

Department of Human Services  
Bureau of Human Service Licensing

March 9, 2021

██████████ OWNER  
ANDSHER PERSONAL CARE HOME INC  
20 NORTH KENNEDY DRIVE  
MCADOO, PA 18237

RE: ANDSHER PERSONAL CARE HOME  
20 NORTH KENNEDY DRIVE  
MCADOO, PA, 18237  
LICENSE/COC#: 24251

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/09/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

**Name:** ANDSHER PERSONAL CARE HOME      **Licen e #:** 24251      **Licen e Expiration Date:** 02/19/2021  
**Adde :** 20 NORTH KENNEDY DRIVE, MCADOO, PA 18237  
**County:** SCHUYLKILL      **Region:** NORTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** 5709291777      **Email:** [REDACTED]

**Legal Entity**

**Name:** ANDSHER PERSONAL CARE HOME INC  
**Address:** 20 NORTH KENNEDY DRIVE, MCADOO, PA, 18237  
**Phone:** 5709291777      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 06/04/1987      **Issued By:** L&I

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 24      **Waking Staff:** 18

**Inspection**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Rea on:** Renewal      **Exit Conference Date:** 12/09/2020

**Inspection Dates and Department Representative**

12/09/2020 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 27      **Residents Served:** 24

**Secured Dementia Care Unit**

<b>In Home:</b> No	<b>Area:</b>	<b>Capacity:</b>	<b>Residents Served:</b>
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**Hospice**

**Current Re ident :** 0

**Number of Residents Who:**

<b>Receive Supplemental Security Income:</b> 21	<b>Are 60 Years of Age or Older:</b> 22
<b>Diagnosed with Mental Illness:</b> 18	<b>Diagnosed with Intellectual Disability:</b> 0
<b>Have Mobility Need:</b> 0	<b>Have Physical Disability:</b> 0

Inspections / Reviews

12/09/2020 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *01/17/2021*

1/27/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *02/02/2021*

3/9/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

5a1 - DHS Access

1. Requirements

2600.

- 5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

Description of Violation

On 12/9/20, at 9:00am a Licensing Rep, requested access to the home. Administrator/owner refused assess. At 9:02 am, Licensing Rep. contacted supervisor, who spoke with Administrator. At 9:45am Licensing Reps were granted access.

Plan of Correction

Accept

On 12//9 20 the licensing reps requested access to Andsher PCH,And due to Covid restrictions at that time, I as administrator, was apprehensive in letting anyone in the home that I felt could pose potential risk to the residents. I was not comfortable in not knowing where the two reps had been recently, who they were in contact with recently, or how well they protected themselves during this Covid restrictive times that we are experiencing. [REDACTED] had no cases of the Covid virus throughout the whole pandemic, and I just wanted to ensure that it stayed that way. After speaking with the contacted supervisor, it was determined that I did not have a choice and the licensing reps were granted access. In the future I the administrator, or a designee shall provide upon request immediate access to the home, the residents, and the homes records. This will be the administrator's duty to ensure that this requirement will be followed in the future.

Completion Date: 12/09/2020

Document Submission

Implemented

Correction was verified by Inspector [REDACTED] during follow-up inspection done on 02/08/2021

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 12/9/20, at 10:00AM, Licensing inspection summary from 12/19/19 was posted on the home's bulletin board, which is located in the hallway next to the office. The resident privacy coding was attached to the Licensing Inspection Summary.

Plan of Correction

Accept

All resident records shall be confidential, and except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the residence, agents of the department, and the long term care ombudsman without the written consent of the resident, an individual holding the residents power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure. All violations, and inspections will be posted as required but the resident privacy coding page will be omitted from the licensing inspection summary. It will be the duty of the administrator to ensure that this occurs, and resident information shall be kept confidential. The page was immediately removed from the licensing inspection summary at the time of inspection.

