

Department of Human Services  
Bureau of Human Service Licensing

July 1, 2021

[REDACTED]  
TITHONUS GREENSBURG LP  
[REDACTED]  
[REDACTED]

RE: NEWHAVEN COURT AT LINDWOOD  
100 FREEDOM WAY  
GREENSBURG, PA, 15601  
LICENSE/COC#: 42936

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/04/2021, 03/05/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

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: *NEWHAVEN COURT AT LINDWOOD* License #: *42936* License Expiration Date: *06/10/2021*  
Address: *100 FREEDOM WAY, GREENSBURG, PA 15601*  
County: *WESTMORELAND* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *TITHONUS GREENSBURG LP*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *06/03/1996* Issued By: *Dept L and I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *86* Waking Staff: *65*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *03/05/2021*

**Inspection Dates and Department Representative**

*03/04/2021 - On-Site:* [REDACTED]  
*03/05/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *128* Residents Served: *74*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Life stories* Capacity: *16* Residents Served: *16*

**Hospice**

Current Residents: *7*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *74*  
Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *12* Have Physical Disability: *1*

Inspections / Reviews

03/04/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/02/2021*

4/30/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/25/2021*

7/1/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

## 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

*At 10:45 a.m., daily shift assignment sheets from 2/28/21 with private resident information including resident room numbers, shower schedules, two-hour toileting checks, cleaning of TED hose, cleaning of Oxygen tanks and gate checks for multiple residents to include residents #1, #2 and #3, were unlocked, unattended and accessible in the lower right drawer of the nursing area in the Forest Hill Neighborhood/Life Stories-Secure Dementia Care Unit (SDCU).*

*At 11:45 a.m., resident #4's medical equipment requisition sheet dated 2/15/21 and a daily vital sheet from 2/8/21 showing multiple residents vitals to include residents #4, #5, and #6, were unlocked, unattended and accessible on the medication cart in the community area of Cedar Woods Neighborhood.*

## 17 - Record Confidentiality (continued)

## Plan of Correction

Accept

**1. Violation Review:** 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.

**2. Violation Interpretative Statement:** At 10:45 am, daily shift assignment sheets from 2/28/21 with private Resident information including Resident room numbers, shower schedules, two-hour toileting checks, cleaning of TED hose, cleaning of Oxygen tanks and gate checks for multiple Residents to include Residents #1, #2 and #3 were unlocked unattended and accessible in the lower right drawer of the nursing area in the Forest Hill Neighborhood/Life Stories-Secure Dementia Care Unit (SDCU).

**3. Review the benefit of the Regulation, per RCG:** The benefit of this regulation is to ensure that Resident information is not accessible to Residents, families, or other healthcare professionals/agencies, which is a violation of confidentiality. Confidential information should be locked and/or inaccessible to protect private information about a Resident(s).

**4. Description of the Repair of the Immediate Problem:** All sheets were immediately removed after being found by the surveyor. A walkthrough took place by the Executive Operations Officer on 3/5/21 to ensure no other issues were present in the community. No other concerns were found after the completion of the walkthrough.

**5. Determine / document the Root Cause of the Violation:** The assignment sheet found in Forest Hill Neighborhood/Life Stories is a form that lists activities of daily living for some of the Residents residing in the program. The assignment sheet was tucked away in a folder located in a drawer at the nurses' station. The surveyor found the form by opening the drawer and accessing the folder. However, on the assignment sheet, only Resident apartment numbers were present on the form and not Resident names. For the sheets discovered on the medication cart, the Medication Associate was obtaining pulse ox readings and temperatures of the Residents during her assignment. Instead of placing the sheet of paper in a pocket, the sheet was left on the medication cart while doing vitals. The requisition sheet should have been placed in the Wellness Center after receiving the medical equipment instead of placing the sheet on the medication cart.

**6. Detail Action Steps / System Developed to prevent future occurrence:**

- **a. Changing practice?** For LifeStories, confidential information will be placed in a locked drawer for safe storage. Any form/sheet that is considered a breach of confidentiality will also be stored in the office of the LifeStories Director if needed. For Senior Living, Team Members will place jotted Resident information in their pockets or use Resident apartment numbers instead of the Resident name for confidentiality. Team Members will also store confidential information in the Wellness Center for safe keeping. Team Members must also ensure requisitions are not left out in the open after receiving medical equipment and will place requisitions in the Wellness Center or will provide the requisition to the Resident if requested.
- **b. Teaching or Training?** Staff were re-educated on March 9, and March 23, 2021, during a Quarterly Team Member Meeting by the Executive Operations Officer. Please see attached training.
- **c. On-going Monitoring?** The Resident Wellness Director/designee and LifeStories Director/designee will do random audits weekly to ensure confidential information is not obtainable/accessible in either program. The Executive Operations Officer will monitor monthly as an oversight.

