

Department of Human Services
Bureau of Human Service Licensing

January 4, 2021

RHONDA MINES, ADMINISTRATOR
WHITEMARSH HOUSE INC.
PO BOX 301, 31 WEST MILL ROAD
FLOURTOWN, PA 19031

RE: WHITEMARSH HOUSE
31 WEST MILL ROAD
FLOURTOWN, PA, 19031
LICENSE/COC#: 12786

Dear Ms. Mines,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/15/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

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: *WHITEMARSH HOUSE* License #: *12786* License Expiration Date: *09/13/2021*
 Address: *31 WEST MILL ROAD, FLOURTOWN, PA 19031*
 County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: *Rhonda Mines* Phone: *2158359254* Email: *rmines@whitemarshhouse.org*

Legal Entity

Name: *WHITEMARSH HOUSE INC.*
 Address: *PO BOX 301, 31 WEST MILL ROAD, FLOURTOWN, PA, 19031*
 Phone: *2158369254* Email: *INFO@WHITEMARSHHOUSE.ORG*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *01/17/1985* Issued By: *CWOPA L & I*

Staffing Hours

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

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *10/15/2020*

Inspection Dates and Department Representative

10/15/2020 - On-Site: Denise Siniari, Charlotte Wiley

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *26* Residents Served: *8*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *4*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *6*
 Have Mobility Need: *2* Have Physical Disability: *2*

Inspections / Reviews

10/15/2020 - Full

Lead Inspector: *Denise Siniari* Follow-Up Type: *POC Submission* Follow-Up Date: *11/09/2020*

Inspections / Reviews (*continued*)

11/9/2020 - POC Submission

Lead Reviewer: *Claire Mendez*Follow-Up Type: *POC Submission*Follow-Up Date: *11/11/2020*

11/12/2020 - POC Submission

Lead Reviewer: *Claire Mendez*Follow-Up Type: *Document Submission*Follow-Up Date: *12/14/2020*

1/4/2021 - Document Submission

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

42s - Privacy

1. Requirements

2600.

- 42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 10/15/2020 the home had security cameras in use. The home however, did not have a sign posted informing residents, staff, and visitors that security cameras are in use.

Plan of Correction

Do Not Accept

The Facility has posted signs to notify residents, staff and visitors that security cameras are in use.

Completion Date: 10/16/2020

Update - 11/09/2020

Who will monitor to ensure the signs remain, and for how often?

Plan of Correction

Accept

The Facility has posted signs to notify residents, staff and visitors that security cameras are in use. The PCHA or designated person will check monthly to ensure that the signs remain posted.

Completion Date: 11/09/2020

Document Submission

Implemented

The Facility has posted signs to notify residents, staff and visitors that security cameras are in use. The PCHA or designated person will check monthly to ensure that the signs remain posted.

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

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

Description of Violation

Staff Person A was hired on 8/16/19 and completed their 40 hour training in the following topics: resident rights, emergency medical plan, older adult protective services act, and reporting reportable incidents and conditions. The home however, did not have a date the training was completed on the training form for Staff Person A.

Plan of Correction

Do Not Accept

All staff will sign off on the 40 scheduled working hour training that includes, resident rights, emergency medical plan, and mandatory reporting. In addition to the date of hire, the date of signature will be added.

The Administrator or designated person will Audit all staff records to ensure all staff have completed all required trainings. A checklist will be created to ensure all new hire trainings are completed timely.

Completion Date: 10/26/2020

Update - 11/09/2020

By what date will the audit be completed?

65b - Rights/Abuse 40 Hours (continued)

Plan of Correction

Accept

All staff will sign off on the 40 scheduled working hour training that includes, resident rights, emergency medical plan, and mandatory reporting. In addition to the date of hire, the date of signature will be added. The Administrator or designated person will Audit all staff records to ensure all staff have completed all required trainings. A checklist will be created to ensure all new hire trainings are completed timely. Each form has been updated to reflect a signature date. Files will be audited every 3 months.