Completion Date: 12/09/2020

17 - Record Confidentiality *(continued)***Document Submission****Implemented***Documentation verification 3-8-21*

## 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 did not change and date the batteries in the homes CO2 monitor on an annual basis. The batteries were dated 11/1/19. The home did not have a functional CO2 detector monitoring the home's gas furnace. The Pennsylvania care facility carbon monoxide alarm standard act indicated that carbon monoxide detector batteries are to be checked annually and dated when that occurs.*

**Plan of Correction****Accept**

*Andsher PCH Shall comply with all applicable federal, state, and local laws, ordinances and regulations. The administrator and designee shall ensure compliance among other staff. The batteries were not changed on an annual basis from the last date of 11/1/19, however the CO2 detector was functional and the CO2 detector batteries were tested and proven to be functional.*

*The administrator will make sure that all batteries in all detectors are changed on an annual basis and dated at the time of this change to ensure that the the batteries in all detectors are changed on a yearly basis within the last dated change*

**Completion Date:** 12/09/2020

**Document Submission****Implemented**

*Correction was verified by Inspector [REDACTED] during follow-up inspection done on 02/08/2021.*

## 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**

*Upon review of Residents #1, #2, #3, and #4 records, it was determined their financial records were not available onsite. Administrator/owner stated those are maintained offsite at his home and not available at this time. [REDACTED] declined to go get them the day of inspection.*

20b1 - Financial Records (*continued*)**Plan of Correction****Accept**

*Andsher PCH provides assistance with financial management for resident funds. The home keeps a record of financial transactions with the resident including the dates, amounts of deposit, amounts of withdrawals, and the current balance. It will be the administrator's duty to maintain those records and make those records available at the time of request by a licensing rep, or at the time of inspection.*

*Residents # 1, #2, #3 and #4 have current financial records, And the administrator will provide those records in the future.*

**Completion Date:** 01/01/2021

**Update - 01/22/2021**

*Immediately and Ongoing:*

*Resident records and all the contents of those records shall be maintained and kept at the home and made available to the department upon request.*

**Document Submission****Implemented**

*Correction was verified by Inspector [REDACTED] during follow-up inspection done on 02/08/2021.*

## 25a - Written Contract and Review

**1. Requirements**

2600.

- 25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

**Description of Violation**

*Residents #1 through #4 did not have a contract available for review on the date of inspection. Staff person I indicated the financial portion of the resident file is maintained at [REDACTED] home. [REDACTED] declined to get the records requested on the day of inspection. None of the requirements with the contract could be reviewed on the day of inspection.*

**Plan of Correction****Accept**

*Prior to admission, or within 24 hours after admission, a written resident home contract shall be in place. The administrator or a designee will complete this contract and review and explain its contents to the resident and the resident's designated person if necessary prior to signature. Residents #1 thru #4 Have a contract that was completed at the time of admission. It will be the administrator's responsibility or a designee to have all portions of the resident file available for review by a licensing rep, or at the time of an inspection.*

*The administrator will ensure that all records will be available and on the premises for future review.*

**Completion Date:** 12/10/2020

**Document Submission****Implemented**

*Correction was verified by Inspector [REDACTED] during follow-up inspection done on 02/08/2021.*

## 25c1 - Personal Needs Allowance

**1. Requirements**

2600.

- 25.c. At a minimum, the contract must specify the following:

25c1 - Personal Needs Allowance (continued)

- 1. Each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure. A contract to the contrary is not valid. A personal needs allowance is the amount that a resident shall be permitted to keep for his personal use.

**Description of Violation**

The home manages funds for residents #2, #4, and #5. Their financial information was not available for review the day of inspection. The Administrator maintains financial records at [redacted] home and did not get the records, as requested, for review. Compliance could not be measured.

**Plan of Correction**

**Accept**

All resident contracts specify that the personal needs allowance for a resident is made available to them on a monthly basis for their own personal expenditure. The current personal needs allowance is specified in each residents contract.

The home manages funds for residents #2, #4 and #5 and the administrator maintains financial records for this personal needs allowance.

The administrator will maintain these financial records and ensure that they are available to any licensing rep that visits and for any future inspection.

Completion Date: 12/10/2020

**Document Submission**

**Implemented**

Correction was verified by Inspector [redacted] during follow up inspection done on 02/08/2021.

41e Signed Statement

**1. Requirements**

2600.

