pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail ksearle@5ssl.com
August 10, 2022

[redacted], Administrator
[redacted]
[redacted]
[redacted]
[redacted]

RE: New Seasons at New Britain
800 Manor Drive
Chalfont, Pennsylvania 18914
License #: 14508

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 26 and 27, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[redacted]

[redacted]
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *NEWSEASONS AT NEW BRITAIN* **License #:** *14508* **License Expiration Date:** *01/01/2021*
Address: *800 MANOR DRIVE, CHALFONT, PA 18914*
County: *BUCKS* **Region:** *SOUTHEAST*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

Legal Entity

[redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *04/15/1998* **Issued By:**

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *105* **Waking Staff:** *79*

Inspection

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**
Reason: *Renewal* **Exit Conference Date:** *10/27/2020*

Inspection Dates and Department Representative

10/26/2020 - On-Site: [redacted]
10/27/2020 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served:** *81*

Secured Dementia Care Unit

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

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *79*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability:** *1*
Have Mobility Need: *24* **Have Physical Disability:** *1*

Inspections / Reviews

10/26/2020 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date**: *11/13/2020*

11/13/2020 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date**: *11/30/2020*

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Member A was hired on [redacted] *and their criminal history check was completed on* [redacted].

Plan of Correction **Accept**

1.) Prior to any team member starting at the community, the Administrator will confirm and approve that a criminal history check was completed in accordance with the Older Adult Protective Services Act and 6. Pa Code Chapter 15 (relating to protective services for older adults.

2.) Compliance of this Act will be reported at the quarterly QA meetings.

3.) Business office manager or designee will utilize a new hire checklist to ensure that all requirements are met prior to starting their position with NewSeasons at New Britain (See attached A).

4.) Executive Director or designee will sign off on the new hire checklist to ensure that all documentation was received.

Completion Date: *11/30/2020* **Implemented**

81a - Accomodation

1. Requirements

2600.

81.a. The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

Description of Violation

Exit doors located in the east wing do not have walkways leading to the road. The exit has a landing that opens to a grassy slope leading to the road. The residents need to walk this way to get to the designated meeting place in an emergency. The home has residents who have mobility needs that would make walking on a grassy slope to evacuate unsafe.

Plan of Correction **Accept**

1. We are in the process of retaining bids to arrange for physical site accommodation and equipment necessary to meet the health and safety needs of the residents with a disability and to allow safe movement within the home and exiting from the home in the east wing of the building.

2. We are working to get this done in a timely manner due to the extent of this work and the weather.

3. The community will continue to maintain a clear pathway up to and including post-construction.

Completion Date: *12/31/2020* **Implemented**

96a - First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

96a - First Aid Kit *(continued)*

Description of Violation

The first aid kit in the 1st floor medication room does not include tweezers and a thermometer.

The first aid kit in the 3rd floor medication room does not include tweezers and a thermometer.

Plan of Correction **Accept**

1. The tweezers and thermometer on the first and third floor first aid kit was replaced by Director of Resident Care on November 11, 2020.
2. A required content list will be maintained in the lid of the first aid kit and staff will be educated by the Department Manager to notify the Director of Resident Care/designee when items are needed or missing by November 30, 2020.
3. A weekly audit will be completed by the safety committee to ensure the kits are complete.
4. Executive Director will do a monthly review of the first aid kits times 4 months until 100 percent compliance.

Completion Date: *11/30/2020* **Implemented**

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 10/27/20 at 11:00am the temperature in the kitchen freezer was 13.8 degrees Fahrenheit and contained resident food.

Plan of Correction **Accept**

1. Per manufacturer's guideline, the freezers are typically set to defrost every 4 hours with duration of 30 minutes. The termination temp is 45 degrees. During defrost you will see the cabinet temperature go up slightly, however once the defrost cycle is done the compressor will turn on and the unit will resume normal operations. (See attachment B)
2. "Defrost is a necessary operation to remove frost that builds up on the evaporator coil and reduces air flow within the cabinet. This is done automatically based on a time interval and the ambient conditions of the environment. A special sensor is used to measure the humidity in the air to adjust the defrost interval depending upon humidity levels."

