

Department of Human Services
Bureau of Human Service Licensing

September 15, 2020

KAYMARIE BRIDDELL, PRESIDENT
KAYMARIE BRIDDELL
9157 HOUNDSBAY DRIVE
MONTGOMERY, AL 36117

RE: VINE STREET MANOR
230 NORTH 65TH STREET
PHILADELPHIA, PA, 19139
LICENSE/COC#: 14234

Dear Ms. Briddell,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 07/07/2020, 07/09/2020, 07/10/2020, 07/13/2020, 07/14/2020, 07/15/2020, 07/16/2020, 07/17/2020, 07/22/2020, 07/23/2020, 07/24/2020, 07/27/2020, 07/27/2020, 07/28/2020, 07/29/2020, 07/30/2020, 07/31/2020, 08/04/2020, 08/05/2020 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Mia Johnson

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *VINE STREET MANOR* License #: *14234* License Expiration Date: *11/02/2020*
Address: *230 NORTH 65TH STREET, PHILADELPHIA, PA 19139*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: *BRITTANY BRIDDELL* Phone: *2158804641* Email: *bmbriddell@gmail.com, miajohnson@pa.gov*

Legal Entity

Name: *KAYMARIE BRIDDELL*
Address: *9157 HOUNSBAY DRIVE, MONTGOMERY, AL, 36117*
Phone: *2158804641* Email: *KAYMARIE33@AOL.COM*

Certificate(s) of Occupancy

Type: *Other* Date: *10/09/2010* Issued By: *City of Philadelphia, L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *48* Waking Staff: *36*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint,Incident* Exit Conference Date: *08/07/2020*

Inspection Dates and Department Representative

07/07/2020 - Off-Site: Dean Gray
07/09/2020 - On-Site: Dean Gray, Natasha Braswell
07/10/2020 - Off-Site: Dean Gray
07/13/2020 - Off-Site: Dean Gray
07/14/2020 - Off-Site: Dean Gray
07/15/2020 - Off-Site: Dean Gray
07/16/2020 - Off-Site: Dean Gray
07/17/2020 - Off-Site: Dean Gray
07/22/2020 - Off-Site: Dean Gray
07/23/2020 - Off-Site: Dean Gray
07/24/2020 - Off-Site: Dean Gray
07/27/2020 - On-Site: Dean Gray, Natasha Braswell
07/27/2020 - Off-Site: Dean Gray
07/28/2020 - Off-Site: Dean Gray
07/29/2020 - Off-Site: Dean Gray

Inspection Dates and Department Representative (continued)

07/30/2020 - Off-Site: Dean Gray

07/31/2020 - Off-Site: Dean Gray

08/04/2020 - Off-Site: Dean Gray

08/05/2020 - Off-Site: Dean Gray

Resident Demographic Data as of Inspection Dates**General Information**

License Capacity: 84

Residents Served: 43

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0/0

Number of Residents Who:

Receive Supplemental Security Income: 9

Are 60 Years of Age or Older: 32

Diagnosed with Mental Illness: 5

Diagnosed with Intellectual Disability: 27

Have Mobility Need: 5

Have Physical Disability: 4

Inspections / Reviews**07/07/2020 - Partial**

Lead Inspector: Dean Gray

Follow-Up Type: POC Submission

Follow-Up Date: 09/05/2020

9/8/2020 - POC Submission

Lead Reviewer: Mia Johnson

Follow-Up Type: POC Submission

Follow-Up Date: 09/11/2020

9/15/2020 - POC Submission

Lead Reviewer: Mia Johnson

Follow-Up Type: On-site Verification

15a - Resident Abuse Report

1. Requirements

2600.

- 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Repeat Violation

On 07/27/20, resident #1 informed licensing representative that staff person A is verbally abusive and hits him on the arms and legs saying get in the shower. Resident #1 also stated that staff person A is very aggressive towards him and that he does not like to come downstairs because staff person A will harass and embarrass him. This incident was reported to the administrator by licensing representative on 07/27/20. However, this allegation of abuse was not reported to the local area agency on aging until 07/29/20.