- 41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

**Description of Violation**

Resident #1, date of admission [redacted] and #3's, date of admission [redacted] records did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

**Plan of Correction**

**Accept**

Statement sign by the resident and if applicable, the resident's designated person acknowledging receipt of a copy of the resident rights and complaint procedures are kept in the resident files which includes the date of admission and a copy of the resident rights and complaint procedures.

Resident#1 And also resident#3 have resident provider agreements stating the date of admission of [redacted] and [redacted] respectively that were signed and dated with a copy of the resident rights and complaint procedures as part of this file.

The administrator will ensure that such records will be available to any licensing rep who visits in the future, And for all future inspections.

Completion Date 12/10/2020

**Document Submission**

**Implemented**

Correction was verified by Inspector [redacted] during follow-up inspection done on 02/08/2021.

51 - Criminal Background Check

**1. Requirements**

2600.

51 - Criminal Background Check (continued)

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, hired on [REDACTED], Staff member B, hired on [REDACTED], Staff person D, hired [REDACTED] Staff person E, hired [REDACTED], Staff person F, hired [REDACTED] Staff person G, hired [REDACTED] Staff person H, hired [REDACTED] and Staff person J, hired [REDACTED] did not have a background check available the day of inspection for review. Compliance could not be measured.

Plan of Correction

Accept

Criminal background checks are done on each staff member that is hired. Staff person A, thru staff person J, have had background checks done upon hiring. The administrator will ensure that such information is available to any licensing rep visiting and on the days of inspection for review.

Completion Date: 12/10/2020

Document Submission

Implemented

Correction was verified by Inspector [REDACTED] during follow-up inspection done on 02/08/2021.

54a - Direct Care Staff

1. Requirements

2600.

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

Description of Violation

Staff person's A, B, C, D, E, F, G, H, and J did not have a personal file available for review onsite the date of inspection. Administrator stated those files are maintained at [REDACTED] home and [REDACTED] declined request to retrieve records for review. Compliance could not be measured.

Plan of Correction

Accept

Direct care staff persons will have a personal file available for review on site the day of future inspections to be viewed by any visiting licensing reps. It will be the responsibility of the administrator to ensure that all such direct care staff persons personal files will be made available on-site for any type of review.

Completion Date: 12/10/2020

Document Submission

Implemented

Correction was verified by Inspector [REDACTED] during follow-up inspection done on 02/08/2021.

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

Licensing Rep was unable to determine if any staff person has First aid or CPR training due to their training/personal records are maintained off-site and the Administrator declined request to provide records on the day of inspection.

63a - First Aid/CPR Training (*continued*)**Plan of Correction****Accept**

*At least one staff person for every 50 residents who is trained in first aid and certified in CPR and obstructed airway techniques shall be present in the home at all times. There were actually two persons trained in first aid and CPR at the time of inspection. Both the administrator and staff person H were both qualified.*

*t will be the responsibility of the administrator to ensure that in the future such training/personal records will be maintained on-site and available at the time of inspection by any visiting licensing rep.*

**Completion Date:** 12/09/2020

**Document Submission****Implemented**

*Correction was verified by Inspector [REDACTED] during follow-up inspection done on 02/08/2021.*

## 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**

*Licensing Rep was unable to determine if any staff person has First aid due to their training/personnel records are maintained off-site and the Administrator declined request to provide records on the day of inspection.*

**Plan of Correction****Accept**

*Current training in first aid and CPR are provided by an individual certified as a trainer by Maylath Valley home health care. Such training certificates are kept on file for all staff and administrator completing such training.*

*t will be the administrator's responsibility to ensure that in the future all such CPR first aid training and personal records records be maintained on-site for all future inspections and visitation by licensing reps for review.*

**Completion Date:** 12/10/2020

**Document Submission****Implemented**

*Correction was verified by Inspector [REDACTED] during follow-up inspection done on 02/08/2021*

## 64f - Record of Training

**1. Requirements**

2600.

64.f. A record of training including the individual trained, date, source, content, length of each course and copies of certificates received shall be kept.