Completion Date: *11/30/2020* **Implemented**

121a - Unobstructed Egress

1. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 10/27/20 at 10:45am, there were 2 egresses in the 1st floor activities rooms obstructed by tape and signs indicating not to use the exit doors.

121a - Unobstructed Egress *(continued)*

Plan of Correction **Accept**

1. The obstruction of tape and signs indicating not to use the exit doors were taken down by the Maintenance Director on 10/27/2020.

2. The Executive Director or her designee will educate the staff by November 20, 2020 on the importance of keeping stairways, hallways, doorways, passageways and egress routes from the building free and accessible for exit.

3. The Maintenance Director or his designee will audit all exit doors on weekly community rounds. Compliance will be reported at the QA meeting quarterly to ensure compliance.

Completion Date: *11/20/2020* **Implemented**

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

The maximum fire drill evacuation time for the home is 13 minutes. On 5/18/19 the Fire Drill was completed and residents were evacuated in 14min 20 sec. On 2/23/20 the fire drill was completed and residents were evacuated in 14min 54sec.

Plan of Correction **Accept**

1. Fire Safety Expert will complete training for all staff by December 31, 2020 to ensure compliance with the maximum fire drill evacuation time according to the Fire Safety letter.

2. Fire drills will resume January 2021.

Completion Date: *12/31/2020* **Implemented**

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.

141a 1-10 Medical Evaluation Information *(continued)*

Description of Violation

Resident #7's medical evaluation completed on [redacted], does not include if the resident can self-administer medications, health status, or cognitive functions.

Resident #8's medical evaluation completed on [redacted] does not include the following:
(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.

Resident #9's medical evaluation completed on [redacted] does not include a general physical examination by a physician, physician's assistant or nurse practitioner.

Resident #11's medical evaluation completed on [redacted], does not include if the resident can self-administer medications.

Plan of Correction **Accept**

1. The physician was contacted on [redacted] and appointments scheduled for Resident #7's, #8, # 9. # 11 to obtain a new medical evaluation.
2. The Director of Resident Care or designee and will review the medical evaluation for completeness and will address with the physician within 3 days of appointment if not compliant.
3. The Director of Resident Care or her designee will re-educate the nursing staff by November 30, 2020 to ensure that all medical evaluations are fully completed and signed by the physician.
4. The Director of Resident Care or designee will audit resident files on a monthly basis until compliant will review at the QA meeting quarterly to ensure compliance.

Completion Date: *11/30/2020* **Implemented**

141b1 - Annual Medical Evaluation

1. **Requirements**

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #7's most recent medical evaluation was completed on [redacted].

Resident #8's most recent medical evaluation was completed on [redacted]. The resident's previous medical evaluation was completed on 1/22/19.

Resident #10's most recent medical evaluation is not dated for when the resident was evaluated and when the form was completed.

141b1 - Annual Medical Evaluation *(continued)*

Plan of Correction **Accept**

1. The physician was contacted on [redacted] and appointments scheduled for Resident #7's, #8 and # 10 to obtain a new medical evaluation

2. Director of Resident Care or designee will maintain tickler file that will be maintained by the Director of Resident Care and the Executive Director to ensure compliance.

3. The Director of Resident Care or her designee will re-educate the nursing staff by November 30, 2020 to ensure that all medical evaluations are fully completed.

4. The Director of Resident Care/designee will audit resident files on a monthly basis until compliant will review at the QA meeting quarterly to ensure compliance.

Completion Date: *11/30/2020* **Implemented**

144b - Policy on Smoking

1. Requirements

2600.

144.b. The home rules shall specify whether the home is designated as smoking or nonsmoking.

Description of Violation

The home does not allow smoking in the building. There is no "No smoking" sign posted at the entrance.

