirements

2600.

- 23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident’s assessment and support plan.

Description of Violation

Resident #1, #2, #3, and #4 require assistance with their medications. On multiple days in April 2020 including 04/23, 24, 25, 26, 27, and 29 and in May 2020 including 05/1 through 05/05, the residents did not receive this assistance as required.

23a - Activities of Daily Living Assistance (continued)

Plan of Correction - 08/03/2020**Do Not Accept**

Med techs and nurses have been retrained and in-serviced regarding the reporting of medication refusals and/or omissions ensuring all that should be notified are made aware. This will include, PCP, family and DHS. Notice has been sent to all supplemental support agencies, who will be assisting with medication administration, that they must report any medication refusals and/or omissions to a nursing supervisor who will then notify PCP, family, and the DHS. Going forward, all supplemental support agencies will be notified of the medication administration requirements per DHS regulation.

Completion Date: 07/31/2020

Plan of Correction - 08/17/2020**Accept**

Med techs and nurses have been retrained and in-serviced regarding the reporting of medication refusals and/or omissions ensuring all that should be notified are made aware. This will include, PCP, family and DHS. Notice has been sent to all supplemental support agencies, who will be assisting with medication administration, that they must report any medication refusals and/or omissions to a nursing supervisor who will then notify PCP, family, and the DHS. Going forward, all supplemental support agencies will be notified of the medication administration requirements per DHS regulation. Med techs or nurses from staffing agencies will be individually instructed about the handling of refusals and/or omissions by the director of Residential Services or designee. Each individual will sign off that they are aware of the process to follow should a resident refuse medication.

Completion Date: 08/07/2020

Document Submission - 09/10/2020**Implemented**

see attached

25a - Written Contract and Review

1. Requirements

2600.

- 25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #5, admitted 08/22/2019, did not have a resident-home contract completed until 08/26/2020.

Plan of Correction - 08/03/2020**Do Not Accept**

This violation occurred because the resident refused to sign the contract. He was admitted due to the intervention of Protective Services, and he thought that he could be at home. For various reasons, the Protective Services believed it was unsafe for him to be home, and so wanted him to stay here until the situation could be remedied to their satisfaction.

Since the dates did not coincide due to the resident's refusal, going forward, three attempts will be made to have a resident sign the contract in situation where the resident is refusing. These attempts will be documented and dated. It is the responsibility of the director of marketing to insure the contract is signed wither personally or through a designee. The Executive Director will review each contract when it is finalized, prior to having it filed.

Completion Date: 07/31/2020

25a - Written Contract and Review (continued)

Plan of Correction - 08/17/2020**Accept**

This violation occurred because the resident refused to sign the contract. He was admitted due to the intervention of Protective Services, and he thought that he could be at home. For various reasons, the Protective Services believed it was unsafe for him to be home, and so wanted him to stay here until the situation could be remedied to their satisfaction.

Since the dates did not coincide due to the resident's refusal, going forward, three attempts will be made to have a resident sign the contract in situation where the resident is refusing. These attempts will be documented and dated. It is the responsibility of the director of marketing to insure the contract is signed wither personally or through a designee. The Executive Director will review each contract when it is finalized, prior to having it filed. Al current contracts will be reviewed for completeness. Quarterly a random audit of the contracts of all new admissions will be conducted by the Executive Director or designee.

Completion Date: 08/31/2020

Document Submission - 09/10/2020**Implemented**

see attached

42v - Resident-Home Contract

1. Requirements

2600.

42.v. A resident has the right to receive services contracted for in the resident-home contract.

Description of Violation

On multiple days in April 2020 including 04/23, 24, 25, 26, 27, and 29 and in May 2020 including 05/01 through 05/05, the home failed to provide medication administration services to resident #1, #2, #3, and #4 as contracted for in the resident-home contract.

Plan of Correction - 08/03/2020**Do Not Accept**

Med techs and nurses have been retrained and in-serviced regarding the reporting of medication refusals and/or omissions ensuring all that should be notified are made aware. this will include, PCP, Family, and DHS. Notice has been sent to all supplemental support agencies, who will be assisting with the medication administration, must report any medication refusals and/or omissions to a nursing supervisor who will then notify PCP, family, and DHS. Going forward, all supplemental support agencies will be notified of the medication administration requirements per DHS' regulation.