**Description of Violation**

*Training files are maintained at the Administrators home and not available to licensing rep. Licensing Rep was unable to measure compliance with the regulation.*

**Plan of Correction****Accept**

*A record of training including the individuals trained, the dates, the source, the content, and the length of each course, and a copy of certificates if received shall be kept for staff.*

*t will be the administrator's responsibility to maintain all training files on site and make them available to any licensing rep and during any future Inspection.*

**Completion Date:** 12/10/2020

64f - Record of Training *(continued)***Document Submission****Implemented**

Correction was verified by Inspector [REDACTED] during follow-up inspection done on 02/08/2021

## 65a - FS Orientation 1st Day

**1. Requirements**

2600.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

**Description of Violation**

Staff person A, hired [REDACTED], Staff person G, Hired [REDACTED], and Staff person J, hired [REDACTED] did not have a training file available for review onsite the date of inspection. Administrator stated those records are maintained at [REDACTED] home and declined request to retrieve records for review. Compliance could not be measured.

**Plan of Correction****Accept**

Prior to or during the first workday, all direct care staff persons including ancillary staff persons, and volunteers shall have an orientation in general fire safety and emergency preparedness. All staff persons, A thru J are trained in these areas and training file is For such trainings.

The administrator will ensure that in the future the training files will be made available for review on site to any visiting Licensing reps And at the time of all future inspections.

**Completion Date:** 12/10/2020

**Document Submission****Implemented**

Correction was verified by Inspector [REDACTED] during follow-up inspection done on 02/08/2021

## 65b - Rights/Abuse 40 Hours

**1. Requirements**

2600.

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

**Description of Violation**

Staff person A, hired [REDACTED], Staff person G, Hired [REDACTED] and Staff person J, hired [REDACTED] did not have a training file available for review onsite the date of inspection. Administrator stated those records are maintained at [REDACTED] home and declined request to retrieve records for review. Compliance could not be measured.

**Plan of Correction****Accept**

Within 40 scheduled working hours, direct Care staff persons, ancillary staff persons, and volunteers shall be trained in all areas covered under the 40 scheduled working hours training. All staff persons, A thru J are trained in the 40 scheduled working hours training and a training file is For each type of training.

The administrator will be responsible in the future to ensure that all trainings for staff be made available to any visiting licensing rep and at times of all future inspections.

**Completion Date:** 12/10/2020

**Document Submission****Implemented**

Correction was verified by Inspector [REDACTED] during follow-up inspection done on 02/08/2021

## 65d - Initial Direct Care Training

## 1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

**Description of Violation**

*Staff records are not kept on-site. Administrator declined request to retrieve records for review. Licensing Rep unable to measure compliance.*

**Plan of Correction****Accept**

*All direct care staff person's trained in initial direct care training and do not provide unsupervised ADLs services until such training takes place. Such training records for staff are kept For each staff person trained. t will be the responsibility of administrator to ensure that all such trainings will be kept on-site and maintained for any future visit by a licensing rep and all future inspections.*

**Completion Date:** 12/10/2020

**Document Submission****Implemented**

*Correction was verified by Inspector [REDACTED] during follow-up inspection done on 02/08/2021*

## 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**

*Staff person B, hired [REDACTED] Staff person C, hired [REDACTED], Staff person D, hired [REDACTED], Staff person E, hired [REDACTED], Staff person F, hired [REDACTED] and Staff person H, hired [REDACTED] did not have a training file available for review onsite the date of inspection. Administrator stated that staff records are maintained off-site and [REDACTED] declined request to retrieve records for review on the day of inspection.*

**Plan of Correction****Accept**

*All direct care staff persons are trained at least 12 hours of annual training related to their job duties. All trainings are kept on file and will be maintained on-site for review. Staff persons B thru H Have had training and are maintained in the training file*

*t will be the responsibility of the administrator to ensure that all such files will be maintained on-site and available to any licensing rep upon request and that all future inspections.*

**Completion Date:** 12/10/2020

**Document Submission****Implemented**

*Correction was verified by Inspector [REDACTED] during follow-up inspection done on 02/08/2021*

## 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:

## 65g - Annual Training Content (continued)

**Description of Violation**

Staff person B, hired [REDACTED], Staff person C, hired [REDACTED], Staff person D, hired [REDACTED] Staff person E, hired [REDACTED], Staff person F, hired [REDACTED] and Staff person H, hired [REDACTED] did not have a training file available for review onsite the date of inspection. Administrator stated that staff records are maintained off-site and [REDACTED] declined request to retrieve records for review on the day of inspection. Licensing rep was unable to measure for compliance for training year 2019.