Plan of Correction **Accept**

1. The Maintenance Director posted a No Smoking sign at the front entrance of the building.

2. During weekly rounds the Maintenance Director or designee will ensure placement of the no smoking signs.

Completion Date: *11/12/2020* **Implemented**

181d -Storing Medication

1. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident #4 self-administers medications and stores medications in [redacted] bedroom [redacted]. On [redacted] resident #4 stated [redacted] does not lock [redacted] room or lock up [redacted] medications when [redacted] leaves [redacted] room.

Resident #5 self-administers medications and stores medications in [redacted] bedroom [redacted] On [redacted], resident 5 stated [redacted] does not lock [redacted] room or lock up [redacted] medications when [redacted] leaves her room.

Plan of Correction **Accept**

1. Director of Resident Care distributed lock boxes to Resident #4 and Resident #5 on November 7, 2020.

2. Resident #4 and #5 was re-educated by the Director of Resident Care on November 13, 2020 on the self-medication storage policy.

3. The Director of Resident Care or her designee will re-educate the staff on the self-medication storage policy by November 13, 2020.

4. The Director of Resident Care or her designee will audit the rooms of the self–medication residents to ensure that medications are properly stored in the locked box on a monthly basis until compliant then quarterly.

Completion Date: *11/13/2020* **Implemented**

185a - Implement Storage Procedures

1. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed [redacted] *once daily. Resident #2's glucometer reading did not match the reading documented on the MAR as follows:*
10/21/20 8AM Glucometer Reading [redacted]*; MAR Documentation* [redacted]
10/16/20 8AM Glucometer Reading [redacted]*; MAR Documentation* [redacted]

Resident #2 is prescribed [redacted] *once daily. Resident #2's glucometer readings were not documented on the medication administration record as follows:*
10/23/20 9:09AM [redacted]
10/8/20 12:52PM [redacted]
10/8/20 1:25PM [redacted]
10/8/20 2:50PM [redacted]
10/8/20 9:28PM [redacted]

Plan of Correction **Accept**

1. The Director of Resident Care or [redacted] *designee will re-educate the staff on the six rights of medication administration. This training will be completed by November 30, 2020 and documented by all Medication Administration staff.*
2. Daily audits of the glucometer readings and documentation will be completed for one month and then bi-weekly until 100% compliant by Director of Resident Care or designee.
3. Compliance will be reviewed at the quarterly QA meeting.

Completion Date: *11/30/2020* **Implemented**

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 #1 is prescribed [redacted] one capsule by mouth daily. On 10/27/20, The medication administration record did not include the initials of the staff person who administered this medication on 10/26/20.

Resident #1 is prescribed [redacted] take [redacted] in the morning. The medication administration record did not include the initials of the staff person who administered this medication on 10/26/20.

Resident #1 is prescribed [redacted] Take 1 tablet by mouth daily. On 10/27/20, The medication administration record did not include the initials of the staff person who administered this medication on 10/26/20 at 8AM.

Resident #1 is prescribed [redacted] Take 1 tablet by mouth every 12 hours. On 10/27/20, The medication administration record did not include the initials of the staff person who administered this medication on 10/26/20 at 8AM.

Resident #2 is prescribed [redacted]. Resident #2's glucometer reading did not match the reading documented on the MAR as follows:
10/21/20 8AM Glucometer Reading [redacted]; MAR Documentation [redacted]
10/16/20 8AM Glucometer Reading [redacted] MAR Documentation [redacted]

Resident #2 is prescribed Contour Next Strips 50 test blood sugar once daily. Resident #2's glucometer readings were not documented on the medication administration record as follows:
10/23/20 9:09AM [redacted]
10/8/20 12:52PM [redacted]
10/8/20 1:25PM [redacted]
10/8/20 2:50PM [redacted]
10/8/20 9:28PM [redacted]

Resident #3 is prescribed [redacted] at Bedtime 8PM. The medication administration record does not include the initials of the staff person who administered this medications on 10/25/20.

Resident #3 is prescribed [redacted] on sliding scale. On 10/22/20, the medication administration record does not indicate the dosage administered and is not initialed.

