

Department of Human Services
Bureau of Human Service Licensing

February 18, 2021

DIANE OTT, OWNER
MT. ASSISI PLACE LLC
100 LEGACY DRIVE
SEWICKLEY, PA 15143

RE: MT. ASSISI PLACE
934 FOREST AVENUE
BELLEVUE, PA, 15202
LICENSE/COC#: 45020

Dear Ms. Ott,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 11/20/2020 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

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

Sincerely,
Suzy Quinn

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *MT. ASSISI PLACE* License #: *45020* License Expiration Date: *08/01/2021*
 Address: *934 FOREST AVENUE, BELLEVUE, PA 15202*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: *Diane Ott* Phone: *4127611999* Email: *dott@mtassisi.com*

Legal Entity

Name: *MT. ASSISI PLACE LLC*
 Address: *100 LEGACY DRIVE, SEWICKLEY, PA, 15143*
 Phone: *4127611999* Email: *DIANEOTT88@GMAIL.COM; [REDACTED]*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/19/2000* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *68* Waking Staff: *51*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *11/20/2020*

Inspection Dates and Department Representative

11/20/2020 - On-Site: Joe Eveges, Amy Duncan

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *81* Residents Served: *52*

Secured Dementia Care Unit

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

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *13* Are 60 Years of Age or Older: *52*
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *16* Have Physical Disability: *1*

Inspections / Reviews

11/20/2020 - Full

Lead Inspector: *Joe Eveges* Follow-Up Type: *POC Submission* Follow-Up Date: *01/03/2021*

Inspections / Reviews (*continued*)

2/1/2021 - POC Submission

Lead Reviewer: *Suzy Quinn*Follow-Up Type: *POC Submission*Follow-Up Date: *02/08/2021*

2/18/2021 - POC Submission

Lead Reviewer: *Suzy Quinn*Follow-Up Type: *On-site Verification*

18 - Compliance With Laws

1. Requirements

2600.

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

Description of Violation

The home has not posted the Influenza Awareness poster in accordance with the Influenza Awareness Act (HB 1785), effective July 16, 2016.

Plan of Correction

Accept

The Influenza Awareness Poster was posted in the lobby and in the employee break room. (2-5-2021)

All staff will be educated about the posting and the location in the building.(2-26-2021)

Quarterly monitoring to ensure that the posters are in place. March 2021, June 2021, Sept. 2021, December 2021.

Completion Date: 02/26/2021

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

Direct care staff A, hired [REDACTED], has no record of a Pennsylvania State Police criminal background check in [REDACTED] file.

Direct care staff B, the home's administrator, hired [REDACTED], did not complete a Pennsylvania State Police criminal background check until 11/20/20.

Plan of Correction

Accept

Staff A's start date was [REDACTED]. [REDACTED] FBI criminal background check was completed on 9-6-2019. [REDACTED] state criminal background check was completed 12-31-2020.

Staff B had a criminal background check completed 06-2019 as part of the licensure requirement to obtain the facility license. That background check was mailed to Harrisburg as required for licensure. A request has been submitted to the records department of the state police in Harrisburg to obtain a copy of the June background check. The June 2019 background check was provided.

Administration will be educated on criminal background check requirements. (2-26-2021)

Checklists of new hire paperwork will be included as part of the hiring process to ensure that all employees have background checks. (2-26-2-21)

Completion Date: 02/26/2021

54a - Direct Care Staff

1. Requirements

2600.

54a - Direct Care Staff (continued)

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, hired [REDACTED], does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse registry.

Plan of Correction

Accept

Staff member A graduated from Plumstead Christian School [REDACTED]. A signed transcript is copied in [REDACTED] employee file.

Completion Date: 02/26/2021

81b - Resident Personal Equipment

1. Requirements

2600.

- 81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The 18" opening between the rails of the uncovered, unsecured enabler bar on resident #3's bed posed an entrapment hazard. The device was not attached to the bedframe and could be moved back and forth approximately 4", posing an entrapment/fall hazard.

The enabler bars on the left and right side of resident #4's bed were unsecured and uncovered, with a 10" opening between the rails, posing entrapment hazards. Neither device was attached to the bed, posing entrapment hazards. The enabler bar next to the bedside table could be moved back and forth approximately 4", posing an entrapment/fall hazard. Resident #4's most recent assessment, dated 5/25/20, and support plan, dated 6/10/20, indicates [REDACTED] requires prompting and cueing to turn/reposition in bed/chair and assistance will be provided for turning and repositioning upon request. Routine checks will be made.