Completion Date: 07/31/2020

Plan of Correction - 08/17/2020**Accept**

Med techs and nurses have been retrained and in-serviced regarding the reporting of medication refusals and/or omissions ensuring all that should be notified are made aware. this will include, PCP, Family, and DHS. Notice has been sent to all supplemental support agencies, who will be assisting with the medication administration, must report any medication refusals and/or omissions to a nursing supervisor who will then notify PCP, family, and DHS. Going forward, all supplemental support agencies will be notified of the medication administration requirements per DHS' regulation. Med techs or nurses from staffing agencies will be individually instructed about the handling of refusals and/or omissions by the director of Residential Services or designee. Each individual will sign off that they are aware of the process to follow should a resident refuse medication.

Completion Date: 08/07/2020

42v - Resident-Home Contract *(continued)*

Document Submission - 09/10/2020

Implemented

see attached

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

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

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

Description of Violation

Resident #5's medical evaluation dated 08/22/2019 did not include Special Health or Dietary Needs or Body Positioning and Movement Stimulation.

Plan of Correction - 08/03/2020

Do Not Accept

As per DHS regulations, all DME's will be received in the timeframe allowed by the department and completed per DHS regulation. PCP's will be notified prior to completion that all areas must be completed in its entirety. Nursing and/or designated person will review all DMS's for completion according to regulation.

Completion Date: 07/31/2020

Plan of Correction - 08/17/2020

Accept

As per DHS regulations, all DME's will be received in the timeframe allowed by the department and completed per DHS regulation. PCP's will be notified prior to completion that all areas must be completed in its entirety. Nursing and/or designated person will review all DMS's for completion according to regulation. Each DME will be reviewed by two nurses for completion of each section.

Completion Date: 08/07/2020

Document Submission - 09/10/2020

Implemented

see attached

182c - Medication Administration

1. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

3. Remove the medication from the original container.

182c - Medication Administration (continued)

Description of Violation

According to staff A, some med-techs including agency staff fail to compare the MAR and the medication label and keep signing out a straight order dose from a PRN card despite instructions against it. Resident #2's Lorazepam 0.5 mg sign-out sheets (both straight and PRN order) support this claim.

Multiple count adjustments were made by either staff A or B. Straight order Lorazepam count was adjusted on 05/01/2020 from 2.25 to 22 by staff A, on 05/04/2020 from 19.75 to 20 by staff B, again on 05/08/2020 from 15 to 18 by staff B, on 05/13/2020 from 14 to 15 by staff A, and again on 05/14/2020 from 15 to 14 by staff A. The resident's PRN Lorazepam 0.5 mg count (1/2 tab by mouth every 4 hours as needed) was adjusted on 04/08/2020 from 62 to 61 by staff B, again on 05/01/2020 from 56 to 50 by staff A, on 05/04/2020 from 49 to 48 by staff B, on 05/08/2020 from 48 to 47 by staff B, on 05/10/2020 from 47 to 45 by staff B, and on 05/13/2020 from 45 to 44 by staff A. Only staff A and B can adjust the counts.

Plan of Correction - 08/03/2020

Do Not Accept

Med techs and nurses have been retrained and in-serviced regarding the need to compare the MAR and medication label prior to administering and/or signing out a controlled substance. Once the previous steps are completed, med tech, nurse, and/or supplemental support agencies will document the correct number of controlled substance remaining from the appropriate medication dispensing container. All supplemental support agencies have been notified in writing of these requirements. Any adjustments made to the amount of a controlled substance will only be made to a nurse on shift, DON or ADON. The correct number of controlled substances will be verified by the appropriate personnel, as per previously listed, prior to making any adjustments. Pharmacy will then be notified of any adjustments made to the number of controlled substances when and only if appropriate. Executive Director will also be made aware of any controlled substance balance adjustments.

