



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail peppermidday@comcast.net
January 26, 2022

[REDACTED]
Administrator
[REDACTED]
[REDACTED]
[REDACTED]

RE: Scoggins Personal Care Boarding Home
1245 West Tioga Street
Philadelphia, Pennsylvania 19140
License #: 14015

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 10, 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**

Facility Information

Name: *SCOGGINS PERSONAL CARE BOARDING HOME* License #: *14015* License Expiration Date: *10/11/2020*
Address: *1245 WEST TIOGA STREET, PHILADELPHIA, PA 19140*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: [REDACTED]
Address: *1243 WEST TIOGA STREET, PHILADELPHIA, PA, 19140*
Phone: *2152239068* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *08/06/2012* Issued By: *City of Phila*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *18* Waking Staff: *14*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *11/10/2020*

Inspection Dates and Department Representative

11/10/2020 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *26* Residents Served: *17*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *15* Are 60 Years of Age or Older: *12*
Diagnosed with Mental Illness: *15* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

11/10/2020 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/20/2020*

Inspections / Reviews (*continued*)

2/3/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *02/05/2021*

2/22/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/01/2021*

20b1 - Financial Records

1. Requirements

2600.

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

- 1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages the finances for resident #1. However, The home's financial records do not include the amounts of withdrawal that been taken place out of the \$1200 stimulus check issued by the IRS Treasury. The withdrawal of funds has not been signed by the resident and a current balance has not been provided to resident#1.

Plan of Correction

Do Not Accept

Plan of Correction

Resident#1 still has all the IRS stimulus amount of \$1200. Amount was documented on Quarterly record and reflect on the bank statement. Immediate plan is to make sure all deposits are signed by residents. Another Immediate plan is to offer resident in writing the option of depositing funds in excess of \$200 into interest bearing account for resident .(due to COVID 19 there is a delay in getting this done . Even with scheduling appointment this is time consuming.) Resident will be offer copies of records at least quarterly. Going forward all resident financial records will be audited by admin/designee.

Completion Date: 02/15/2021

Plan of Correction

Directed

Starting January 2021 all deposits will be signed by residents and staff and dated. The home will continue to use the quarterly and daily financial forms to document funds for each and every resident. Disbursement of funds will be made from the resident daily record form. Before any money will be handed out resident must sign and date the form along with the staff.. The administrator /designee will audit resident files quarterly and a copy of the forms will be stored in the resident folder.. If requested, a copy will be given to the resident or his/her agent. Admin/designee will be responsible for maintaining accuracy of resident funds and file.

DPOC 2/22/2021 [redacted] Within 30 days of receipt of the accepted plan of correction: The administrator or designee will conduct an initial and monthly audit of financial records and finances for all residents who the home is providing financial management, to ensure the requirements of regulations 2600.20(b)(1) through 2600.20(b)(10) are met.

Completion Date: 03/30/2021 Licensee's Proposed Date of POC Implementation

Implemented 1/26/2 [redacted]

20b4 - Use of Funds

1. Requirements

2600.

20b4 - Use of Funds (continued)

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

- 4. Resident funds and property shall only be used for the resident's benefit.

Description of Violation

Per bank statement provided for resident #1. There has been an online transfer from resident #1 account to the home's account, in increment of [REDACTED] each on 6/29, 7/9, and 7/14, then [REDACTED] on 8/6, \$300 on 8/28, \$400 on 9/4 were transferred. Resident #1 Financial statement does not show any money being taken out of resident #1's \$1200 stimulus check issued by the IRS Treasury. The withdrawal of funds has not been signed by the resident nor an explanation being provide.

Plan of Correction

Do Not Accept

Plan of Correction

Immediate plan is to have resident sign for all requested withdrawals and deposits. (12/11/2020). Future plans is to have the administrator/designee audit all financial records monthly and keep documentations. (12/11/2020 ongoing) This is to ensure continued compliance and prevent errors.

Completion Date: 02/21/2021

Plan of Correction

Directed

The home will provide Quarterly financial records signed and dated by resident and staff showing all funds received in the home for each resident. All withdrawals by resident will be signed for by resident and staff and dated accordingly. The administrator/designee will monitor/audit all resident records at least quarterly and proper documentation will be kept in the resident file.. This process will begin on March 31, 2021 and monitored by the administrator or designee.

DPOC 2/22/2021 [REDACTED] Immediately, the administrator will ensure that Resident #1 is in possession of the entire amount of all stimulus funds that have not been used by the resident. The administrator will present documentation to the Department to show that the resident has been made whole.