**Plan of Correction****Accept**

Direct care staff persons, ancillary staff persons, and regularly scheduled all tears are trained annually in the following areas listed under 65.g  
staff persons B thru H are trained in all areas listed in 65.g and a training file is maintained and this file will be kept on-site.  
t will be the responsibility of the administrator to maintain staff records on-site and make these files available upon request to all licensing reps and available for future inspections

Completion Date: 12/10/2020

**Document Submission****Implemented**

Correction was verified by Inspector [REDACTED] during follow-up inspection done on 02/08/2021

## 65i - Training Record

**1. Requirements**

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

**Description of Violation**

Administrator stated that staff records are maintained off-site and [REDACTED] declined request to retrieve records for review on the day of inspection. Licensing Rep was unable to measure for compliance for training year 2019.

**Plan of Correction****Accept**

The record of training for staff persons, including the staff person trained, the date, the source, the content, and the length of each course and a copy of any certificate received shall be kept on file. The administrator maintains such training in staff records.

t will be the responsibility of the administrator to ensure that such staff records are maintained on-site and made available to any visiting licensing rep and at all future inspections.

Completion Date: 12/10/2020

**Document Submission****Implemented**

Correction was verified by Inspector [REDACTED] during follow-up inspection done on 02/08/2021

## 66a - Staff Training Plan

**1. Requirements**

2600.

66.a. A staff training plan shall be developed annually.

**Description of Violation**

Staff Training plan for 2019/2020 was not available the day of inspection.

66a - Staff Training Plan (continued)

Plan of Correction

Accept

A staff training plan is developed annually with all required areas of training for staff included to be implemented in these staff training.

The staff training plan which is developed annually by the administrator will be made available and is the responsibility of the administrator to ensure that staff training files will be available to any visiting licensing rep and all future inspections.

Completion Date: 12/10/2020

Document Submission

Implemented

Correction was verified by Inspector [REDACTED] during follow-up inspection done on 02/08/2021

101j6 - Mirror

1. Requirements

2600.

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

6. A mirror.

Description of Violation

Resident room # [REDACTED] did not have a mirror available to the residents in the room.

Plan of Correction

Accept

Each resident shall have a mirror available in their bedroom. Resident In room # [REDACTED] Was given a mirror for [REDACTED] room The day of inspection.

It will be the responsibility of the administrator and direct care staff, to ensure that each resident has all of the following in their bedroom according to Reg 101.j At all times.

Completion Date: 12/09/2020

Document Submission

Implemented

Documentation verification 3-8-21.

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 rooms [REDACTED], [REDACTED], [REDACTED], and [REDACTED] did not have bedside lamps within reach of each resident's bed.

Plan of Correction

Accept

Each resident has all of the following available in their bedroom according to Reg. 101.j Resident rooms [REDACTED] and [REDACTED] Have a bedside lamp available within reach of each residents bed. This was corrected the day of inspection.

t will be the responsibility of the administrator and direct care staff to ensure that each residents room is in compliance with Reg. 101.j

Completion Date: 12/09/2020

Document Submission

Implemented

Documentation verification 3-8-21.

## 103i - Outdated Food

## 1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

## Description of Violation

*The home had one 6 pound can of Fruman brand spaghetti sauce located in the basement food storage that had a large dent.*

*The refrigerator located in the kitchen had one package of Premium brand Honey Ham that was opened but not labeled with a date it was opened.*

## Plan of Correction

Accept

*Outdated or spoiled food or dented cans are not used by the home.. A dented can of Furmanos spaghetti sauce was located by the licensing rep and was removed at the time of inspection. Such dented cans are removed from stock and returned to our distributor for refund.*

*It is the responsibility of the administrator and staff to check all delivered food items and any dented cans be removed from shelves and put aside for return.*