On 07/27/20, resident #2 shared with licensing representative an incident when the resident was smoking in her room and staff person A became aggressive and the resident called the police. This incident was reported to the Administrator on 07/27/2020 by licensing representative. However, this allegation of abuse was not reported to the local area agency on aging until 07/29/2020.

Repeat Violation: 6/25/19

Plan of Correction

Accept

Resident #1 retracted his claims during the inspection. Because of the fact that the claims were retracted, the administrator wasn't aware a report needed to be submitted. In the future, administrator will report all abuse incidents to the local area agency on aging within 24 hours.

Completion Date: 09/04/2020

15b - Supervisor Plan

1. Requirements

2600.

- 15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 07/27/2020, two allegations of abuse were made against staff person A. The home did not develop and implement a plan of supervision or suspend staff person A until 08/03/2020.

Plan of Correction

Accept

As soon as the allegations were made, and the administrator was made aware that the allegations classified as "abuse", the administrator implemented a plan of supervision for staff person A. In the future, the administrator will be sure to implement a plan of supervision immediately.

Completion Date: 09/04/2020

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).

16c - Written Incident Report (*continued*)**Description of Repeat Violation**

On 07/27/2020, two allegations of abuse were made against staff person A. The home did not submit a reportable incident to the department until 08/03/2020.

Repeat Violation: 6/25/19

Plan of Correction**Accept**

Once it became clear to the administrator that the alleged statements were classified as abuse, the administrator submitted an incident report to the department. In the future, all incidents will be reported to the department within 24 hours.

Completion Date: 09/04/2020

18 - Compliance With Laws

1. Requirements

2600.

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

Description of Violation

Residents frequently smoke inside the personal care home as reported by residents and a partially smoked cigar found on the floor in front of the couch in the common area. This is a violation of the clean indoor air act (35 P.S. 637.1-637.11).

Multiple residents reported observing residents smoking "crack" cocaine on premises and in rooms. According to The Controlled Substance, Drug, Device and Cosmetic Act of April 14, 1972, P.L. 233, No 64 Section 13 Prohibited Acts; (1) The manufacture, sale or delivery, holding, offering for sale, or possession of any controlled substance, other drug, device or cosmetic that is adulterated or misbranded are prohibited. Cocaine is listed as a Schedule I drug in the United Nations 1961 Single Convention on Narcotic Drugs, making it illegal for non-state-sanctioned production.

Plan of Correction**Accept**

The home has advised all direct care staff members to check each room every hour to make sure residents aren't smoking in their rooms, or anywhere inside the facility. Also, if any staff member suspects an illegal substance in the facility, the authorities will be contacted immediately.

Completion Date: 09/04/2020

20b5 - No Commingling

1. Requirements

2600.

- 20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:
5. Commingling of resident funds and home funds is prohibited.

Description of Violation

On 07/31/2020, a discussion was held by telephone with the Administrator regarding receipt of resident SSI funds. The Administrator initially stated that licensing inspector "was asking her questions she does not know the answer to" but then stated the SSI monies come into one general account. The administrator was asked if all SSI funds come into one general account as clarification to which the Administrator replied "yeah, I guess".

20b5 - No Commingling (*continued*)**Plan of Correction****Accept**

Resident funds are not "commingling" with house funds.

For the residents who receive SSI, their funds are kept separately from the house funds.

The administrator or designee will make sure that the funds are always kept separately.

Completion Date: 09/04/2020

Update - 09/08/2020

Provide documentation

20b8 - Quarterly Account

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Repeat Violation

The home is listed as representative payee for 13 residents. Complete financial records for the year 2020 were requested for four of these residents plus one former resident. The home could not provide a quarterly financial statement for any of these residents.

Repeat Violation: 6/25/19

Plan of Correction**Accept**

Administrator will make sure all quarterly statements are ready and available for residents, the designee and the state representative in the future. The quarterly statements for 2020 have been completed. From this point on, administrator will make sure that all quarterly statements are completed in a timely manner.