**7. Designated position responsible and specify target date for correction.**

Education was completed on March 9, and March 23, 2021. Positions responsible to prevent further violations in this area is the Resident Wellness Director/designee and the LifeStories Director/designee with oversight from the Executive Operations Officer.

Completion Date: 03/23/2021

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03/04/2021

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**17 - Record Confidentiality (continued)****Document Submission****Implemented**

*See additional attachments posted for 2600.141.b.1; 2600.187.b; 2600.225.c; 2600.227.g and 2600.187.d posted on 6/8/21 (permission to extend until 6/8/21)*

**25b - Contract Signatures****1. Requirements**

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**Description of Violation**

*Resident #7 was admitted to the home on [REDACTED] 21; however, the resident and the resident's responsible party did not sign the resident-home contract until [REDACTED]/21.*

*Resident #8 was admitted into the home on [REDACTED]/21; however, the resident and the resident's responsible party did not sign the resident-home contract.*

## 25b - Contract Signatures (continued)

## Plan of Correction

Accept

**1. Violation Review: 2600.25.b** The contract shall be signed by the administrator or a designee, the Resident, and the payer, if different from the Resident, and cosigned by the Resident's designated person if any, if the Resident agrees.

**2. Violation Interpretative Statement:** Resident #7 was admitted to the home on [REDACTED]/21; however, the Resident's responsible party did not sign the Resident-home contract until [REDACTED]/21. Resident #8 was admitted into the home on [REDACTED]/21; however, the Resident and the Resident's responsible party did not sign the Resident-home contract.

**3. Review the benefit of the Regulation, per RCG:** Signatures are important, not only on the contract, but on all paperwork to ensure that all parties understand the policies, expectations, pricing, and care levels. When it comes to the Resident contract, signatures are also important for accountability when it comes to an apartment and/or financial obligation to the community.

**4. Description of the Repair of the Immediate Problem:** After reviewing Resident #7's contract, all parties (Resident, community designee, and responsible party) signed the contract on [REDACTED]/21. Please see attached contract for verification. For Resident #8, and since our community was closed at the time due to the pandemic, contracts needed to be emailed to the Responsible party for signature. After looking on the desk of our previous marketer who left before [REDACTED], we found the signed copies of the contract and immediately brought the paperwork to the attention of our surveyor on 3/5/21. The paperwork was immediately placed in the business chart and the blank/pending signature sheets were replaced. Please see attached contracts for both Resident #7 and #8.

**5. Determine / document the Root Cause of the Violation:** For Resident #7, all signatures were present on [REDACTED]/21 and not on 3/4/21 as written in the violation. For Resident #7, all signatures were obtained timely.

For Resident #8, and after receiving signatures from the Resident and the Responsible party, the paperwork should have immediately been placed in the business chart.

**6. Detail Action Steps / System Developed to prevent future occurrence:**

- **a. Changing practice?** The marketing department is now able to obtain necessary signatures in-person due to our community being open for family visitation. Using the electronic method caused confusion and delayed responses from Responsible Parties. Moving forward, and should our community need to pause family visitation, paperwork will be conducted outdoors so that we can obtain all necessary signatures timely without the confusion of blank contracts and/or partially signed contracts that are pending for final signature.
- **b. Teaching or Training?** The marketing department was re-educated about the importance of dates and signatures on contracts as well as our company policy on March 5, 2021, by the Executive Operations Officer. Contracts need to be fully signed and placed in the business charts on the day of admission. Admissions should not occur unless contracts are fully executed first and all necessary paperwork/signatures are obtained.
- **c. On-going Monitoring?** The marketing department will give all completed business charts to the Executive Operations Officer for review. Any concerns will be brought to the attention of the marketing department. Once received and satisfied with the business chart, the Executive Operations Officer will then file the business chart.