*A package of honey ham was found opened and not labeled with a date that was opened at the time of inspection. Staff has been retrained and signage posted that all food put back in the refrigerator must be labeled and dated to ensure freshness upon further use.*

*It is a responsibility of the administrator to ensure that staff follows through with new trainings on labeling and dating opened food that is to be stored in the refrigerator after original use.*

**Completion Date:** 12/09/2020

## Document Submission

Implemented

*Documentation verification 3-8-21.*

## 141a - Medical Evaluation

## 1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

## Description of Violation

*Resident #1, date of admission [REDACTED], and #3, date of admission [REDACTED] did not have an initial medical evaluation completed.*

## Plan of Correction

Accept

*All residents have a medical evaluation completed by a physician, documented on a DME, within 60 days prior to admission or within 30 days after admission. Resident#1 and resident#3 did have an initial medical evaluation completed upon admission. Administrator is responsible to have such medical evaluations completed.*

*It will be the responsibility of the administrator to complete such medical evaluations in a timely manner and have these medical evaluations filed in the resident file and maintained on site for review by visiting licensing's reps in the future and all future inspections.*

**Completion Date:** 12/10/2020

141a - Medical Evaluation (*continued*)

Update - 01/27/2021

Document Submission

Implemented

Correction was verified by Inspector [REDACTED] during follow-up inspection done on 02/08/2021

## 141b2 - Medical Evaluation Changes

## 1. Requirements

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

## Description of Violation

Resident #2, last medical evaluation dated 6/4/19 and #4, last medical evaluation 5/7/19, did not have a current annual medical evaluation completed.

## Plan of Correction

Accept

All residents have a medical evaluation completed by a physician, documented on a DME, within 60 days prior to admission or within 30 days after admission. Resident#1 and resident#3 did have an initial medical evaluation completed upon admission. Administrator is responsible to have such medical evaluations completed. It will be the possibility of the administrator to complete such medical evaluations a timely manner and have these medical evaluations filed in the resident file and maintained on site for review by visiting licensing's reps in the future and all future inspections.

Completion Date: 12/10/2020

Document Submission

Implemented

Correction was verified by Inspector [REDACTED] during follow-up inspection done on 02/08/2021

## 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

The home did not have posted in a public and conspicuous area the home's menu for the current week and upcoming week's menu. Menus that are posted on the wall is based on a 6 week cycle. All 6 menus are posted without any dates.

## Plan of Correction

Accept

The homes menus are posted and based on a six-week cycle. All six menus are posted without any dates at this time. We were posting a consecutive number each week using the numbers one through six to correspond to the week currently in use of the six-week cycle. A calendar will be posted alongside the menus with the week numbered, to correspond with the current week on the menu # currently in use. It will be the responsibility of staff to change calendar months when appropriate and make sure that the numbers of the week in use on the menu corresponds with the week on the calendar.

The administrator will monitor the system for compliance.

Completion Date: 12/10/2020

162c - Menus Posted (*continued*)**Update - 01/27/2021**

*Within 5 days of receipt of this plan of correction:*

*The home shall post menus, stating specific foods being served at each meal. The month and date shall also be posted for each day, week and month. Menus shall be prepared 1 week in advance and shall be followed. Weekly menus shall be posted in advance in a conspicuous and public place in the home. The administrator shall monitor menus weekly for the next 3 months.*

**Document Submission****Implemented**

*Correction was verified by Inspector [REDACTED] during follow-up inspection done on 02/08/2021*

## 182b - Prescription Medication

**1. Requirements**

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

**Description of Violation**

*On 12/9/20, Staff person H passed medications. Staff person H did not have training records available for review onsite the date of inspection. Administrator declined request to retrieve records for review. On the date of inspection, it could not be determined if Staff person H was medication trained.*

**Plan of Correction****Accept**

*Prescription medications that are not self-administered by a resident are administered by a mid-trained staff person. Staff person H is trained in such medication administration.*

*It will be the responsibility of the administrator to ensure that all medication trainings and staff records are available, On-site, to licensing wraps upon request and available at all future Inspections.*