Completion Date: 09/04/2020

Update - 09/08/2020

Provide documentation

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 07/27/2020, licensing representative witnessed Administrator and staff person A display a lack of dignity and respect towards resident #1 in discussing the resident's finances and the reason for his having been moved from a single room to a double occupancy room. On 07/27/20, resident #1 stated that staff person A is very aggressive towards him and that he does not like to come downstairs because staff person A will harass and embarrass him. Resident #1 could not give a date as to when these incidents occur.

Plan of Correction**Do Not Accept**

Resident #1 was told the reason he had to move from his room. However, in the future the home will make sure that residents are informed prior to moving and will have a written form of notice to be signed by the resident.

Completion Date: 09/04/2020

42c - Treatment of Residents (*continued*)**Update - 09/08/2020**

No POC was provided for second issue

Plan of Correction**Accept**

Resident #1 was told the reason he had to move from his room. However, in the future the home will make sure that residents are informed prior to moving and will have a written form of notice to be signed by the resident.

Resident #1 retracted his statements. However, the administrator has spoken to both resident #1 and staff person A to confirm that this will not ever be an issue.

Completion Date: 09/09/2020

Update - 09/14/2020

Staff person A was re-educated on resident rights, abuse and neglect, reportable incidents and behavior management.

53c - Administrator Duties

1. Requirements

2600.

53.c. The administrator shall be responsible for the administration and management of the home, including the health, safety and well-being of the residents, implementation of policies and procedures and compliance with this chapter.

Description of Violation

The administrator has not been able to responsibly manage the home:

- The administrator left on 06/18/2020 and returned on 07/27/2020. The Administrator appointed an unlicensed staff member to act as her designee during her absence.*
- The home has not been compliant with screening of residents, staff and visitors also residents were not practicing social distancing in the home which is the CDC guidelines during the COVID 19 pandemic.*
- The home has not implemented any new policies or procedures to help staff or residents to reduce the spread of COVID 19.*

Plan of Correction**Accept**

The administrator's absence from the job from June 25th to July 27 was due to the covid-19 pandemic. The administrator was required by the state of PA to self quarantine due to being in Alabama. While the administrator was gone, the administrator designated a responsible person who would act as the administrator's designee. In the future, the administrator will inform the department if the administrator will be gone for an extended period of time. Screening for covid-19 was completed for residents and staff members on July 23, 2020. All staff members are required to wear masks at all times, and all residents have been encouraged to wear a mask at all times.

Completion Date: 09/04/2020

53d - Ability to Provide

1. Requirements

2600.

53.d. The administrator shall have the ability to provide personal care services or to supervise or direct the work to provide personal care services.

53d - Ability to Provide *(continued)***Description of Violation**

The administrator was not available between 06/18/2020 through 07/26/2020 and was therefore unable to provide, supervise or direct the work to provide personal care services to the residents.

Plan of Correction**Accept**

The administrator began working from home starting June 25th, 2020 therefore, the administrator was able to direct work to staff members and have contact with all staff members and residents. Due to covid-19, the administrator was required to self-quarantine after returning from Alabama. At the time, the state of Pennsylvania was requiring people coming from certain states to quarantine, including Alabama. In the future, the administrator will notify the department if the administrator is going to be absent for an extended period of time.

Completion Date: 09/04/2020

53e - Knowledge of Regulations

1. Requirements

2600.

53.e. The administrator shall have knowledge of this chapter.

Description of Violation

The administrator was unfamiliar with the necessary procedures to follow when an allegation of abuse is made against a staff member. The administrator is unfamiliar with the procedures when leaving the home for an extended period. The administrator is not familiar with the financial obligations of the home in managing residents funds. The administrator is not able to provide reliable and verifiable documentation of staff hours worked.