**7. Designated position responsible and specify target date for correction.**

*Training was completed on 3/5/21 by the Executive Operations Officer. Recent contracts are attached to demonstrate that compliance has been met. The marketing department is responsible for the proper execution of the contracts with oversight by the Executive Operations Officer.*

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03/04/2021

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**25b - Contract Signatures (continued)****Document Submission****Implemented**

*See additional attachments posted for 2600.141.b.1; 2600.187.b; 2600.225.c; 2600.227.g and 2600.187.d posted on 6/8/21 (permission to extend until 6/8/21)*

**95 - Furniture and Equipment****1. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

**Description of Violation**

*On 3/4/21, the fire panel at the entry of the home was displaying a trouble signal. Staff person A, the home's Safety and Maintenance Associate, indicated the trouble signal was due to a faulty smoke detector in resident bedroom # [REDACTED]. The faulty smoke detector was setting off false alarms in the home in the middle of the night and was disabled approximately two weeks prior. However, the system was not reset and the smoke detector remained disabled/inoperable.*

95 - Furniture and Equipment (*continued*)

## Plan of Correction

Accept

**1. Violation Review: 2600.95 Furniture and Equipment** – Furniture and equipment must be in good repair, clean and free of hazard.

**2. Violation Interpretative Statement:** On 3/4/21, the fire panel at the entry of the home was displaying a trouble sign. Staff person A, the home's Safety and Maintenance Associate, indicated the trouble signal was due to a faulty smoke detector in Resident bedroom # [REDACTED]. The faulty smoke detector was setting off false alarms in the home in the middle of the night and was disabled two weeks prior. However, the system was not reset, and the smoke detector remained disabled/inoperable.

**3. Review the benefit of the Regulation, per RCG:** It is important that all equipment is working properly especially in regard to our emergency system. The fire panel will alert us if there is a trouble signal somewhere in the community so that we can act and correct the problem should an emergency occur. By doing so, it will enable the system to work properly.

**4. Description of the Repair of the Immediate Problem:** The Executive Operations Officer, two weeks prior, worked with the fire department, and the Safety and Maintenance Engineer worked with Intertech concerning the issue. The smoke detector needed to be ordered, which was the delay in receiving the smoke detector. Due to apartment # [REDACTED] having more than one smoke detector in the apartment, the verbal direction was to disable the smoke detector to prevent the system from alerting the fire department until Intertech was able to make a scheduled visit on March 5, 2021, with the ordered part. Please see attached service verification.

**5. Determine / document the Root Cause of the Violation:** The issue was a smoke detector that needed replaced, which was causing a trouble signal on the fire panel. Resetting the fire panel would delete the trouble signal temporarily; however, and for transparency, the trouble signal remained on the fire panel until Intertech was able to come into our community. The smoke detector needed to be ordered, which delayed the process.

**6. Detail Action Steps / System Developed to prevent future occurrence:**

- **a. Changing practice?** No change of practice was needed since the smoke detector was ordered, direction was provided by the fire department, and a service time/day was already scheduled.
- **b. Teaching or Training?** No training was needed since the smoke detector was ordered and a service time/day was already scheduled.
- **c. On-going Monitoring?** The Safety and Maintenance Engineer is responsible for the fire panel and will check the fire panel daily to ensure that a trouble signal is not present. Team Members are already aware that trouble signals need to be reported to the Safety and Maintenance Engineer immediately. The Safety and Maintenance Engineer will continue to communicate to the Executive Operations Officer if there is a concern with the fire panel and will communicate when the issue will be resolved. The Safety and Maintenance Engineer will monitor the fire panel daily for any concerns. The Executive Operations Officer will also monitor the fire panel daily and will report concerns to the Safety and Maintenance Engineer if applicable.

**7. Designated position responsible and specify target date for correction.**

The Safety and Maintenance Engineer is responsible for any issue with the fire panel with oversight by the Executive Operations Officer. The issue was corrected on March 5, 2021. Please see attached service verification.



**95 - Furniture and Equipment (continued)****Document Submission****Implemented**

*See additional attachments posted for 2600.141.b.1; 2600.187.b; 2600.225.c; 2600.227.g and 2600.187.d posted on 6/8/21 (permission to extend until 6/8/21)*

**121a - Unobstructed Egress****1. Requirements**

2600.