Within 30 days of receipt of the accepted plan of correction: All staff persons will be educated on the use of resident funds and property only being used for the resident's benefit. Documentation of education will be provided to the Department.

Completion Date: 03/30/2021 Licensee's Proposed Date of POC Implementation

Implemented 1/26/22 [REDACTED]

20b6 - Interest Bearing Account

1. Requirements

2600.

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

20b6 - Interest Bearing Account (continued)

- 6. If a home is holding more than \$200 for a resident for more than 2 consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

Description of Violation

The home held money for resident #1 and resident#2, from August 2020 through October 2020, during which time the balance of those funds did not fall below \$200. The home has not offered the resident assistance in establishing an interest-bearing account.

Plan of Correction

Accept

Plan of Correction

Immediately the home will be offering in writing to residents the option of having interest bearing accounts whenever the resident has funds in excess of \$200. for 2 consecutive months. (COVID 19 is causing delays in getting this done asap but the admin will try to expedite the issue asap. Plan completion February 2021. Future plan, is to keep written proof in resident record that the offer was made to deposit funds into interest bearing account for resident. Plan to have this completed Feb 2021 To prevent this violation in the future the admin. will be monitor resident records monthly and add financial record keeping as a new checklist header.

Completion Date: 02/25/2021 Licensee's Proposed Date of POC Implementation

Implemented 1/26/22

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 person A, hired on [redacted], home failed to complete a criminal background check.

Plan of Correction

Do Not Accept

Plan of Correction

Staff person A. was interviewed on [redacted] was hired to start work [redacted] Criminal background check was done on [redacted] at 5:10 pm with an invoice cost of \$22.00. A no record status was issued by e-patch. proof of this was sent to DHS supervisor 1/11/2021.

Future plan : administrator will print both the record indicator and the certification for all staff within 30 days of hire.

Completion Date: 11/10/2020

Plan of Correction

Directed

Henceforth, all prospective staff will receive the criminal background check within the first 5 days on the job. The administrator will request the background check via e-patch and print the record locator page along with the hyper link certification certificate. This information will be documented on the staff tracking sheet and placed in the staff file by the administrator. The administrator/designee will audit staff record quarterly to ensure compliance with all requirement. Any deficiency will be address with staff immediately after the review by the administrator/designee.

DPOC 2/22/2021 CM: Immediately: The administrator or designee shall review the records of all current staff members to ensure that a PA State Police criminal background check has been completed and that an FBI background check has been completed for employees who were not residents of Pennsylvania for the past two consecutive years prior to the date of hire. Documentation shall be kept in the staff records.

Within 30 days of receipt of the plan of correction: The administrator and any staff person involved in the hiring and retention of staff shall review the Older Adult Protective Services Act. Documentation of the review shall be kept.

Completion Date: 03/30/2021 Licensee's Proposed Date of POC Implementation

Implemented 1/26/2

63b - Current First Aid Training

1. Requirements

2600.

63.b. Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

Description of Violation

Staff persons B were trained in first aid and certified in obstructed airway techniques and CPR by online training academy. This training source is not certified as a trainer by a hospital or other recognized health care organization.

Plan of Correction

Do Not Accept

Plan of Correction

Staff B. did receive proper training in CPR and First Aid by a recognizable organization on 12/30/2020. (proof was sent and received by DHS supervisor). To prevent staff from training with entities not recognized by the Licensing agency the administrator will put in place a list of entities recognized by BHSL for training in the state. The list will be given to employees 45 days prior to anniversary of the previous training with a reminder 15 days before the due date.

Completion Date: 12/30/2020

63b - Current First Aid Training (continued)

Plan of Correction

Directed

The administrator has set up individual training plans for each staff in January 2021. All staff must not take CPR & First Aid ,training must be completed by a source recognize by the licensing agency. Documentation of the training will be kept in each staff file/folder. This will ensure that all shift will have a staff trainer in CPR & first Aid. .Documentation of training will be kept in staff file. Quarter audit by administrator/ designee will ensure compliance or cure deficiency.

DPOC 2/22/2021 The administrator will ensure at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation will be present in the home at all times.

The administrator will audit the schedule weekly to ensure staff persons meeting the requirement are scheduled and present in the home.

Completion Date: 03/30/2021 Licensee's Proposed Date of POC Implementation

Implemented 1/26/2

65e - 12 Hours Annual Training

1. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person B received 0 hours of annual training in training year 2019.