Completion Date: 11/11/2020

Document Submission

Implemented

All staff will sign off on the 40 scheduled working hour training that includes, resident rights, emergency medical plan, and mandatory reporting. In addition to the date of hire, the date of signature will be added. The Administrator or designated person will Audit all staff records to ensure all staff have completed all required trainings. A checklist will be created to ensure all new hire trainings are completed timely. Each form has been updated to reflect a signature date. Files will be audited every 3 months.

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 10/15/2020 at 12:00 P.M., Resident #1's medication Povidone/Iodine 10 % solution was in the medication cart with the medication all over the outside of the cap and running down the outside of the bottle.

Plan of Correction

Do Not Accept

All medication will be kept in a clean manner inside the medication cart. Liquid medication will be wiped clean to make sure it is not running down the sides of the containers. All medication certified staff will be reminded to make sure that all meds stay safe and clean. The Nurse or designated person shall monitor the med cart daily to ensure that all meds secure and that liquid medication caps and containers are clean.

Completion Date: 10/16/2020

Update - 11/09/2020

When will training (in-service, meeting, etc) for the medication certified staff be completed?

How often will the medication cart be monitored? How will you keep track of the monitoring?

Plan of Correction

Accept

All medication will be kept in a clean manner inside the medication cart. Liquid medication will be wiped clean to make sure it is not running down the sides of the containers. All medication certified staff will be reminded to make sure that all meds stay safe and clean. The Nurse or designated person shall monitor the med cart weekly to ensure that all meds are secure and that liquid medication caps and containers are clean. A review sheet will be placed in the MAR log for the Nurse or designated person to sign off on after each weekly review. Medication training will be completed by 11/20/20 and conducted twice yearly and on an as needed basis by the facility Nurse.

Completion Date: 11/20/2020

85a - Sanitary Conditions (continued)

Document Submission

Implemented

All medication will be kept in a clean manner inside the medication cart. Liquid medication will be wiped clean to make sure it is not running down the sides of the containers. All medication certified staff will be reminded to make sure that all meds stay safe and clean. The Nurse or designated person shall monitor the med cart weekly to ensure that all meds are secure and that liquid medication caps and containers are clean. A review sheet will be placed in the MAR log for the Nurse or designated person to sign off on after each weekly review. Medication training will be completed by 11/20/20 and conducted twice yearly and on an as needed basis by the facility Nurse.

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 10/15/2020 at 12:00 P.M. there was a trash receptacle full, uncovered, unattended trash can next to the medication cart.

Plan of Correction

Do Not Accept

All trash receptacles in the facility kitchen and bathrooms did have lids on them, however, the trash receptacle next to the medication cart has been replaced

Completion Date: 10/16/2020

Update - 11/09/2020

Who will be responsible for ensuring that lids remain on trash cans, and how often?

Plan of Correction

Accept

All trash receptacles in the facility kitchen and bathrooms did have lids on them, however, the trash receptacle next to the medication cart has been replaced. The maintenance staff will be responsible for ensuring that all lids remain on all receptacles daily.

Completion Date: 11/09/2020

Document Submission

Implemented

All trash receptacles in the facility kitchen and bathrooms did have lids on them, however, the trash receptacle next to the medication cart has been replaced. The maintenance staff will be responsible for ensuring that all lids remain on all receptacles daily.

101j1 - Mattress Fire Retardant

1. Requirements

2600.

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

1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

Description of Violation

On 10/15/2020 Licensing Representative observed Resident # 2's mattress in disrepair and dented inwards.

101j1 - Mattress Fire Retardant (*continued*)**Plan of Correction****Do Not Accept**

All residents will have a mattress that is fire retardant and in good repair. The PCHA or designated person will check rooms weekly to make sure all mattresses are in good repair.

Completion Date: 11/09/2020

Update - 11/09/2020

Was the resident's mattress replaced? What else can be done immediately (check all resident's mattresses). How often will ongoing checks take place and who will be responsible? How will you ensure this is completed (ie checklist, etc)

Plan of Correction**Accept**

Resident #2's mattress was replaced on 11/09/20. All rooms were immediately checked to ensure that all other mattresses were in good repair. All residents have a mattress that is fire retardant and in good repair. The PCHA or designated person will check rooms weekly to make sure all mattresses are in good repair. A Health and Safety Checklist has been created and will be completed on a weekly basis.