Plan of Correction

Directed

The enabler bars on the left and right side of Resident #4's bed were removed and replaced with S shaped bars. Both bars are secure to the bed frame. (1-8-2021)

Direct care staff and the maintenance staff will be educated by the director of resident care/designee on entrapment/hazard risks. (2-26-2021)

All bed rails will audited to ensure that all bars are secure and do not pose an entrapment hazard. Audit completed 2-26-2021.

Directed-

Immediately upon receipt, resident #3's bedrail shall be securely attached to the bed frame in accordance with the manufacturer's instructions and covered to prevent an entrapment hazard. Documentation shall be kept. **S.Q. 2/18/21**

By 2/26/21 and at least monthly thereafter, a designated staff person shall inspect all canes/enablers currently in use by residents, to ensure they are securely attached to the bed frame in accordance with the manufacturer's instructions. All canes/enablers shall be covered to reduce the risk of limb entrapment. Documentation of monthly inspections shall be kept. **S.Q. 2/18/21**

Completion Date: 02/26/2021

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

There was a 1/2 full, uncovered trash can next to the bread cart in the kitchen.

There was a 1/3 full, uncovered trash can next to the kitchen sink.

There was a 3/4 full, uncovered trash can in the women's common bathroom outside the dining area.

Plan of Correction

Directed

Trash cans with lids have been purchased for the kitchen and the common bathroom outside the dining room. 2-26-2021

Staff will be educated on the requirement that kitchen and bathroom trash cans must be covered. 2026-2021

The Housekeeping staff and the kitchen staff will monitor to ensure that the trash cans remain covered. 2-26-2021

Directed-

By 2/26/21 and at least daily thereafter, the administrator or designated staff person shall inspect all kitchen and bathroom trash cans to ensure lids are in place. Documentation of inspections shall be kept. S.Q. Quinn 2/18/21

Completion Date: 02/26/2021

85e - Trash Outside Home

1. Requirements

2600.

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

Description of Violation

2 bags of trash were sitting on top of the cracked, left side lid of dumpster in the rear of the home.

Plan of Correction

Directed

The waste management company replaced the lids on the dumpster. 1-22-2121

Staff will be educated about putting trash inside the dumpster and making sure the lid has been closed. 2-26-2021

The housekeeping staff and the kitchen staff will monitor the dumpster to ensure that no trash is left on top of the dumpster and that the lid is closed. 2-26-2021

Directed-

By 2/26/21 and at least daily thereafter, a designated staff person shall inspect all areas outside the home to ensure all trash is stored in covered receptacles that prevent the penetration of insects and rodents. Documentation shall be kept. S.Q. 2/18/21

Completion Date: 02/26/2021

91 - Telephone Numbers

1. Requirements

91 - Telephone Numbers (continued)

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in Marian hall bedroom [REDACTED].

Plan of Correction

Directed

Emergency telephone numbers were posted on the telephone in room [REDACTED] 1-8-21

Staff will be educated regarding the requirement that emergency numbers must be posted on or by each telephone with an outside line. 2-26-21

The Activity staff will audit every phone with an outside line to ensure that emergency telephone numbers are posted on or near them. March, June, September and December 2021.

Directed-

*By 2/26/21 and at least weekly thereafter, the administrator or designated staff person shall inspect the home to ensure telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline are posted on or by each telephone with an outside line. Telephone numbers as described above shall immediately be posted on or near any phones found to be missing this information. Documentation of inspections shall be kept. **S.Q. 2/18/21***

Completion Date: 02/26/2021

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 #5, who resides in bedroom [REDACTED] MAC, does not have access to a source of light that can be turned on/off at bedside. The lamp is 5' from the bed.

101j7 - Lighting/Operable Lamp (*continued*)**Plan of Correction****Directed**

The resident in room ■■■ is unwilling to move any of ■■■ furniture to accommodate a bedside lamp. ■■■ has agreed to a small light at ■■■ bedside that will be mounted on the wall. 1-8-2021

Staff will be educated on the requirement that all rooms must have a light the can be turned on at bedside. 2-26-2021

Audit will be completed to ensure that all rooms have a light that can be turned on at bedside. 2-26-2-21

Directed-

Immediately upon receipt and at least daily thereafter, a designated staff person shall inspect all resident bedrooms to ensure each resident has an operable lamp or other source of lighting that can be turned on/off at bedside. Any damaged or missing light sources discovered shall immediately be repaired or replaced. Documentation shall be kept. **S.Q. 2/18/21**