Plan of Correction

Do Not Accept

Plan of Correction

SPlan of Correction Staff B. did receive proper training in CPR and First Aid by a recognizable organization on 12/30/2020. (proof was sent and received by DHS supervisor). To prevent staff from training with entities not recognized by the Licensing agency the administrator will put in place a list of entities recognized by BHSL for training in the state. The list will be given to employees 45 days prior to anniversary of the previous training with a reminder 15 days before the due date.

Plan of Correction Staff B. did receive proper training in CPR and First Aid by a recognizable organization on 12/30/2020. (proof was sent and received by DHS supervisor). To prevent staff from training with entities not recognized by the Licensing agency the administrator will put in place a list of entities recognized by BHSL for training in the state. The list will be given to employees 45 days prior to anniversary of the previous training with a reminder 15 days before the due date.

Completion Date: 01/11/2021

65e - 12 Hours Annual Training (continued)

Plan of Correction**Directed**

Starting January 2021 the administrator has set up individual training plans for each staff member. The administrator is also using a tracker sheet which document all required trainings for direct care staff.(see attached form) . All training under 65e will be become part of the direct care staff requirement for the year. The administrator/designee will audit the staff file quarterly to check compliance or address potential deficiency. Administrator is responsible for ensuring accuracy in each staff folder.

DPOC 2/22/2021 [REDACTED] Immediately - The administrator or designated staff person will monitor all direct care staff training through the quality management review process to ensure all staff persons receive the required 12 hours of annual training during each established training year.

Within 30 days of the receipt of the plan of correction: Direct care staff person B will complete 12 hours of training for the 2020 training year. Documentation will be kept.

Within 30 days of the receipt of the plan of correction: The administrator will review all staff current training records to ensure all direct care staff has received the required 12 hours of annual training in accordance with regulation 2600.65e for the 2014 training year and documentation is maintained in the staff record.

The direct care staff shall complete the annual training within 90 days from the date the suspension of the regulation is lifted.

Completion Date: 03/30/2021 Licensee's Proposed Date of POC Implementation

Implemented 1/26/22 [REDACTED]

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person B did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident, safe management techniques , care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 2019.

65f - Training Topics (continued)

Plan of Correction**Do Not Accept***Plan of Correction*

Staff B. Was trained in areas for the job being done however going forward the administrator will ensure all staff persons are trained for their specific jobs and that all documentations are placed in the correct files. To prevent violations the administrator will audit all staff files quarterly and document on the home check list.

Completion Date: 01/31/2021

Plan of Correction**Accept**

Going forward the administrator will be using the homes tracking sheet/form with the proper training topics placed in all direct care staff file. By the end of June each year current staff will be given the training plan for the upcoming training year. So far each staff person has been given a training plan which shows the required training needs to complete requirements for each year. Most direct care staff are currently enrolled in online class which are approved by DPW to fulfill the current missing training requirements. Administrator/ designee will review all staff record to ensure compliance monthly. beginning February 2021.

Completion Date: 03/30/2021 Licensee's Proposed Date of POC Implementation

Implemented 1/26/22

The direct care staff shall complete the annual training within 90 days from the date the suspension of the regulation is lifted

65g - Annual Training Content

1. Requirements

2600.

- 65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
 3. Resident rights.
 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
 5. Falls and accident prevention.

Description of Violation

Staff person B did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), falls and accident prevention during training year 2019.

Plan of Correction**Do Not Accept**

Staff person B. did receive the trainings in 65.g but they had been missing from records on the day of inspection. In the future the administrator will provide staff with training needed 45 days before the training anniversary date and another reminder 15 days prior. Going forward staff records will be audited quarterly by the admin/designee to ensure compliance.

Completion Date: 01/31/2021

65g - Annual Training Content (continued)

Plan of Correction

Accept

In January 2021 the administrator developed individual training plans for all staff. The training plans are job specific to the individual staff. Henceforth by June 30 of each year all current staff will receive the proposed training for the upcoming training year. Every staff will be required to complete trainings from 65.g covering (1) fire safety, (2) emergency preparedness procedures, recognizing response to crisis and other emergency situation (3) resident rights, etc. All staff folders will reviewed quarterly by the administrator or designee to ensure compliance. The outcome of these reviews will be discussed with the individual staff.