Plan of Correction**Accept**

Administrator will complete additional training on "Annual Assessments & Support Plans" on 09/14/2020, "Fire Prevention & Emergency Preparedness" on 09/16/2020 and "Abuse and Neglect Prevention and Reporting" on 11/20/2020. The schedule for Vine Street Manor has been re-done. In the future, all schedules will reflect the accurate start and end times and dates for each staff member.

Completion Date: 09/04/2020

Update - 09/08/2020

Provide documentation

53f - Administrator Ability

1. Requirements

2600.

53.f. The administrator shall have the ability to comply with applicable laws, rules and regulations, including this chapter.

Description of Violation

The administrator knowingly left an unqualified staff member to act in the capacity of administrator when she left the home between 06/18/2020 to 07/27/2020 demonstrating the inability to comply with the regulations of this chapter.

53f - Administrator Ability (*continued*)**Plan of Correction****Accept**

Administrator will be attending re-training on or before November 20, 2020. While the administrator was gone, the administrator designated a responsible person who would act as the administrator's designee. In the future, the administrator will inform the department if the administrator will be gone for an extended period of time.

Completion Date: 09/04/2020

Update - 09/08/2020

Provide documentation

53g - Financial Management

1. Requirements

2600.

53.g. The administrator shall have the ability to maintain or supervise the maintenance of financial and other records.

Description of Violation

The administrator demonstrated a lack of knowledge regarding the procedures in maintaining and managing the receipt of resident funds (how they are received, proper documentation) during a telephone interview on 07/31/2020.

Plan of Correction**Accept**

Administrator is attending re-training on "Budgeting, Financial Record Keeping and Resident Records" on November 16th, 2020.

Completion Date: 09/04/2020

Update - 09/08/2020

Provide documentation

56 - Admin 20 Hours/Week

1. Requirements

2600.

56. Administrator Staffing - The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.

Description of Violation

During the time period between 06/18/2020 to 07/27/2020, staff person B, the administrator of the home, was not in the home. However staff person B remained on the schedule.

Plan of Correction**Accept**

From here on out, the Administrator will be present at least 20 hours per week with date and time being flexible. The home has re-done the schedule, from now on the schedule will show the correct times and dates worked for each staff member.

Completion Date: 09/04/2020

57b - 1 Hour/Day

1. Requirements

2600.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

57b - 1 Hour/Day (continued)

Description of Violation

On 06/11/2020, there were 44 residents in the home, requiring a minimum of 44 hours of direct care service. The schedule provided is missing the month, dates and year.

Plan of Correction**Accept**

Currently there are 42 residents in the facility, attached is a bi-weekly schedule showing the necessary minimum of 46 hours of direct care service. Hereafter, the schedule will show the correct month, date and year.

Completion Date: 09/04/2020

57c - 2 Hours/Day

1. Requirements

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On 06/11/2020, there were 44 residents in the home, including 5 residents with mobility needs, requiring a total minimum of 49 hours of direct care service. The schedule provided is missing the month, dates and year.

Plan of Correction**Accept**

The home currently has 42 residents, with 4 residents with mobility needs. This requires a minimum of 46 hours of direct care service. Attached is a copy of the schedule showing the hours worked, month, dates and year.

Completion Date: 09/04/2020

57d - Waking Hours

1. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On 06/11/2020, a total of 49 hours of direct care was required. The home is not able to provide reliable documentation regarding staff hours worked on this day after numerous requests by the department.

Plan of Correction**Accept**

In the future, a current schedule showing staff hours worked shall be made available during waking hours. Attached is a copy of the current schedule, showing that 75% of the personal care service hours are available during waking hours.

Completion Date: 09/04/2020

83b - Air Conditioner/Fans

1. Requirements

2600.

83.b. If a home does not provide air conditioning, fans shall be made available to residents when the indoor temperature exceeds 80°F.

83b - Air Conditioner/Fans *(continued)***Description of Violation**

On 07/27/2020, the indoor air temperature in the upper floors and bedrooms of the home was 37 degrees Celsius or 98.6 degrees Fahrenheit. The home has air conditioning units in the windows but the units are not plugged in. On 07/27/20, the home did not make the air conditioner units or fans available to the residents. The only air conditioning that is available to the residents is in the downstairs common areas. Residents gathered in the common areas which, during the COVID 19 pandemic, is against CDC guidelines.