Completion Date: 02/26/2021

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

The following food was unlabeled and undated in the side by side stainless steel refrigerator:

- * 2 pizza crusts
- * 3 dishes of berry cobbler
- * An approximately 6 ounce block of cream cheese

The following food was unlabeled and undated in the triple side by side refrigerator:

- * 7 hard boiled eggs
- * A silver tray of applesauce
- * A silver tray of beets
- * A silver tray of cottage cheese
- * A dish of egg salad and macaroni salad
- * A large cut of meat, approximately 4 pounds

103e - Left Overs (*continued*)**Plan of Correction****Directed**

All unlabeled and undated food items were discarded. 12-19-2020

Dietary staff will be educated by the Food Service Director regarding the requirement that all food must be labeled and dated. 2-26-2021

Food service manager will monitor the refrigerators to ensure that all food is labeled and dated. 12-20-2020

Directed-

*By 2/26/21 and at least daily thereafter, a designated staff person shall inspect all refrigerators and freezers to ensure all leftovers are labeled and dated. Any unlabeled or undated leftovers discovered shall immediately be disposed of. Documentation shall be kept. **S.Q. 2/18/21***

Completion Date: 02/26/2021

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 kitchen's chest freezer.

There was no thermometer in the 2nd floor Antonio Hall kitchenette refrigerator.

Plan of Correction**Directed**

A thermometer was placed to the kitchen's chest freezer and in the 2nd floor Antonia Hall kitchenette refrigerator. 12-23-2020

Staff will be educated regarding the requirement that a thermometer must be kept in all refrigerators and freezers. 2-26-2021

Housekeeping staff will monitor the refrigerators on the floors for thermometers. The kitchen manager will monitor the kitchen refrigerators and freezers for thermometers. 2-26-2021

Directed-

*Immediately upon receipt and at least daily thereafter, a designated staff person shall check to ensure all refrigerators and freezers have thermometers and food requiring refrigeration shall be stored at or below 40°Fahrenheit and frozen food shall be stored at or below 0°Fahrenheit. Any refrigerator temperatures above 40°Fahrenheit and any freezer temperatures above 0°Fahrenheit shall immediately be reported to the administrator and the refrigerator and/or freezer shall immediately be repaired or replaced. Documentation shall be kept. **S.Q. 2/18/21***

Completion Date: 02/26/2021

103g - Storing Food

1. Requirements

2600.

103g - Storing Food (continued)

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

There were 3 unsealed plastic bags of pizza crusts in the walk in freezer.

Plan of Correction**Directed**

The pizza crusts were discarded. 12-19-2020

The kitchen staff will be educated by the kitchen manager regarding the requirement that food must be stored in closed or sealed containers. 2-26-2021

The kitchen manager will monitor the kitchen refrigerators/freezers to ensure that all food is stored in sealed or closed containers. 12-23-2020

Directed-

*By 2/26/21 and at least daily thereafter, a designated staff person shall inspect all food storage areas to ensure food is stored in closed or sealed containers. Documentation shall be kept. **S.Q. 2/18/21***

Completion Date: 02/26/2021

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 and the emergency preparedness plan for the municipality were not posted in a conspicuous and public place in the home. They were in the administrator's office.

Plan of Correction**Directed**

Emergency procedures and the emergency preparedness plan for the municipality are located at each nurses' station and at the receptionist's desk. 1-8-2021

Staff will be educated on the plan, as well as, the location of the binder containing the plan. 2-26-2021

The direct care staff will monitor the binder to ensure that it is not misplaced. 2-26-2021

Directed-

*By 2/26/21 and at least weekly thereafter, the administrator or designated staff person shall monitor the home to ensure the emergency preparedness plan for the municipality and the home's emergency preparedness plan are posted in a conspicuous and public place. **S.Q. 2/18/21***

Completion Date: 02/26/2021

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.

132d - Evacuation (*continued*)**Description of Violation**

The home's maximum safe evacuation time, determined by a fire safety expert on 4/16/19 and 3/10/20, is 7 minutes 30 seconds. However, this time was exceeded during the fire drill conducted on 11/20/19 at 5:20 a.m. in which the evacuation time was 9 minutes 9 seconds.

The home's fire drill records indicate that during the fire drill conducted on 2/25/20, there were 47 residents in the home; however, only 43 residents were evacuated.

Plan of Correction**Directed**

Staff make every effort to evacuate residents to a fire-safe area that has been designated by a fire safety expert.