Completion Date: 03/30/2021 Licensee's Proposed Date of POC Implementation
The direct care staff shall complete the annual training within 90 days from the date the suspension of the regulation is lifted. Implemented 1/26/22

66b - Training Plan Content

1. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's staff training plan does not include the name, position and duties of each direct care staff person, the required training courses for each staff person, the dates, times and locations of the scheduled training for each staff person for the upcoming year.

Plan of Correction

Do Not Accept

Plan of Correction

The administrator will set up future training plans to include staff name, position and the required duties. The plans will include the locations of training, the training source, training hours and will differentiate staff designations for all staff for subsequent training year(s).

Administrator/Designee will audit training records for completion and accuracy of training and attendees.

Completion Date: 02/25/2021

Plan of Correction

Accept

The home developed training plans for the current year for each staff. The plans are for individual staff which include the name of staff, job title/ duties, required trainings, dates and time of trainings number of hours covered and the proctor of the training see attached).The administrator/designee will monitor/audit each staff file on a monthly basis until March 2021 to ensure compliance then move to quarterly reviews to ensure compliance.

Completion Date: 03/30/2021 Licensee's Proposed Date of POC Implementation
Implemented 1/26/22

85b - Infestation

1. Requirements

2600.

85b - Infestation (continued)

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Repeat Violation

The home provided recent invoices and it states bed bugs still active in the home. Per resident interviews, the home has bed bugs and residents have bug bite marks.

Repeat Violation dated 10/16/19.

Plan of Correction**Do Not Accept***Plan of Correction*


The home has been working with a licensed pest control company in an effort to eradicate this problem. Since the inspection the property has been serviced several times by the pest control agency and the administrator has been working with housekeeping and maintenance in vacuuming and spraying and treating all rooms to kill eggs which may have hatched between treatment. The home has stop clothes donation to the home since this has been a source of transmittal of pest regardless of our efforts.

Completion Date: 12/31/2020

Plan of Correction**Accept**

The home has implemented a weekly tracking system. The home uses professional exterminators for service however prior to their visits and afterwards the administrator /designee and maintenance staff will perform additional treatment of the home which include spraying and vacuuming of the home to prevent eggs from hatching. These additional treatment will be tracked on a log weekly with signatures (see attached). The home's long term plan is to replace all wooden furniture with items made with metal or other materials that will not harbor critters.

Completion Date: 06/30/2021 *Licensee's Proposed Date of POC Implementation*

Implemented 1/26/22 

88a - Surfaces**1. Requirements**

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

2nd floor men's bathroom has floor tiles not installed correctly around the bathroom toilet. It is causing a trip hazard.

Plan of Correction**Do Not Accept***Plan of Correction*

The 2nd floor men's bathroom is currently under renovations and is unavailable to residents. However, there are still 4 bathrooms available for use by residents and 1 more for staff. To prevent problems in the future administrator/designee will do monthly building checks to fix any problem areas.

Completion Date: 02/15/2021

88a - Surfaces (continued)

Plan of Correction

Accept

The men's bathroom renovations should be completed by March 30,2021. The administrator has also developed a tracking form to be used by staff to monitor and fix issues when they occur within the building on a weekly basis.(tracking form being used) . The administrator/ designee will monitor this log to ensure compliance .

Completion Date: 03/30/2021 Licensee's Proposed Date of POC Implementation Implemented 1/26/22

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

There was no thermometer in the refrigerator and freezer in the Kitchen.

Plan of Correction

Do Not Accept

Immediate plan thermometers were added to the units 11/10/2020 after the inspection by the administrator . Future plans: The administrator will do monthly checks to ensure that thermometers are in place in each unit. Replacements if needed will be done asap by the administrator.

Completion Date: 11/10/2020

Plan of Correction

Accept

Following the 11/10/2020 inspection the administrator has re-educated all staff about food safety. Staff were instructed on how to monitor the thermometers to ensure proper temperature is being maintained at all times and what to do if there is a problem. This includes replacing the thermometers ,opening and closing the units less frequently and if there is still an issue to document and alert the administrator and/or maintenance person. The thermometer log is posted on the refrigerator and does include dates checked and staff signature (see attached). Administrator and designee will monitor weekly.

Completion Date: 02/28/2021 Licensee's Proposed Date of POC Implementation Implemented 1/26/22

132c - Fire Drill Records

1. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 6/18/19 does not include the amount of time it took for evacuation.