Plan of Correction**Accept**

Each resident room is equipped with an air conditioning unit. The air conditioner in question was unplugged by a resident who got too cold and didn't know how to work the A/C unit. Staff has been advised to check all floors and rooms to make sure that all air conditioners are plugged in and in working condition. Staff has also been advised to inform the administrator if an air conditioner needs to be repaired or replaced.

Completion Date: 09/04/2020

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 07/27/2020, licensing representative observed a shower chair in the second floor bathroom which was stained and generally unclean.

Plan of Correction**Accept**

The shower chair has been cleaned and sanitized. Direct care staff members have been advised to clean and sanitize shower chairs after each use and to be observant after each shower to make sure they are clean and sanitized.

Completion Date: 09/04/2020

Update - 09/08/2020

Provide documentation

85e - Trash Outside Home

1. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 07/27/2020, licensing representative observed uncovered and overflowing trash can outside the home.

Plan of Correction**Accept**

A memo has been written to all staff members to close the trash bin after each use. The housekeepers will double check the trash throughout the day to ensure that the trash bin is covered. Attached is a copy of the memo that was given to each staff member.

Completion Date: 09/04/2020

95 - Furniture and Equipment

1. Requirements

95 - Furniture and Equipment (continued)

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 07/27/20 the following items were noted to be in disrepair:

- The two seat cushions on the couch and the chair in the common area has rips and were covered with duct tape.

Plan of Correction**Accept**

The furniture in question has been replaced. In the future, all furniture will be kept in good condition. The housekeepers will report any necessary repairs to the administrator, who will do any necessary repairs, or have the furniture replaced.

Completion Date: 09/04/2020

Update - 09/08/2020

Provide documentation

131f - Fire Extinguisher Inspection**1. Requirements**

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

On 07/27/20, at least two fire extinguishers on the second floor did not have an inspection tag. The administrator could not determine when the fire extinguishers had last been inspected by a fire safety expert.

Plan of Correction**Accept**

The fire extinguisher tags were removed by a resident for an unknown reason. All fire extinguishers were inspected in August 2020 by a fire safety expert. From now on, the administrator will make sure that the fire extinguishers are inspected annually.

Completion Date: 09/04/2020

Update - 09/08/2020

Provide documentation

141a - Medical Evaluation**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.

Description of Violation

The medical evaluation for resident #4 was not complete within 60 days prior to admission or within 30 days after admission of the resident.

141a - Medical Evaluation (*continued*)**Plan of Correction****Accept**

Resident #4 is no longer at Vine Street Manor. However, from this point on the administrator will make sure that all residents have a medical evaluation completed within 60 days prior to admission or within 30 days after admission.

Completion Date: 09/04/2020

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 Repeat Violation

Resident #1's medical evaluation did not include the resident's height and weight.

Repeat Violation: 6/25/19

Plan of Correction**Accept**

From this point on, all DME's will include all of the required information. The home has contacted the physician to ensure that all of the information is filled out completely, including the resident's height and weight.

Completion Date: 09/04/2020

144d - Smoking Outside

1. Requirements

2600.

144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

On 07/09/2020 several residents were witnessed smoking in the front patio which is not the home's designated smoking area. Several cigarette butts were also discarded on the ground around the front patio.

On 07/27/2020, a partially smoked cigar butt was observed on the floor in front of the couch in the common area which is also not a designated smoking area.

Throughout both visits, multiple residents informed licensing inspectors that residents smoke "crack" cocaine inside the home in their bedrooms. Bedrooms are not designated as smoking areas.

The home's designated smoking areas, per the home's smoking policy, are on the west side of the building or inside the "smoke house".