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

**Description of Violation**

*At 10:15 a.m., the emergency exit door in the English Holley resident area of the home was unable to be opened. The latch on the door did not fully disengage and the door required considerable force to open.*

## 121a - Unobstructed Egress (continued)

## Plan of Correction

Accept

**1. Violation Review:** 2600.121.a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

**2. Violation Interpretative Statement:** At 10:15 am, the emergency exit door in the English Holly Resident area of the home was unable to be opened. The latch on the door did not fully disengage and the door did not fully disengage, and the door required considerable force to open.

**3. Review the benefit of the Regulation, per RCG:** One of the benefits of this regulation is to ensure that all emergency exit doors open easily for the Residents and Team Members should there be an emergency. Another benefit is to ensure the door mechanisms are working properly as well.

**4. Description of the Repair of the Immediate Problem:** Staff person A fixed the emergency exit door on 3/5/21, which was brought to the attention of the surveyor.

**5. Determine / document the Root Cause of the Violation:** The locking mechanism was not working properly, which caused the door to not open easily. Staff person A fixed the locking mechanism.

**6. Detail Action Steps / System Developed to prevent future occurrence:**

- **a. Changing practice?** Systems are already in place. The Safety and Maintenance Engineer and/or designee will check emergency exit doors weekly to ensure the doors are working properly in case of an emergency.
- **b. Teaching or Training?** The Safety and Maintenance Engineer was re-educated on 3/5/21 by the Executive Operations Officer.
- **c. On-going Monitoring?** The Safety and Maintenance Engineer and/or designee will check emergency exit doors weekly to ensure all doors are working correctly. Weekend Managers will check random emergency exit doors by filling out an audit form (please see attached) and will report any concerns to the Safety and Maintenance Engineer.

**7. Designated position responsible and specify target date for correction.**

Training was completed on 3/5/21 by the Executive Operations Officer. The issue was resolved on 3/5/21.

Completion Date: 03/05/2021

## Document Submission

Implemented

See additional attachments posted for 2600.141.b.1; 2600.187.b; 2600.225.c; 2600.227.g and 2600.187.d posted on 6/8/21 (permission to extend until 6/8/21)

## 141b1 - Annual Medical Evaluation

### 1. Requirements

2600.

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

### Description of Repeat Violation

*Resident #9's most recent medical evaluation was completed on [REDACTED] 19 and there was no documentation in the resident's record, from the resident's physician, indicating that the medical evaluation could be postponed to a later date.*

*Repeat Violation: 7/16/19*

## 141b1 - Annual Medical Evaluation (continued)

Plan of Correction

Accept

**1. Violation Review:** 2600.141.b.1 A Resident shall have a medical evaluation: At least annually.

**2. Violation Interpretative Statement:** Resident #9's most recent medical evaluation was completed on [REDACTED]/19 and there was no documentation in the Resident's record, from the Resident's physician, indicating that the medical evaluation could be postponed to a later date.

**3. Review the benefit of the Regulation, per RCG:** The primary benefit of this regulation is that accurate medical information helps homes decide whether a Resident's needs can be met at the home, helps the home to develop accurate assessments and support plans, and ensures that Residents' medical needs will be met.

**4. Description of the Repair of the Immediate Problem:** Because of the pandemic, Resident #9 scheduled their annual appointment with their physician and planned for a leave of absence from the community. Resident #9's last DME was dated [REDACTED]/19. [REDACTED] appointment was scheduled for [REDACTED]/20. The Resident Wellness Director was aware of the office visit but did not ensure that we received the signed DME back timely. When we did receive it, it was signed and dated months after the visit. Resident #9 is [REDACTED] and a new DME will be obtained [REDACTED]. A full audit of all Resident DME's will be completed by 5/25/21 to ensure that all are current and have signed documentation. If any are found to be out of compliance, a physician visit will be scheduled as quickly as possible.

**5. Determine / document the Root Cause of the Violation:** The Resident Wellness Director was aware of the office visit; however, the chart was put away prior to checking to ensure the DME was received. The date was changed in the system that generates the tickler for the annuals with the date of the visit so Resident #9 did not flag that the DME was not received.