Completion Date: 07/31/2020

Plan of Correction - 08/17/2020

Accept

Med techs and nurses have been retrained and in-serviced regarding the need to compare the MAR and medication label prior to administering and/or signing out a controlled substance. Once the previous steps are completed, med tech, nurse, and/or supplemental support agencies will document the correct number of controlled substance remaining from the appropriate medication dispensing container. All supplemental support agencies have been notified in writing of these requirements. Any adjustments made to the amount of a controlled substance will only be made to a nurse on shift, DON or ADON. The correct number of controlled substances will be verified by the appropriate personnel, as per previously listed, prior to making any adjustments. Pharmacy will then be notified of any adjustments made to the number of controlled substances when and only if appropriate. Executive Director will also be made aware of any controlled substance balance adjustments. Narcotic Inventory Sheets will be reviewed daily for accuracy by the Director of Residential Services or designee.

Completion Date: 08/14/2020

Document Submission - 09/10/2020

Implemented

see attached

185b - Medication Procedures

1. Requirements

2600.

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

1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.

185b - Medication Procedures (continued)

Description of Violation

According to the home's procedures for the safe use of medications and medical equipment, all controlled medications shall be counted and recorded at the end of each shift by 2 staff persons and any discrepancies should be reported to the ED and Resident Care Director for investigation. The narc sign-out sheets for resident #1's Lorazepam 0.5 mg, resident #2's Lorazepam 0.5 mg and Tramadol 50 mg, and resident #4's Oxycodone 325 reveal multiple adjustments of the counts without any justification. The home failed to follow its own procedures.

Plan of Correction - 08/03/2020**Do Not Accept**

As a result of the previous violation, we have changed our method regarding controlled medication counts. Going forward, all controlled substances will be counted and recorded on a paper document, instead of electronic medical record, by two staff persons prior to the end of each shift. Any discrepancies will be reported to the ED, DON, ADON, nursing, pharmacy and DHS as required.

Completion Date: 07/31/2020

Plan of Correction - 08/17/2020**Accept**

As a result of the previous violation, we have changed our method regarding controlled medication counts. Going forward, all controlled substances will be counted and recorded on a paper document, instead of electronic medical record, by two staff persons prior to the end of each shift. Any discrepancies will be reported to the ED, DON, ADON, nursing, pharmacy and DHS as required. Narcotic Inventory Sheets will be reviewed daily for accuracy by the Director of residential Services or designee.

Completion Date: 08/14/2020

Document Submission - 09/10/2020**Implemented**

see attached

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

10. Duration of therapy, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #4's April medication administration record (MAR) has Ketoconazole 2% Cream twice daily prescribed on 04/08/2020 for 14 days but staff initials are found all through April till current (May 29, 2020). The home says that the order is still active but her MAR shows otherwise.

There are missing diagnoses for multiple medications for multiple residents:

Resident #1's Methylprednisolone Dos 4 mg, Melatonin 3 mg, Lorazepam 0.5 mg, and Olmesartan Medoxomil 40 mg

Resident #2's Losartan, Aspirin, Meloxicam, Prochlorprazine 10 mg, and etc.

Resident #3's Famotidine 20 mg and Glipizide-Metformin

Resident #4's Gabapentine, Oxycodone, Famotidine, Linzess, Cefuroxime Axetil 50 mg and etc.

187a - Medication Record (continued)

Plan of Correction - 08/03/2020**Do Not Accept**

Nursing will ensure prescribing doctor includes all pertinent information when prescribing a new medication, i.e. duration, diagnosis, route and time to be given. Nursing will request any missing pertinent information from ordering physician prior to sending the order to the pharmacy to be profiled.

Completion Date: 07/31/2020

Plan of Correction - 08/17/2020**Accept**

Nursing will ensure prescribing doctor includes all pertinent information when prescribing a new medication, i.e. duration, diagnosis, route and time to be given. Nursing will request any missing pertinent information from ordering physician prior to sending the order to the pharmacy to be profiled. Current medication profiles will be audited to insure diagnoses and duration of therapy, if applicable are noted. Nurses will be instructed to insure that all pertinent information is included.

Completion Date: 08/31/2020

Document Submission - 09/10/2020**Implemented**

see attached

187b - Date/Time of Medication Admin.

1. Requirements

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 #4 is prescribed Oxycodone 325. Her medication administration record does not include the initials of the staff person who administered it on 05/28/2020 at 05:40 PM (signed out according to the sign-out sheet). The same resident was prescribed Cefuroxime Axetil 500 mg twice a day starting May 8, 2020 for 5 days. There are only 6 initials for this medication when there should be 10.