Completion Date: 11/09/2020

Document Submission**Implemented**

Resident #2's mattress was replaced on 11/09/20. All rooms were immediately checked to ensure that all other mattresses were in good repair. All residents have a mattress that is fire retardant and in good repair. The PCHA or designated person will check rooms weekly to make sure all mattresses are in good repair. A Health and Safety Checklist has been created and will be completed on a weekly basis.

101j3 - Bed/Linens/Pillows/Blankets

1. Requirements

2600.

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

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

Description of Repeat Violation

The bed for Resident # 2 did not contain sheets or pillowcases.

Repeated Violation: 5/9/19

Plan of Correction**Do Not Accept**

All residents shall have clean pillows, bed linen, and blankets. Staff will check each morning to make sure all residents beds have clean linens.

Completion Date: 10/15/2020

Update - 11/09/2020

We talked about the root cause of this violation: Describe the root cause and what can be done to help the resident keep the linens on the bed? Positive reinforcement, etc, and updating the RASP to reflect the behaviors and interventions so all staff are aware on how to assist this resident with these behaviors. Who will be responsible for checking to ensure the linens remain, and how often?

101j3 - Bed/Linens/Pillows/Blankets (continued)

Plan of Correction**Accept**

All residents shall have clean pillows, bed linen, and blankets. Resident #2 has some behavioral issues with keeping linens on his bed. Staff will use positive reinforcements such as verbally praising him when he makes his bed and keeps it made. The Clinical Director will update his RASP to reflect his behaviors and interventions to help staff become aware of how to assist resident #2 with his behaviors. The Health and Safety Checklist will be used to ensure that clean linens are on all resident beds.

Completion Date: 11/09/2020

Document Submission**Implemented**

All residents shall have clean pillows, bed linen, and blankets. Resident #2 has some behavioral issues with keeping linens on his bed. Staff will use positive reinforcements such as verbally praising him when he makes his bed and keeps it made. The Clinical Director will update his RASP to reflect his behaviors and interventions to help staff become aware of how to assist resident #2 with his behaviors. The Health and Safety Checklist will be used to ensure that clean linens are on all resident beds.

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

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

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident # 3 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction**Do Not Accept**

Each resident shall have a working lamp in their room. Staff will conduct daily checks to make sure all lamps are operable. All bulbs will be replaced as soon as they are no longer operable.

Completion Date: 10/16/2020

Update - 11/09/2020

We talked about this resident's behavior and other sources of light that can be utilized. Please also include who will be responsible for making sure the light remains and is functional, and how often this will be monitored.

Plan of Correction**Accept**

Resident #3 has some behaviors that include taking his bulb out of his lamp and discarding it. The facility will replace resident #2's lamp with a battery operated light that can be mounted to his bed where it can also be reached by the resident.

Staff will conduct daily checks to make sure all lamps are operable. The Health and Safety Checklist will be used weekly to ensure that lamps are operable and that lights with batteries are operable. Bulbs and batteries will be replaced when lights are not operable.

Completion Date: 11/11/2020

101j7 - Lighting/Operable Lamp (continued)

Document Submission

Implemented

Resident #3 has some behaviors that include taking his bulb out of his lamp and discarding it. The facility will replace resident #2's lamp with a battery operated light that can be mounted to his bed where it can also be reached by the resident.

Staff will conduct daily checks to make sure all lamps are operable. The Health and Safety Checklist will be used weekly to ensure that lamps are operable and that lights with batteries are operable. Bulbs and batteries will be replaced when lights are not operable.

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 10/15/2020 at 10:15A the temperature in the basement refrigerator was 44 degrees Fahrenheit.

On 10/15/2020 at 10:15A the temperature in the basement freezer was 8 degrees Fahrenheit.

Plan of Correction

Do Not Accept

The PCHA or designated person will check the temperature of the refrigerator and freezer daily to make sure all food are being kept at the right temperatures. The refrigerators will be at 40 degrees F or below and the freezer will be kept at 0 degrees F or below. Any unit that is not performing at these levels will be replaced.

Completion Date: 10/16/2020

Update - 11/09/2020

Who is responsible for ensure this regulation is adhered to. How often? How will you keep track?