Fire safety education for all staff will be provided to ensure safe evacuations. 2-26-2021

Fire drill data will be monitored monthly to ensure that evacuations meet the standards designated by the fire safety expert. 2-26-2021

Directed-

*Due to COVID-19, Governor Wolf signed an Emergency Disaster Declaration on 3/6/20. As a result, regulation §2600.132(d) was suspended. The suspension shall end when Governor Wolf ends the Disaster Proclamation, unless OLTL has stated a different time or unless OLTL later sets another time. Within 30 days after the suspension is lifted, and monthly thereafter, the administrator or designated staff person shall conduct fire drills to evacuate all residents to a public thoroughfare or a designated fire-safe area within the time specified in writing by the fire safety expert within the past year. Documentation of all fire drills shall be kept in accordance with §2600.132(c). Immediately following each fire drill, the administrator or designated staff person shall review the fire drill record to ensure all residents evacuate to a public thoroughfare or a designated fire-safe area within the time specified in writing by the fire safety expert within the past year. **S.Q. 2/18/21***

Completion Date: 02/26/2021

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 11/20/20, the menu for the week of 11/15/20 - 11/21/20 was not posted.

162c - Menus Posted (*continued*)**Plan of Correction****Directed**

Menus are printed in 5 week cycles, posted in the dining room and activity rooms and online. 12-19-2020

Kitchen staff will be educated by the kitchen manager regarding the requirement to post the menus. 2-26-2021

The kitchen manager will monitor the posted menus to ensure that they are posted timely. 2-26-2021

Directed-

*Immediately, then at least weekly, the administrator or designated staff person shall ensure weekly menus are posted 1 week in advance in a conspicuous and public place in the home. Documentation shall be kept. **S.Q. 2/18/21***

Completion Date: 02/26/2021

183a - Original Containers and Injections

1. Requirements

2600.

- 183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

A 1 quart plastic container containing a brown, dry powder mix, labeled with resident #5's name and sticker indicating "Directions Changed Refer to Chart" was in the medication cart. Staff interviews indicate this container contained the resident's prescribed Fiber Mix.

183a - Original Containers and Injections (*continued*)**Plan of Correction****Directed**

The plastic container labeled with resident #5's name was removed and replaced with the original container. 12-20-2020

Nursing staff will be educated by the director of resident care on the requirement that all medications must be kept in the original container. 2-26-2021

Medication carts will be monitored quarterly by the pharmacy to ensure that all medications are in the original container. 2-3-2021

Directed-

By 3/6/21 and at least monthly thereafter, the administrator or a designated staff person qualified to administer medication shall conduct a medication audit. The audit shall include:

- * Review all resident records to verify all prescription medication and changes in medication are prescribed in writing by an authorized prescriber in accordance with §2600.186(a) and §2600.186(c).*
- * Compare all prescriber's orders to resident MARs to ensure accuracy in accordance with §2600.187(a).*
- * Compare all resident MARs to all medications in the home to ensure all prescribed medications are available, stored in their original containers, labeled and stored in accordance with manufacturer's directions and labeled according to the prescriber's orders in accordance with §2600.183(a), §2600.183(e), §2600.184(a), §2600.185(a) and §2600.187(d).*
- * Any deficiencies discovered shall immediately be addressed with the prescriber (if applicable) and resolved. Applicable MAR corrections shall be made immediately. Documentation shall be kept and reviewed at quality management plan reviews. **S.Q. 2/18/21***

Completion Date: 02/26/2021

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

Resident #4's initial assessment, dated 5/20/20, indicates [REDACTED] cannot self-administer medications. However, multiple medications were unsecured, unattended and accessible in [REDACTED] private bathroom to include:

- * A 30 gram container of Nystatin topical powder*
- * A 100,000 unit container of Nystatin topical powder*
- * Three 4 ounce tubes of Calazime skin protectant*
- * A 2 ounce tube of Clear Zinc cream*
- * A 12 ounce spray bottle of Saf-Clens wound cleaner*

183b - Meds and Syringes Locked (*continued*)**Plan of Correction****Directed**

The powders, creams and cleaner were removed from the resident's room and secured in the medication room. 12-19-2020

Nursing/Direct care staff will be educated by the director of resident care regarding the requirement that all medications must be secured in a locked area. 2-26-2021

Nursing staff/direct care staff will monitor resident rooms to ensure compliance. 2-26-21