Plan of Correction **Accept**

1. The Director of Resident Care or her designee will re-educate the staff on the six rights of medication administration. This training will be completed by November 30, 2020 and documented by medication administration staff.
2. Daily audits of the glucometer readings and documentation will be completed for one month and then bi-weekly until 100% compliant by Director of Resident Care or designee.
3. This will be reviewed at the quarterly QA meeting

Completion Date: *11/30/2020* **Implemented**

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 #1 is prescribed [redacted] *On 10/26/20, staff initials were not recorded on the medication administration record at the time medication was administered.*

Resident #1 is prescribed [redacted] *take 2 by mouth in the morning. On 10/26/20, staff initials were not recorded on the medication administration record at the time medication was administered.*

Resident #1 is prescribed [redacted] *by mouth daily. On 10/26/20, staff initials were not recorded on the medication administration record at the time medication was administered.*

Resident #1 is prescribed [redacted] *Take 1 tablet by mouth every 12 hours. On 10/26/20, staff initials were not recorded on the medication administration record at the time medication was administered.*

Plan of Correction **Accept**

1. The Director of Resident Care or [redacted] *designee will re-educate the staff on the six rights of medication administration. This training will be completed by November 30, 2020 and documented by all medication administration staff.*
2. The Director of Residence Care/designee will complete daily audits of the glucometer readings and documentation for one month and then bi-weekly until 100% compliant by Director of Resident Care or designee. Results will be reported at the quarterly QA meeting

Completion Date: *11/30/2020* **Implemented**

224a - Preadmission Screen Form

1. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #6's preadmission screening form, dated [redacted]*, does not include a determination that the needs of the resident can safely avoid poisonous materials.*

Resident #8 was admitted into the home on [redacted]*. However the preadmission screening form was completed on* [redacted]*, more than 30 days before admission.*

Resident #10 was admitted to the home on [redacted] *However, a preadmission form was not completed for this resident.*

Resident #12's preadmission screening form, dated [redacted] *does not include a determination that the needs of the resident can be met by the services provided by the home.*

224a - Preadmission Screen Form *(continued)*

Plan of Correction **Accept**

1. The Director of Resident Care updated Resident #6 preadmission screen form to properly reflect that the resident can safely avoid poisonous materials on 11/2/2020.
2. All admission charts will be audited by the Director of Resident Care or designee on the following business day for completion/accuracy according to Admission Checklist (attached).
3. The Director of Resident Care or her designee will re-educate the nursing staff on ensuring that all prescreen paperwork is properly completed by November 30, 2020.

Completion Date: *11/30/2020* **Implemented**

224c - Preadmission Screening

1. Requirements

2600.
224.c. The preadmission screening shall be completed by the administrator or designee. If the resident is referred by a State-operated facility, a county mental health and intellectual disability program, a drug and alcohol program or an area agency on aging, a representative of the referral agent may complete the preadmission screening.

Description of Violation

The preadmission screening form, dated [redacted], for resident #12, admitted [redacted] does not indicate the title of the person completing the form.

Plan of Correction **Accept**

1. The Executive Director will correct the preadmission screening form dated [redacted] for Resident #12 to indicate the title of Executive Director by November 10, 2020.
2. All admission charts will be audited by the Director of Resident Care or designee on the following business day for completion/accuracy according to Admission Checklist (attached).
3. The Director of Resident Care or her designee will re-educate the nursing staff on ensuring that all prescreen paperwork is properly completed November 30, 2020.

Completion Date: *11/30/2020* **Implemented**

225a - Assessment 15 Days

1. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for resident #12, who was admitted to the home on [redacted]

Plan of Correction **Accept**

1. The Director of Resident Care completed the resident assessment for resident #12 by [redacted].
2. The Director of Resident Care or [redacted] designee will re-educate the nursing staff by 11/20/2020 on ensuring that all residential support plans are properly completed.
3. The Director of Resident Care or [redacted] designee will audit new admissions within 15 days after move-in to ensure all resident documents are in compliance.