Plan of Correction - 08/03/2020**Do Not Accept**

Med techs and nurses have been retrained and in-serviced regarding the documentation of medication administration at the prescribed times. Med techs and nurses will verify medication has been given with initialing MAR as required by DHS regulation.

Completion Date: 07/31/2020

Plan of Correction - 08/17/2020**Accept**

Med techs and nurses have been retrained and in-serviced regarding the documentation of medication administration at the prescribed times. Med techs and nurses will verify medication has been given with initialing MAR as required by DHS regulation. Narcotic Inventory Sheets will be reviewed daily for accuracy the director of Residential Services or designee.

Completion Date: 08/14/2020

Document Submission - 09/10/2020**Implemented**

see attached

187c - Refusal of Medication

1. Requirements

2600.

187c - Refusal of Medication (continued)

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On 04/24/2020 at 08:00 PM, resident #1 refused to take a scheduled dose of Risperidone 2 mg, DOK 100 mg, Cal-D, Melatonin 3 mg, and etc. On 04/24/2020 and 04/25/2020 at 08:00 PM, resident #2 refused to take a scheduled dose of Tramadol 50 mg. On 04/24/2020 at 08:00 PM, resident #4 refused to take a scheduled dose of Bysacodile, Trazadone, Gabapentin, and etc. The home did not notify the prescribers of these refusals.

Plan of Correction - 08/03/2020

Do Not Accept

Med techs and nurses have been retrained and in-serviced regarding the reporting of medication refusals and/or omissions ensuring all that should be notified are made aware. This will include, PCP, family and DHS within 24 hours as per DOH regulations.

Completion Date: 07/31/2020

Plan of Correction - 08/17/2020

Accept

Med techs and nurses have been retrained and in-serviced regarding the reporting of medication refusals and/or omissions ensuring all that should be notified are made aware. This will include, PCP, family and DHS within 24 hours as per DOH regulations. Med techs or nurses from staffing agencies will be individually instructed about the handling a/o omissions by the Dir. of Residential Services or designee. Each individual will sign off that they are aware of the process to follow should a resident refuse medications.

Completion Date: 08/07/2020

Document Submission - 09/10/2020

Implemented

see attached

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

187d - Follow Prescriber's Orders (continued)

Description of Violation

On 04/29/2020 at 08:00 AM, resident #1 missed her Nifedipine 30 mg and Fluticasone nasal spray because these medications were not available.

From 04/10/2020 to 04/14/2020 at 08:00 PM, resident #2 missed her Lorazepam 0.5 mg, from 05/1/2020 to 05/05/2020 at 08:00 AM, she missed her Atenolol, Losartan 25 mg, Docusate Sodium, and Aspirin 81mg, and from 05/5/20 to 05/8/2020 at 06:00 AM, she missed her Levothyroxine 25 mg because these medications were not available.

Resident #1 is prescribed Omeprazole 40 mg and Levothyroxine 75 mg at 06:00 AM daily. On 04/24, 25, 26, and 27/2020, she was not given these medications. She did not get Artificial Tears 1.4% at 04:00 PM and 08:00 PM on 04/23/2020 and Erythromycin Eye Ointment 5 mg at 08:00 PM on 04/23/2020.

Resident #2 is prescribed Levothyroxine 25 mg at 06:00 AM daily. On 04/20, 04/23, 24, 25, 26, 27, 29, and 30/2020, she was not given this medication.

Resident #3 is prescribed Omeprazole 20 mg and Famotidine 20 mg at 06:00 AM daily. On 04/19, 24, 25, 26, 27, and 29/2020, she was not given these medications. She is also prescribed a blood sugar test at 08:00 AM daily but it was not done on 04/27/2020.

Resident #4 is prescribed DOK 100 mg, Potassium 20 mg, Sodium Chloride, Famotidine, Melatonin 3 mg, Trazadone 150 mg, and etc. at 08:00 PM daily. On 04/23/2020, she was not given these medications. On 04/25/2020 at 08:00 AM, she was not given her prescribed Furosemide 20 mg, Amlodipine 5 mg, Myrbetriq 50 mg, Magnesium, Aspirin, Vitamin 12, and etc.