Directed-

*Immediately upon receipt and at least daily thereafter, a designated staff person shall inspect all areas of the home, to include resident bedrooms, to ensure medications are kept in an area or container that is locked in accordance with §2600.183(b), §2600.185(a), and the home's medication administration policy. Any unlocked medications discovered shall immediately be secured in an area or container that is locked. Documentation of inspections shall be kept. **S.Q. 2/18/21***

Completion Date: 02/26/2021

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

The following medications were opened; however, they did not include the date they were open, nor was there an expiration date indicated on the medication:

** Resident #3's Toujeo Solostar injector pen - the manufacturer's instructions indicate to discard the medication 42 days after opening*

** Resident #4's Novolog flexpen - the manufacturer's instructions indicate to discard the medication 28 days after opening*

** Resident #4's Basaglar injector pen - the manufacturer's instructions indicate to discard the medication 28 days after opening*

183e - Storing Medications (*continued*)**Plan of Correction****Directed**

Resident #3 and #4's insulin pens were discarded immediately. New pens were dated with the open date and the discard date by the pharmacy.

Date labels were purchased to ensure that medications are labeled appropriately. 1-8-2021

Direct care staff will be educated by the director of resident care regarding required labeling of medications. 2-26-2021

Nursing staff will monitor medications when they are delivered to ensure compliance. 2-26-2021

Directed-

By 3/6/21 and at least monthly thereafter, the administrator or a designated staff person qualified to administer medication shall conduct a medication audit. The audit shall include:

- * Review all resident records to verify all prescription medication and changes in medication are prescribed in writing by an authorized prescriber in accordance with §2600.186(a) and §2600.186(c).*
- * Compare all prescriber's orders to resident MARs to ensure accuracy in accordance with §2600.187(a).*
- * Compare all resident MARs to all medications in the home to ensure all prescribed medications are available, stored in their original containers, labeled and stored in accordance with manufacturer's directions and labeled according to the prescriber's orders in accordance with §2600.183(a), §2600.183(e), §2600.184(a), §2600.185(a) and §2600.187(d).*
- * Any deficiencies discovered shall immediately be addressed with the prescriber (if applicable) and resolved. Applicable MAR corrections shall be made immediately. Documentation shall be kept and reviewed at quality management plan reviews. **S.Q. 2/18/21***

Completion Date: 02/26/2021

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.

Description of Violation

There was no label or opened date on resident #3's Toujeo Solostar injector pen.

There was no label or opened date on resident #4's Novolog flexpen.

There was no label or opened date on resident #4's Basaglar injector pen.

184a - Labeling OTC/CAM (continued)

Plan of Correction**Directed**

The pens for resident #3 and resident #4 were discarded immediately.

New pens were labeled by the pharmacy. The pharmacy will label all medications. 12-23-2020

Nursing staff will monitor medications for labeling when the medications are delivered. 1-8-2021

Directed-

*By 3/6/21, all staff qualified to administer medication shall be reeducated regarding the requirements for pharmacy labels in accordance with §2600.184(a). Documentation shall be kept. **S.Q. 2/18/21***

By 3/6/21 and at least monthly thereafter, the administrator or a designated staff person qualified to administer medication shall conduct a medication audit. The audit shall include:

- * Review all resident records to verify all prescription medication and changes in medication are prescribed in writing by an authorized prescriber in accordance with §2600.186(a) and §2600.186(c).*
- * Compare all prescriber's orders to resident MARs to ensure accuracy in accordance with §2600.187(a).*
- * Compare all resident MARs to all medications in the home to ensure all prescribed medications are available, stored in their original containers, labeled and stored in accordance with manufacturer's directions and labeled according to the prescriber's orders in accordance with §2600.183(a), §2600.183(e), §2600.184(a), §2600.185(a) and §2600.187(d).*
- * Any deficiencies discovered shall immediately be addressed with the prescriber (if applicable) and resolved. Applicable MAR corrections shall be made immediately. Documentation shall be kept and reviewed at quality management plan reviews. **S.Q. 2/18/21***

Completion Date: 02/26/2021

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

There was a pink oval tablet imprinted with "2/0" on the floor in the 1st floor Marian Hall medication room. The home's medication policy indicates "prescription medication, OTC and CAM shall be kept in their original labeled containers and may not be removed more than 2 hour in advance of the scheduled administration".