Completion Date: *11/20/2020* **Implemented**

225c - Additional Assessment

1. Requirements

2600.

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

1. Annually.

Description of Violation

Resident #8's most recent assessment was completed on 2/8/19.

Resident #9's most recent assessment was completed on 6/1/19.

Resident #10's most recent assessment was completed on 3/5/19.

Plan of Correction **Accept**

1. Director of Resident Care completed Resident #8's, #9 and #10 assessments on November 5, 2020.

2. The Director of Resident Care or designee will re-educate the nursing staff on assessments to be completed within a calendar year.

3. The tickler filer system is maintained by the Director of Resident Care or designee.

4. The Director of Resident Care or her designee will audit new admissions within 15 days after move-in to ensure all resident documents are in compliance. Results will be reported at the quarterly QA meeting.

Completion Date: *11/30/2020* **Implemented**

227a - Support Plan 30 Days

1. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #6 was admitted on [redacted] however, the resident's initial support plan does not have a date indicating when it was finalized.

Resident #12 was admitted on [redacted]; however, the resident did not have an initial support plan completed

Plan of Correction **Accept**

1. Director of Resident Care RASP completed and finalized Resident #6's support plan on [redacted].

2. Director of Resident Care completed and finalized Resident #10's support plan on [redacted].

3. The Director of Resident Care or her designee will audit resident file on a monthly basis until 100% compliant.

4. Results will be reported at the quarterly QA meetings.

Completion Date: *11/16/2020* **Implemented**

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.

227d - Support Plan Medical/Dental *(continued)*

Description of Violation

The assessment for resident #8, dated [redacted] does not indicate if the resident has a need for managing health care, securing health care, doing laundry, shopping, securing and using transportation, managing finances, making appointments, writing correspondence, engaging activities, and obtaining clothing. The resident's support plan, dated [redacted] does not document how these needs will be met.

Plan of Correction **Accept**

1. Resident #8 support plan was updated by the Director of Resident Care on [redacted].
2. The Director of Resident Care or designee will re-educate the staff by [redacted] on completing the resident support plan within 15 days of the resident's move in.
3. The Director of Resident Care will audit resident file on a monthly basis until 100% compliant.
4. Results will be reported at the quarterly QA meetings.

Completion Date: *11/30/2020* **Implemented**

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 #7 participated in the development of his/her support plan on [redacted]. However, the resident did not date the support plan and the assessor did not sign the support plan.

Resident #10 support plan was completed on [redacted]; However it was not signed, marked for refusal, unable to participate, declined, or unable to sign by the resident

Plan of Correction **Accept**

1. Resident #7 support plan was corrected and signed and dated the form on [redacted].
2. The Director of Resident Care will review the support plan with Resident #10 and have the resident sign and date the form by [redacted].
3. The Director of Resident Care or designee will re-educate the staff by [redacted] on completing the resident support plan within 15 days of the resident's move in.
4. The Director of Resident Care will audit resident file on a monthly basis until 100% compliant. Results will be reported at the quarterly QA meetings.

Completion Date: *11/30/2020* **Implemented**

252 - Record Content

1. **Requirements**

2600.
252. Content of Resident Records - Each resident's record must include the following information:
3. A photograph of the resident that is no more than 2 years old.

252 - Record Content *(continued)*

Description of Violation

Resident #7's record does not include a photograph of the resident that is no more than 2 years old. The resident photo in file is dated [redacted]

Resident #9's record does not include a photograph of the resident that is no more than 2 years old. The resident photo in file is dated [redacted]

Plan of Correction **Accept**

1. The Activity Director updated the photograph for Resident #7 and #9 on [redacted].
2. The Activity Director/designee will update all resident photos by [redacted].
3. The Executive Director or her designee will re-educate the staff by [redacted] *on the importance of keeping updated photos of the residents.*
4. The Executive Director or designee will audit photos on a monthly basis until 100% compliance and results will be reported at the quarterly QA meeting.

Completion Date: *12/31/2020* **Implemented**