132c - Fire Drill Records (continued)

Plan of Correction

Accept

Plan of Correction

Following the inspection the administrator had a discussion with all staff about the violation and on 11/20/2020 staff were retrained by a fire safety expert. (proof was faxed to DHS). In the future the admin/designee will be checking fire drill logs on a monthly basis to ensure compliance with dates, time and participation.

Completion Date: 11/20/2020

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 home exceeded an evacuation time of 2 minutes 30 seconds during the following drills: 3/30/19 at 1:40 am and with evacuation time of "2 to 3" minutes.

Plan of Correction

Do Not Accept

Plan of Correction

Administrator and designee have been working with staff and resident to improve fire drill response time. Both reside and staff have been reminded that timely response to the alarm bells going off could save lives and prevent disaster. Future plans all staff will continue to work on fire drills response time to ensure compliance and safety. Admin/designee will monitor all efforts

Completion Date: 11/20/2020

Plan of Correction

Accept

In-service was provided to staff in December 2020 by a Fire safety expert trainer. Administrator/designee has also been training staff since. (documented in staff files). The training has stressed the need to respond to drills in a timely manner to ensure evacuation of 2 minutes or less for each subsequent drill. Administrator/designee will be monitor monthly drills for accuracy..

Completion Date: 02/28/2021 Licensee's Proposed Date of POC Implementation

Implemented 1/26/22

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.

141a - Medical Evaluation (continued)

Description of Violation

Resident #3 medical evaluation was not complete within 60 days prior to admission or within 30 days after admission of the resident.

Plan of Correction

Do Not Accept

Plan of Correction

Resident was an emergency placement 8/28/2020 during the COVID 19 pandemic. As required the admin. did try to contact the prior PCP to get the medical evaluation done within 30 day. All attempts failed so the home PCP was contacted and 2 telemed contacts were done. Dr A a psychiatrist was also contacted for 2 telemed appts. Our house PCP was scheduled 9/30/2020 resident was seen but M.E was 2 days late. Future plans: Administrator will continue to get documents on time even in a pandemic.

Completion Date: 12/11/2020

Plan of Correction

Directed

To ensure that Medical evaluations are completed on time the home will not accept anyone who does not have a Medical Evaluation that was complete at least 60 days prior to admission or a written documentation that the evaluation will be completed by the prior PCP in 30 days or less. Administrator/Designee will be enforcing this starting immediately.

DPOC 2/22/2021: DPOC 2/3/2021 [redacted]: Immediately: The administrator or designee will review all new resident documentation to ensure a current medical evaluation is completed on the Department's form and is in each resident's record.

Within 30 days of the receipt of the plan of correction: A new resident document tracking system will be developed and implemented to ensure all required documentation including a medical evaluation is completed on the form specified by the Department within the required timeframe.

Completion Date: 02/10/2021 Licensee's Proposed Date of POC Implementation

Implemented 1/26/21 [redacted]

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 his/her room. On 11/10/20 at 3pm, there were several unlocked, unattended medications to include [redacted] in resident #4's bedroom.

181d -Storing Medication (continued)

Plan of Correction

Do Not Accept

Plan of Correction

Resident #4 did have the topicals in his/her bedroom dresser. Resident was an emergency placement and did were not being stored properly a locked metal box with a combination lock was given to resident for storage. Since the inspection the admin/designee has been doing weekly check to ensure that the meds are in the locked container in the closet or dresser.

Completion Date: 11/10/2020

Plan of Correction

Directed

Yes. Since the inspection of 11/10/2021 the administrator/designee has been re-educating residents and staff about medication safety and proper storage. Another direct Care has completed the initial medication training that the department uses. Residents have also been re-educated. The administrator/designee will monitor self administered meds weekly to ensure compliance. Staff will be trained annually in medication administration. Documentation will be filed in staff folder. Admin/designee will monitor for compliance.

DPOC 2/22/2021 [redacted] Within 30 days of the receipt of the plan of correction, all direct care staff will receiving training on medication self-administration and storage.

Weekly audits completed by administrator or designee will be documented and kept for Department review.

Completion Date: 02/28/2021 Licensee's Proposed Date of POC Implementation

Implemented 1/26/22 [redacted]

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:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The pharmacy label for resident #4's [redacted]

[redacted] cream does not include the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration, the name and title of the prescriber.

184a - Labeling OTC/CAM (continued)

Plan of Correction**Do Not Accept***Plan of Correction*

Following the inspection of 11/10/2020 the admin did sit with the resident to explain the need for meds to be stored properly. Resident was reminded that meds had to remain in the original containers with attached pharmacy lab because the labels contain vital information including name, dose, frequency and reason for med, name of Dr. and date of meds. Staff did demonstrate with resident how to lock and unlock the container.