185a - Implement Storage Procedures (*continued*)**Plan of Correction****Directed**

The pink pill could not be identified and was discarded. 12-19-2020

Nursing staff will be educated on the requirement that medications must be stored in their original containers. 2-26-2021

Nursing staff will monitor the medication carts to ensure that medications are kept in their original containers. 2-26-2021

Directed-

*Immediately upon receipt and at least daily thereafter, a designated staff person shall inspect all areas of the home to ensure medications are kept in an area or container that is locked in accordance with §2600.183(b), §2600.185(a), and the home's medication administration policy. Any unlocked medications discovered shall immediately be secured in an area or container that is locked. Documentation of inspections shall be kept. **S.Q. 2/18/21***

Completion Date: 02/26/2021

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.

Description of Violation

Resident #3 is prescribed Systane eye gel – apply topically to both eyes twice daily. However, ■ November 2020 medication administration record (MAR) indicates Systane gel – apply topically to both eyes daily at bedtime.

187a - Medication Record (continued)

Plan of Correction**Directed**

After careful review of the physician orders and the MAR, it was verified that the order and the MAR are the same. Verified with the pharmacy and physician.
Order dated 11-12-2020 Apply Systane 0.3% eye gel to both eyes daily at bedtime for dry eyes.

Directed-

The verbal prescription change on 11/12/20 was not followed-up with a written order from the physician within 48 hours, in accordance with §2600.186(c). **S.Q. 2/18/21**

By 3/6/21, all staff qualified to administer medication shall be reeducated regarding the requirement that the home shall follow the directions of the prescriber, changes in medication may only be made in writing by the prescriber, or orally when received by an RN/LPN and followed-up with a written order within 48 hours, and updated in the resident MAR in accordance with §2600.186(c), §2600.187(a) and §2600.187(d). Documentation shall be kept. **S.Q. 2/18/21**

By 3/6/21 and at least monthly thereafter, the administrator or a designated staff person qualified to administer medication shall conduct a medication audit. The audit shall include:

- * Review all resident records to verify all prescription medication and changes in medication are prescribed in writing by an authorized prescriber in accordance with §2600.186(a) and §2600.186(c).
- * Compare all prescriber's orders to resident MARs to ensure accuracy in accordance with §2600.187(a).
- * Compare all resident MARs to all medications in the home to ensure all prescribed medications are available, stored in their original containers, labeled and stored in accordance with manufacturer's directions and labeled according to the prescriber's orders in accordance with §2600.183(a), §2600.183(e), §2600.184(a), §2600.185(a) and §2600.187(d).
- * Any deficiencies discovered shall immediately be addressed with the prescriber (if applicable) and resolved. Applicable MAR corrections shall be made immediately. Documentation shall be kept and reviewed at quality management plan reviews. **S.Q. 2/18/21**

Completion Date: 02/26/2021

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

On 11/10/20, resident #3 was prescribed Systane eye gel – apply topically to both eyes twice daily. However, ■■■ November 2020 MAR indicates ■■■ was only administered this medication once daily at 8:00 p.m. from 11/12/20 through 11/19/20.

187d - Follow Prescriber's Orders (continued)

Plan of Correction**Directed**

Order and MAR verified. Resident received medication as ordered.

Directed-

The verbal prescription change on 11/12/20 was not followed-up with a written order from the physician within 48 hours, in accordance with §2600.186(c). **S.Q. 2/18/21**

By 3/6/21, all staff qualified to administer medication shall be reeducated regarding the requirement that the home shall follow the directions of the prescriber, changes in medication may only be made in writing by the prescriber, or orally when received by an RN/LPN and followed-up with a written order within 48 hours, and updated in the resident MAR in accordance with §2600.186(c), §2600.187(a) and §2600.187(d). Documentation shall be kept. **S.Q. 2/18/21**

By 3/6/21 and at least monthly thereafter, the administrator or a designated staff person qualified to administer medication shall conduct a medication audit. The audit shall include:

- * Review all resident records to verify all prescription medication and changes in medication are prescribed in writing by an authorized prescriber in accordance with §2600.186(a) and §2600.186(c).
- * Compare all prescriber's orders to resident MARs to ensure accuracy in accordance with §2600.187(a).
- * Compare all resident MARs to all medications in the home to ensure all prescribed medications are available, stored in their original containers, labeled and stored in accordance with manufacturer's directions and labeled according to the prescriber's orders in accordance with §2600.183(a), §2600.183(e), §2600.184(a), §2600.185(a) and §2600.187(d).
- * Any deficiencies discovered shall immediately be addressed with the prescriber (if applicable) and resolved. Applicable MAR corrections shall be made immediately. Documentation shall be kept and reviewed at quality management plan reviews. **S.Q. 2/18/21**

Completion Date: 02/26/2021