Plan of Correction

Accept

The PCHA or designated person will check the temperature of the refrigerator and freezer daily to make sure all food is being kept at the right temperatures. The refrigerators will be at 40 degrees F or below and the freezer will be kept at 0 degrees F or below. Any unit that is not performing at these levels will be replaced. The Health and Safety Checklist will be used weekly to ensure that the temperatures remain at the levels they should be at.

Completion Date: 11/10/2020

Document Submission

Implemented

The PCHA or designated person will check the temperature of the refrigerator and freezer daily to make sure all food is being kept at the right temperatures. The refrigerators will be at 40 degrees F or below and the freezer will be kept at 0 degrees F or below. Any unit that is not performing at these levels will be replaced. The Health and Safety Checklist will be used weekly to ensure that the temperatures remain at the levels they should be at.

105g - Lint Removal and Duct Cleaning

1. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

105g - Lint Removal and Duct Cleaning (*continued*)**Description of Violation**

On 10/15/2020, there was an approximate 1 inch accumulation of lint in the lint trap of the dryer located in the laundry room. There were no clothes in the dryer at the time.

Plan of Correction**Do Not Accept**

All staff will be re-trained on Fire Safety and all staff assigned to do laundry will remove the lint from the dryer vent before and after each use.

Completion Date: 11/06/2020

Update - 11/09/2020

By what date will staff be re-trained? Who will ensure that the dryers remain free from lint and how often?

Plan of Correction**Accept**

All staff will be re-trained on Fire Safety. All staff assigned to do laundry will remove the lint from the dryer vent before and after each use. The next training for staff will be on 11/20/20 and Fire Safety will be addressed. The maintenance staff will ensure that the dryer vents are free from lint also. The Health and Safety Checklist will be completed weekly.

Completion Date: 11/20/2020

Document Submission**Implemented**

All staff will be re-trained on Fire Safety. All staff assigned to do laundry will remove the lint from the dryer vent before and after each use. The next training for staff will be on 11/20/20 and Fire Safety will be addressed. The maintenance staff will ensure that the dryer vents are free from lint also. The Health and Safety Checklist will be completed weekly.

123b - Emergency Procedures Posted

1. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction**Do Not Accept**

A binder containing the facility's emergency procedures is on the first floor behind the staff's work station where it is in a conspicuous and public place for emergencies. All staff will be informed about the whereabouts of this binder and retrained on its location and use.

Completion Date: 10/23/2020

Update - 11/09/2020

Who will ensure that the information remains in a public and conspicuous place in the home, and how often will those checks occur?

123b - Emergency Procedures Posted (continued)

Plan of Correction

Accept

A binder containing the facility's emergency procedures is on the first floor behind the staff's work station where it is in a conspicuous and public place for emergencies. All staff will be informed about the the whereabouts of this binder and retrained on its location and use. The PCHA or designated person will Check weekly to ensure that the binder is where it should be.

Completion Date: 11/09/2020

Document Submission

Implemented

A binder containing the facility's emergency procedures is on the first floor behind the staff's work station where it is in a conspicuous and public place for emergencies. All staff will be informed about the the whereabouts of this binder and retrained on its location and use. The PCHA or designated person will Check weekly to ensure that the binder is where it should be.

[Redacted]

[Redacted] CM 11/12/2020 [Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Violation Withdrawn: CM 11/12/20

[Redacted]

132b - Safety Inspection/Fire Drill

1. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Repeat Violation

The last safety inspection and fire drill observed by a fire safety expert was conducted on 8/24/17.

Repeated 5/9/19

Plan of Correction

Do Not Accept

Disputed

A fire Safety expert observed a fire drill and completed an inspection on 10/16/2019. Documentation is provided

Completion Date: 10/16/2019

Update - 11/09/2020

We talked about the root cause of this violation: the letter was not available in the home at the time of the inspection. Please indicate on the POC that the immediate correction is that the letter is now available. Please address who will ensure that documentation is available in the home, and how often this will be monitored or how you will keep track of this.

Plan of Correction

Accept

The immediate correction is that the letter is now available.

A fire Safety expert observed a fire drill and completed an inspection on 10/16/2019. The Safety Officer will ensure that documentation is available in the facility and will monitor when a new letter is needed. The Safety Officer will retain records to monitor this yearly.