**6. Detail Action Steps / System Developed to prevent future occurrence:**

- **a. Changing practice?** The Resident Wellness Director is aware of the process of ensuring that the Residents receive an annual visit with their physician and the proper documentation is completed. The regulation was reviewed on 3/15/21.
- **b. Teaching or Training?** The Resident Wellness Director is aware of the process of ensuring that the Residents receive an annual visit with their physician and the proper documentation is completed. The regulation was reviewed on 3/15/21.
- **c. On-going Monitoring?** Once the audit is completed, a copy of the tickler will be given to the Executive Operations Officer/designee for review on a weekly basis for 90 days. If no additional issues are noted, a copy of the report will be given to the Executive Operations Officer monthly.

**7. Designated position responsible and specify target date for correction.**

The Resident Wellness Director will complete a full audit of the current residents DME by 5/25/21 to ensure that all are current and have signed documentation. Once audit is completed, a copy of the tickler will be given to the Executive Operations Officer/designee for review on a weekly basis for 90 days. If no additional issues are noted, a copy of the report will be given to the EOO monthly.



141b1 - Annual Medical Evaluation (continued)

Document Submission

Implemented

See additional attachments posted for 2600.141.b.1; 2600.187.b; 2600.225.c; 2600.227.g and 2600.187.d posted on 6/8/21 (permission to extend until 6/8/21)

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #10 is prescribed Acetaminophen 325mg-take 2 tablets by mouth 3 times daily. Resident #10's [REDACTED] 2021 Medication Administration Record (MAR) does not include the initials of the staff person who administered the medication on multiple dates to include the following: [REDACTED]/21 at [REDACTED] p.m., [REDACTED]/21 at [REDACTED] p.m., [REDACTED]/21 at [REDACTED] p.m., [REDACTED]/21 at [REDACTED] p.m., and [REDACTED]/21 at [REDACTED] a.m.

## 187b - Date/Time of Medication Admin. (continued)

## Plan of Correction

Accept

**1. Violation Review:** 2600.187.b. The information in subsection (a)(13) shall be recorded at the time of the medication is administered.

**2. Violation Interpretative Statement:** Resident #10 is prescribed Acetaminophen 325 mg -take 2 tables by mouth 3 times daily. Resident #10's [REDACTED] 2021 Medication Administration Record (MAR) does not include the initials of the staff person who administered the medication on multiple dates to include the following: [REDACTED]/21 at [REDACTED] pm, [REDACTED]/21 at [REDACTED] pm, [REDACTED]/21 at [REDACTED] pm, and [REDACTED]/21 at [REDACTED] am.

**3. Review the benefit of the Regulation, per RCG:** The primary benefit is to ensure MAR accuracy by minimizing the chances of documentation mistakes if a Resident refuses the medication. On 4/26/21 a reportable was sent to the DHS for the medications that were not recorded as being given during the inspection.

**4. Description of the Repair of the Immediate Problem:** We were not made aware of this violation nor was the violation discussed during our exit interviews on 3/4/21 and 3/5/21, by the surveyor; therefore, immediate action to the problem did not occur. On 4/26/21, Resident #10's MAR for April was reviewed for any medications that were not initialed or that have been refused. Staff were re-trained on 4/26/21 and 4/27/21 by the Resident Wellness Director regarding the proper process of signing out medications at the time they are given so we have an accurate record of when the medications were administered.

**5. Determine / document the Root Cause of the Violation:** The staff member is not consistently following the process that is in place to accurately document the administration of the medications.

**6. Detail Action Steps / System Developed to prevent future occurrence:**

- **a. Changing practice?** Staff were re-educated on 4/26/21 and 4/27/21 by the Resident Wellness Director on the process of administering and documenting the administration of medications on the Quick MAR so that we create a record of proper medication administration. Charge staff were trained on 4/23/21 to check the Med Pass Progress on the front screen of the Quick MAR dashboard to ensure that all medications ordered are given on their shift and initialed. This check should be completed a few times throughout the shift so that medications are given timely.
- **b. Teaching or Training?** Staff were re-educated 4/26/21 and 4/27/21 by the Resident Wellness Director on the medication administration process. Charge staff were trained to check the Med Pass Progress on the front screen of the Quick MAR dashboard to ensure that all medications ordered are given on their shift and initialed.
- **c. On-going Monitoring?** Charge staff were trained to check the Med Pass Progress on the front screen of the Quick MAR dashboard to ensure that all medications ordered are given on their shift and initialed.