Plan of Correction - 08/03/2020**Do Not Accept**

Med techs and nurses have been retrained and in-serviced regarding the documentation of medication administration and any required testing at the prescribed times. Med techs and nurses will verify medication has been given with initialing MAR as required by DHS regulation. If medication is not available, or testing cannot be performed, prescribing PCP, DON, ADON, ED, POA, pharmacy and DHS will be made aware within 24 hours.

Completion Date: 07/31/2020

Plan of Correction - 08/17/2020**Accept**

Med techs and nurses have been retrained and in-serviced regarding the documentation of medication administration and any required testing at the prescribed times. Med techs and nurses will verify medication has been given with initialing MAR as required by DHS regulation. If medication is not available, or testing cannot be performed, prescribing PCP, DON, ADON, ED, POA, pharmacy and DHS will be made aware within 24 hours. MARS will be reviewed daily by the Dir. of Residential Services or designee for completion.

Completion Date: 08/14/2020

Document Submission - 09/10/2020**Implemented**

see attached

188b - Medication Error Reporting

1. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Multiple residents including resident #1, #2, #3, and #4 did not get their medications on multiple days in April and May 2020 including 04/23, 24, 25, 26, 27, and 05/01~05/05. These medication errors were not reported to the residents, the residents' designated persons, or the prescribers.

Plan of Correction - 08/03/2020**Do Not Accept**

Med techs and nurses have been retrained and in-serviced regarding the reporting of medication refusals and/or omissions ensuring all that should be notified are made aware. This will include, PCP, family, and DHS.

Completion Date: 07/31/2020

Plan of Correction - 08/17/2020**Accept**

Med techs and nurses have been retrained and in-serviced regarding the reporting of medication refusals and/or omissions ensuring all that should be notified are made aware. This will include, PCP, family, and DHS. Mars will be reviewed daily by the dir. of Residential Services or designee for completion.

Completion Date: 08/14/2020

Document Submission - 09/10/2020**Implemented**

see attached

202 - Prohibitions

1. Requirements

2600.

202. The following procedures are prohibited:

4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

Description of Violation

Resident #2 is prescribed Lorazepam 0.5 mg for anxiety. According to the resident's MAR, this medication was administered to the resident to control behaviors on 05/29/2020 at 01:51 AM by staff C.

Plan of Correction - 08/03/2020**Do Not Accept**

Med techs and nurses have been retrained and in-serviced. Nursing will not accept and/or request any medications prescribed by a doctor specifically for the exclusive purpose of controlling acute or episodic aggressive behavior as prohibited by DHS regulations. Nursing will allow and/or request any medication prescribed by a doctor to treat symptoms of a specific mental, emotional or behavioral condition, or as a pretreatment to medical or dental examination or treatment as highlighted by DHS regulation.

Completion Date: 07/31/2020

202 - Prohibitions (*continued*)**Plan of Correction - 08/17/2020****Accept**

Med techs and nurses have been retrained and in-serviced. Nursing will not accept and/or request any medications prescribed by a doctor specifically for the exclusive purpose of controlling acute or episodic aggressive behavior as prohibited by DHS regulations. Nursing will allow and/or request any medication prescribed by a doctor to treat symptoms of a specific mental, emotional or behavioral condition, or as a pretreatment to medical or dental examination or treatment as highlighted by DHS regulation. All current orders will be reviewed by Dir. of Residential Services or designee to insure medications are not being used to control behavior.

Completion Date: 08/31/2020

Document Submission - 09/10/2020**Implemented**

see attached

227g -Support Plan Signatures

1. Requirements

2600.

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

Description of Violation

Resident #5's support plan dated 03/29/2020 was not signed by the assessor.

Plan of Correction - 08/03/2020**Do Not Accept**

All individuals able to participate in the development of the support plan have been in-serviced on the importance of completing all sections in their entirety up to and including any and all requested signatures and dates.

Completion Date: 07/31/2020

Plan of Correction - 08/17/2020**Accept**

All individuals able to participate in the development of the support plan have been in-serviced on the importance of completing all sections in their entirety up to and including any and all requested signatures and dates. Completed Support Plans will be reviewed by Dir. of Residential Services or designee for completion and accuracy.

Completion Date: 08/14/2020

Document Submission - 09/10/2020**Implemented**

see attached