Completion Date: 11/09/2020

Document Submission

Implemented

The immediate correction is that the letter is now available.

A fire Safety expert observed a fire drill and completed an inspection on 10/16/2019. The Safety Officer will ensure that documentation is available in the facility and will monitor when a new letter is needed. The Safety Officer will retain records to monitor this yearly.

132d - Evacuation

1. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

During the fire drill on 8/26/19 at 5:00 A.M., the evacuation time was 4 minutes and 20 seconds. The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the following drills: 8/26/19.

132d - Evacuation (*continued*)**Plan of Correction****Do Not Accept**

A new letter from the Fire Marshall has be acquired granting the 6 min time for evacuation. Documentation is provided.

Completion Date: 10/19/2020

Update - 11/09/2020

We talked about the root cause of this violation: the letter was not available in the home at the time of the inspection. Please indicate on the POC that the immediate correction is that the letter is now available. Please address who will ensure that documentation is available in the home, and how often this will be monitored or how you will keep track of this.

Plan of Correction**Accept**

The immediate correction is that a new letter from the Fire Marshall has been acquired granting the 6 min time for evacuation. Documentation is provided. The Safety Officer will ensure that documentation is available in the facility and will monitor when a new letter is needed. The Safety Officer will retain records to monitor this yearly.

Completion Date: 10/19/2020

Document Submission**Implemented**

The immediate correction is that a new letter from the Fire Marshall has been acquired granting the 6 min time for evacuation. Documentation is provided. The Safety Officer will ensure that documentation is available in the facility and will monitor when a new letter is needed. The Safety Officer will retain records to monitor this yearly.

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

The home posts the menu changes in the kitchen of the home. Residents are not allowed to access the kitchen.

Plan of Correction**Do Not Accept**

All changes to the menus will be posted on all menus in the facility to make sure that all residents are aware of any changes made.

Completion Date: 10/16/2020

Update - 11/09/2020

Who will ensure that this takes place? How often?

Plan of Correction**Accept**

All changes to the menus will be posted on all menus in the facility to make sure that all residents are aware of any changes made. The PCHA or designated staff will make menu changes immediately upon the discovery that a change has to be made.

Completion Date: 11/09/2020

Document Submission**Implemented**

All changes to the menus will be posted on all menus in the facility to make sure that all residents are aware of any changes made. The PCHA or designated staff will make menu changes immediately upon the discovery that a change has to be made.

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident # 4 has Lantus Solostar 100 U/ML insulin flex pen on the medication cart. The medication was opened. There is no open date on this medication. Manufacturer's instructions state to discard the medication 28 days after opening the medication.

Resident # 4 has a Humalog kwikpen 100 U/ml on the medication cart. The medication was opened. There is no open date on this medication. Manufacturer's instructions state to discard the medication 28 days after opening the medication.

Resident # 5 has a Novolog Mix 70/30 insulin flexpen on the medication cart. The medication was opened. There is no open date on this medication. Manufacturer's instructions state to discard the medication 28 days after opening the medication.

Plan of Correction**Do Not Accept**

All medication will be stored in an organized manner and all insulin pens will have the residents name and date of opening printed on them. The Nurse will make sure that all medication certified staff are aware of labeling all insulin pens.

Completion Date: 10/19/2020

Update - 11/09/2020

What training will take place will necessary staff and by which date will this be completed? How often will audits take place to ensure this regulation is adhered to?

Plan of Correction**Directed**

All medication will be stored in an organized manner and all insulin pens will have the residents name and date of opening written on them with a permanent marker. The Nurse will make sure that all medication certified staff are aware of labeling all insulin pens, however the actual package that the insulin pens come in contains 5 pens. The package is labeled but the Pharmacy is unable to provide labels for individual pens. The Nurse will conduct Medication training twice each year and on an as needed basis for any situations that require additional training. The medication cart will be checked weekly by the Nurse or designated staff.

DPOC: within 30 days of the accepted plan of correction, all staff involved in the administration of medication will receive training on the proper storage of medications.