Since the inspection the admin/designee has been monitoring compliance with med storage of this resident weekly

Completion Date: 11/10/2020

Plan of Correction**Accept**

Resident re-education started 11/10/2020 following the inspection. The administrator/designee has been checking the locked box weekly to ensure compliance with meds remain in the proper containers with attached pharmacy labels as well as the 5 Rights of medication (resident name, med name, dosage, frequency, Dr. and reason and time of med and route used). The administrator/designee will continue to monitor weekly to ensure compliance.

Completion Date: 02/28/2021

Licensee's Proposed Date of POC Implementation

Implemented 1/26/22

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 [REDACTED] Take one puff by mouth daily for COPD and Lidocaine 5% apply one patch daily 12 hrs on and 12 hrs off. However, this medication was not administered to resident #4 on 11/10/20 because the medication was not available in the home.

Plan of Correction**Do Not Accept***Plan of Correction*

On 11/10/2020 Resident #4 had finished the [REDACTED] that morning the requested refill was received on 11/10/2020 in the evening. [REDACTED] patch was not requested by the inspector but it was in the medicine cabinet where meds are stored.

In the future the med trained staff will pull MAR and meds and offer all to the inspector at once in order to prevent this type of violation. 11/10/2020

This is an ongoing task.

Completion Date: 11/20/2020

187d - Follow Prescriber's Orders (*continued*)**Plan of Correction****Accept**

Beginning February 5th, 2021 going forth the Med staff will be calling the pharmacy to request the home meds at least a week prior to the due date. If the medication is not received within two days prior to the due date of said meds the request will be documented in home daily logbook. The administrator will call the pharmacist to request the meds and follow with a fax or email if necessary, to ensure that meds never run out before the refill arrives in the home. Administrator/ designee will monitor monthly.

Completion Date: 03/30/2021 *Licensee's Proposed Date of POC Implementation*

Implemented 1/26/22 [REDACTED]

190a - Completion Medication Course

1. Requirements

2600.

- 190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:

On 11/1 and 11/7 at 7am, Staff member A, administered [REDACTED] to resident #4.

On 11/1 and 11/8 at 7am, Staff member A, administered [REDACTED] tabs to resident#4.

On 11/7 and 11/8 at 7pm, Staff member A, administered [REDACTED] tabs to resident#4.

Plan of Correction**Do Not Accept**

Staff person A, did complete medication training on 4/29/2019 therefore Staff A. did sign the MAR according to the rules. (proof was already submitted to DHS supervisor)

Future plans; administrator/ designee will audit staff files to ensure all required documents are in each file..

Completion Date: 11/10/2020

190a - Completion Medication Course (*continued*)**Plan of Correction****Directed**

Individual training plans were developed for all staff in February 2021. Administrator and designee will review individual staff records/ file monthly to ensure compliance. Any deficiency will be addressed in a timely manner. 3) , The administrator/designee will provide each staff with the result of the review and when needed will require staff to complete needed training within 30 days of the review. The administrator/designee will ensure that all required training including medication training.

DPOC 2/22/2021: Immediately – Staff person A will not administer medications until the completion of a medication administration course conducted by a Department-approved medication Train – the – Trainer. Documentation of training shall be kept in the staff record.

Immediately: Only staff persons who have met the requirements of regulation 2600.190(a) shall be permitted to administer medications and the required documentation of training is in the staff person's record. If no staff persons in the home are qualified to administer medications, the administrator shall arrange for medication administration by an outside agency or person whom meets the requirements of regulation 2600.182(b). Documentation of qualifications of any person administering medications in the home shall be kept.

Immediately - The administrator shall review all staff person training records to ensure all staff persons administering medications are qualified to administer medications in accordance with regulation 2600.190(a) and the documentation is present in the staff person's record.

Within 15 days of the receipt of the plan of correction: The administrator will develop a system of record keeping ensuring the agents of the Department, upon request, have immediate access to records including staff training

Completion Date: 03/30/2021 *Licensee's Proposed Date of POC Implementation*

Staff who have been previously trained may continue to administer oral; topical; eye, nose and ear drop prescription medications; and epinephrine injections for insect bites or other allergies for up to 90 days beyond the staff's training renewal date.

Implemented 1/26/2021 