144d - Smoking Outside (*continued*)**Plan of Correction****Accept**

The home will have direct care staff members check the building regularly for residents smoking in non-designated areas. Furniture will be added to the backyard smoking area by September 14th, 2020. Staff members will check all rooms and if any illegal substances are suspected the authorities will be contacted immediately. Each resident has been given a written memorandum stating that smoking is only permitted on the west side of the building at least 30 feet away from the door, or in the smoke house.

Residents have been instructed that if they are caught smoking, the first time they will get a verbal warning, the second time they will get a written warning and third time they will receive a 30-day notice. Attached is a copy of the memo given to all staff members.

Completion Date: 09/04/2020

162e - Menu Changes

1. Requirements

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

On 07/27/2020, Ravioli, milk or punch, slice peaches, Alt: ham sandwich were listed on the menu for the lunch meal. Turkey sandwich, salad, fruit punch and vanilla pudding was served instead. No notice was provided to the residents in advance of the meal.

Plan of Correction**Accept**

In the future, any changes to the menu will be posted 24 hours in advance. The cook will post any changes to the menu as necessary.

Completion Date: 09/04/2020

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:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

187a - Medication Record (continued)

Description of Violation

Resident #4 is prescribed Breo Elipta INH 100-25, Inhale 1 puff every day. However, resident's April 2020 and May 2020 medication administration records do not indicate diagnosis or purpose for the medications.

Resident #4 is prescribed Gabapentin Tab 600 MG, Take 1 tablet by mouth twice a day. However, resident's April 2020 and May 2020 medication administration records do not indicate diagnosis or purpose for the medications.

Plan of Correction**Accept**

Resident #4 is no longer at Vine Street Manor. However, in the future the home will make sure that all resident's medication administration records include all of the required information, including the diagnosis or purpose for the medications. The home has contacted the doctor and the pharmacy to ensure that they include the necessary information, including the diagnosis or purpose for the medications.

Completion Date: 09/04/2020

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's April 2020 and May 2020 medication administration records do not include the initials of the staff person who administered these prescribed medications on the following dates and times:

Sertraline Tab 50 MG on 04/30/2020 at 9:00 AM, Amlodipine Tab 10 MG on 04/30/2020 at 9:00 AM, Junuvia Tab 100 MG at 9:00 AM on 04/10/2020, 04/23/2020 and 04/30/2020, Breo Elipta on 05/16/2020 at 9:00 AM, Latanoprost Sol 0.005% on 05/20/2020 at 9:00 PM, Lisinopril Tab 5 MG at 9:00 AM on 05/01/2020 and 05/08/2020 and Metformin Tab 850 MG on 05/11/2020 at 9:00 AM.

A telephone interview was held with staff person A stating medication had been administered but the MAR was not completed at the time the medication was administered. All instances were reviewed with staff person A.

Plan of Correction**Accept**

Staff person who made the medication errors is no longer employed at Vine Street Manor. However, all staff has been re-trained in medication administration to prevent future errors. From this point on, staff person A will be responsible for making sure that the MARs are properly signed for each resident.

Completion Date: 09/04/2020

Update - 09/08/2020

Provide documentation

225c - Additional Assessment

1. Requirements

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

225c - Additional Assessment (continued)**Description of Violation**

Resident #4's assessment, dated 02/19/2020, does not include the resident's need for assistance in managing finances.

Plan of Correction

Resident #4 is no longer a resident at Vine Street Manor. However, in the future the administrator will make sure that all resident's assessments are completed fully and accurately.

Completion Date: 09/04/2020

Accept**227d - Support Plan Medical/Dental****1. Requirements**

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

The assessment for resident #4, dated 02/19/2020, indicates the resident has a need for a 2000 calorie diet. The resident's support plan, dated 02/19/2020 states that "staff is aware and will provide resident #4 with meals that follow his specific dietary needs". Resident #4's 2000 calorie diet is not being followed.

Plan of Correction

Resident #4 is no longer at Vine Street Manor. However, in the future the administrator will provide the cook with a list of residents with dietary needs to ensure that all resident's dietary needs are met.

Completion Date: 09/04/2020

Accept