**Completion Date:** 12/09/2020

**Document Submission****Implemented**

*Correction was verified by Inspector [REDACTED] during follow-up inspection done on 02/08/2021*

## 184b - Resident's Meds Labeled

**1. Requirements**

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

**Description of Violation**

*A bottle of equate gentle laxatives and an unopened box of Restasis was located in the medication cabinet. Neither medication had a label to indicate which resident they were for.*

**Plan of Correction****Accept**

*All OTC medications and CAM that belong to a resident shall be labeled with the residents name in the future. The pharmacy was made aware of our citation and will try to help us with such matters of labeling OTC meds and CAM With the particular residents name.*

*It will be the responsibility of the administrator and staff to examine delivered medications and ensure that the proper resident's name is on each and every medication belonging to them.*

**Completion Date:** 12/10/2020

184b - Resident's Meds Labeled (*continued*)**Document Submission****Implemented**

Correction was verified by Inspector [REDACTED] during follow-up inspection done on 02/08/2021

## 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:

**Description of Violation**

Resident #5 is prescribed Oxcarbazepine 150mg twice a day. However, resident #5 medication administration record does not indicate that this medication is to be administered.

**Plan of Correction****Accept**

Resident #5 is prescribed oxcarbazepine 150mg twice a day. Resident#5 medication administration record does actually indicate that this medication is administered twice a day.

This was mistakenly missed by the licensing rep at the time of inspection.

*n the future, meds will continue to be checked by administrator and staff upon delivery from the standard drugstore to ensure each resident receives the correct medications to be administered.*

**Completion Date:** 12/09/2020

**Document Submission****Implemented**

Correction was verified by Inspector [REDACTED] during follow-up inspection done on 02/08/2021

## 187d - Follow Prescriber's Orders

**1. Requirements**

2600.

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

**Description of Violation**

Resident #5 is prescribed Oxcarbazepine 150mg twice a day. However, this medication was not administered to resident #5 because the medication was not available in the home.

**Plan of Correction****Accept**

Resident #5 is prescribed oxcarbazepine 150mg twice a day. Resident#5 medication administration record does actually indicate that this medication is administered twice a day.

This was mistakenly missed by the licensing rep at the time of inspection.

*n the future, meds will continue to be checked by administrator and staff upon delivery from the standard drugstore to ensure each resident receives the correct medications to be administered.*

**Completion Date:** 12/09/2020

**Update - 01/27/2021**

*Immediately and Ongoing:*

*The home shall follow the direction of the prescriber. The administrator shall monitor or ongoing compliance.*

**Document Submission****Implemented**

Correction was verified by Inspector [REDACTED] during follow-up inspection done on 02/08/2021

## 191 - Resident Right to Refuse

## 1. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

## Description of Violation

*Resident #1 through #4 did not have a statement of right to refuse medications available the date of inspection.*

## Plan of Correction

Accept

*The home does educate the resident of the right to question or refusing medication if the resident believes to be a may be a medication error. This is covered in the resident rights and this documentation Is signed And With the agreement.*

*Resident#1 thru #4 have a statement of right to refuse medications On file with their agreement which was signed at the time of admission.*

*t will be the responsibility of the administrator to ensure that all documentation for a resident is In file on the premises for review by all licensing reps and at times of future inspections.*

**Completion Date:** 12/10/2020

## Document Submission

Implemented

*Correction was verified by Inspector [REDACTED] during follow-up inspection done on 02/08/2021*

## 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

*Residents #1, Date of Admission [REDACTED], and #3, Date of Admission [REDACTED], did not have a preadmission screening form available for review.*

## Plan of Correction

Accept

*The preadmission screening form is completed within 30 days prior to admission and documented that the needs of the resident can't be met by the services provided by the home for each incoming resident.*

*A preadmission screening was completed for resident#1 and resident#3 and is In the residents file. The preadmission screening are dated 7/21/24 resident#1 and dated 3/4/24 resident#3.*

*t will be the responsibility of the administrator to ensure that all resident files are maintained in home and made available to all licensing reps upon request and at the time of all future inspections.*

**Completion Date:** 12/10/2020

## Document Submission

Implemented

*Correction was verified by Inspector [REDACTED] during follow-up inspection done on 02/08/2021*

## 225a - Assessment 15 Days

## 1. Requirements

2600.