Completion Date: 11/10/2020

183e - Storing Medications (*continued*)**Document Submission****Implemented**

All medication will be stored in an organized manner and all insulin pens will have the residents name and date of opening written on them with a permanent marker. The Nurse will make sure that all medication certified staff are aware of labeling all insulin pens, however the actual package that the insulin pens come in contains 5 pens. The package is labeled but the Pharmacy is unable to provide labels for individual pens. The Nurse will conduct Medication training twice each year and on an as needed basis for any situations that require additional training. The medication cart will be checked weekly by the Nurse or designated staff.

184a - Labeling OTC/CAM

1. Requirements

2600.

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

Description of Violation

The pharmacy label for Resident #4's Lantus Solostar 100 U/ML does not include the Resident's name, the medication's name, the dosage, and the route of administration.

The pharmacy label for Resident #4's Humalog Kwikpen 100 U/ML does not include the Resident's name, the medication's name, the dosage, and the route of administration.

The pharmacy label for Resident #5's Novolog 70/30 flexpen does not include the Resident's name, the medication's name, the dosage, and the route of administration.

Plan of Correction**Do Not Accept**

All insulin pens will have the resident's name and the opening date on them. The Nurse will make sure that all medication certified staff are aware of labeling all insulin pens with this information

Completion Date: 10/19/2020

Update - 11/09/2020

Include the immediate steps taken to label pens as well as who will be conducting audits and how often.

Plan of Correction**Accept**

The immediate plan of correction is that all insulin pens now have the resident's name and the opening date on them. The Nurse will make sure that all medication certified staff are aware of labeling all insulin pens with this information. The Nurse or designated staff will check the medication cart weekly to ensure that all medication is properly labeled.

Completion Date: 10/19/2020

Document Submission**Implemented**

The immediate plan of correction is that all insulin pens now have the resident's name and the opening date on them. The Nurse will make sure that all medication certified staff are aware of labeling all insulin pens with this information. The Nurse or designated staff will check the medication cart weekly to ensure that all medication is properly labeled.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #4 is prescribed glucose testing 3 times daily. However, Resident # 3 did not receive glucose testing for AM, Lunch and PM on 10/14/2020. Resident # 3 also did not receive glucose testing for the AM on 10/15/2020.

Plan of Correction

Do Not Accept

The Nurse or designated person will check daily to ensure that residents requiring glucose testing are tested and documentation is written on the MAR

Completion Date: 10/19/2020

Update - 11/09/2020

We talked about the root cause of the violation: Please include the issue, and what steps need to be taken. (ie, medical staff training, escalation, etc) Please also include who will be responsible for ensuring that glucose readings are taken as directed and how often these checks will occur.

Plan of Correction

Accept

The cause of this violation was miscommunication upon a resident returning from the hospital. The Nurse or designated person will make sure that all medical paperwork is received and any changes are noted on the MAR so that all medication certified staff is aware. The Nurse or designated staff will check daily to ensure that residents requiring glucose testing are tested and documentation is written on the MAR. Failure to conduct testing will be documented on the back of the MAR to note the reason the testing was not done.

Completion Date: 11/10/2020

Document Submission

Implemented

The cause of this violation was miscommunication upon a resident returning from the hospital. The Nurse or designated person will make sure that all medical paperwork is received and any changes are noted on the MAR so that all medication certified staff is aware. The Nurse or designated staff will check daily to ensure that residents requiring glucose testing are tested and documentation is written on the MAR. Failure to conduct testing will be documented on the back of the MAR to note the reason the testing was not done.

221c - Post Activity Calendar

1. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

On 10/15/2020 Licensing Representative observed the September 2020 activities calendar posted for the month of September.

Plan of Correction

Do Not Accept

The Activities calendar will be posted each month. The PCHA or designated person will ensure that the calendar is posted monthly for the residents.

Completion Date: 10/16/2020

Update - 11/09/2020

How often will these checks occur? Who is responsible for ensuring that this is done?

221c - Post Activity Calendar (*continued*)**Plan of Correction****Accept**

The Activities calendar will be posted each month. The PCHA or designated person will ensure that the calendar is posted monthly for the residents. The PCHA or designated person will check the monthly to ensure that the calendar is posted.

Completion Date: 11/09/2020

Document Submission**Implemented**

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