**225a - Assessment 15 Days (continued)**

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**

*There was not an initial assessment for residents #1, Date of Admission [REDACTED], and Resident #3, Date of Admission [REDACTED].*

**Plan of Correction****Accept**

*All residents have a written initial assessment done within 15 days of admission and documented on the RASP. This initial assessment is done by the administrator. Resident#1 had an initial assessment completed on 8/7/20.*

*Resident#3 had an initial assessment completed on 3/16/20.*

*It is the responsibility of the administrator to ensure that all initial assessments are done within 15 days of admission and kept on file in-house and maintained for review by visiting licensing reps and available at all future inspections.*

**Completion Date:** 12/10/2020

**Document Submission****Implemented**

*Correction was verified by Inspector [REDACTED] during follow-up inspection done on 02/08/2021*

**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**

*Residents #1, Date of Admission [REDACTED], and #3, Date of Admission, [REDACTED] did not have an initial Assessment or support plan completed.*

**Plan of Correction****Accept**

*Each resident has a written support plan developed and implemented within 30 days of admission to the home. The support plan is documented on the RASP form. All support plans are completed by the administrator at the required times and documented.*

*Resident #1 had a support plan completed by the administrator on 8/7/20.*

*Resident#3 had a support plan completed by the administrator On 3/16/20.*

*It is the responsibility of the administrator to ensure that all initial assessments And support plans are done within 15 days of admission and kept on file in-house and maintained for review by visiting licensing reps and available at all future inspections.*

**Completion Date:** 12/10/2020

**Document Submission****Implemented**

*Correction was verified by Inspector [REDACTED] during follow-up inspection done on 02/08/2021*

**227c - Support Plan Revision****1. Requirements**

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

227c - Support Plan Revision (continued)

**Description of Violation**

Annual Assessment and Support plan not available at time of inspection for resident's #2 and #4. Resident #2 was due 6/4/19 and Resident #4 was due 5/7/19.

**Plan of Correction**

**Accept**

The annual assessment and support plan are revised Within 30 days upon completion of the annual assessment or upon changes in the residence needs as indicated on the current assessment. The rasp was completed for resident#2 on 08/03/20 With the previous years rasp done on 07/19/19.

Mistake was made by the licensing rep with the date of 6/4/19.

#The rasp for resident#4 was completed on 06/18/20

t will be the responsibility of the administrator to update the rasp within 30 days of previous rasp or upon changes n the residence needs as indicated on the current assessment. The rasp will be In the resident files on site and made available to any visiting licensing rep and at the time of the next inspection..

Completion Date: 12/10/2020

**Document Submission**

**Implemented**

Correction was verified by Inspector [REDACTED] during follow-up inspection done on 02/08/2021

251d - Resident Records on Premises

**1. Requirements**

2600.

251.d. Separate resident records shall be kept on the premises where the resident lives.

**Description of Violation**

Resident #1 did not have a record available onsite at the time of inspection.

**Plan of Correction**

**Accept**

Resident#1 had resident records not available at the time of inspection.

Resident records will be kept on the present premises and maintained and available for review by any visiting icensing rep and at the time of our next inspection

Completion Date: 12/10/2020

**Document Submission**

**Implemented**

Correction was verified by Inspector [REDACTED] during follow-up inspection done on 02/08/2021

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.

**Description of Violation**

Residents #1 through #5 did not have updated photographs. The pictures in the records was dated 11/7/18.

## 252 - Record Content (continued)

**Plan of Correction****Accept**

*Each resident record includes a photograph of the resident and is updated to a photo that is no more than two years old. Each resident has a photograph inserted in Their file file At the time of admission and will be updated accordingly to include a photo of the resident that is no more than two years old. It will be the responsibility of the administrator and staff to take and update resident photos on a timely basis. All resident photos are updated as of December 23 to reflect a current photo for everyone within a two-year period*

**Completion Date:** 12/23/2020

**Document Submission****Implemented**

*Correction was verified by Inspector [REDACTED] during follow-up inspection done on 02/08/2021*