**7. Designated position responsible and specify target date for correction.**

All staff were re-educated on 4/26/21 and 4/27/21 on the regulation and the process. Resident Wellness Director/designee will check the missed medication report each morning to ensure that all medications were given and recorded timely. Immediately and ongoing until compliance is fully met.



187b - Date/Time of Medication Admin. *(continued)***Document Submission****Implemented**

*See additional attachments posted for 2600.141.b.1; 2600.187.b; 2600.225.c; 2600.227.g and 2600.187.d posted on 6/8/21 (permission to extend until 6/8/21)*

## 187d - Follow Prescriber's Orders

**1. Requirements**

2600.

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

**Description of Violation**

*Resident #10 was prescribed Novolog Flexpen 100u/m unit- administered 2 times per day via the following sliding scale: < 130=0 units, 131-180=2 units, 181-240=4 units, 240-300=6 units 301-350=8 units, 351-400=10 units, >400=12 unit and call MD.*

*On [REDACTED]/21 at [REDACTED] a.m., resident #10's blood glucose monitor indicated a blood glucose reading of 221 and the resident should have received 4 units of insulin; however, the reading was documented as 241 on the resident's [REDACTED] 2021 MAR and the resident was incorrectly administered 6 units of insulin. In addition, on multiple dates and times to include the following: [REDACTED] 21 at [REDACTED] p.m., blood glucose reading 429, [REDACTED]/21 at [REDACTED] p.m., blood glucose reading 534, [REDACTED] 21 at [REDACTED] p.m., blood glucose reading 446, and [REDACTED] 21 at [REDACTED] p.m., blood glucose reading 405, resident #10's blood glucose reading was >400 and the home failed to contact the resident's physician and document the physician's response.*

## 187d - Follow Prescriber's Orders (continued)

## Plan of Correction

Accept

**1. Violation Review: 2600.187.d.** *The home shall follow the directions of the prescriber.*

**2. Violation Interpretative Statement:** *Resident #10 was prescribed Novolog Flexpen 100u/m unit – administer 2 times per day via the following sliding scale: < 130 = 0 units, 131 – 180 = 2 units, 181 – 240 = 4 units, 240 – 300 = 6 units, 301 – 350 = 8 units, 351 – 400 = 10 units, >400 = 12 units and call MD. On [REDACTED]/21 at [REDACTED] am, resident #10's blood glucose monitor indicated a blood glucose reading of 221 and the resident should have received 4 units of insulin; however, the reading was documented as 241 on the resident's [REDACTED] 2021 MAR and the resident was incorrectly administered 6 units of insulin. In addition, on multiple dates and times to include the following [REDACTED]/21 at [REDACTED] pm, blood glucose reading 429, [REDACTED]/21 at 4:30 pm, blood glucose reading 534, [REDACTED]/21 at [REDACTED] pm. Blood glucose reading 446, and [REDACTED]/21 at [REDACTED] pm, blood glucose reading 405, resident #10's blood glucose reading was > than 400 and the home failed to contact the resident's physician and document the physician's response.*

**3. Review the benefit of the Regulation, per RCG:** *Ensures that Residents receive medications and treatments as ordered by a physician. Staff are trained on this regulation throughout the year.*

**4. Description of the Repair of the Immediate Problem:** *The community was not made aware of this violation or concern at the time of our exits on March 4, and March 5, 2021, by the surveyor. Unfortunately, no immediate repair was made until receipt of our Licensing Inspection Summary.*

**5. Determine / document the Root Cause of the Violation:** *Staff member did not consistently write the results down or re-check the glucometer and input the incorrect number into the Quick MAR. Staff have called the physician for blood sugars > than 400, but because no new orders were received, no order or note was written.*

**6. Detail Action Steps / System Developed to prevent future occurrence:**

- a. Changing practice?** *Staff were re-educated on 4/26/21 and 4/27/21, by the Resident Wellness Director, that all blood sugar checks require a second person to witness the results on the glucometer and the amount recorded into the Quick MAR. Witness initials will be recorded in the Quick MAR. Results are to be documented immediately following the blood sugar check prior to giving the required insulin. Any blood sugar greater than 400 (or amount ordered by physician) will be called to physician for further orders. A verbal order will be written for the direction given by the physician and sent for their signature.*
- b. Teaching or Training?** *All staff were re-trained by the Resident Wellness Resident Director on 4/26/21 and 4/27/21 on the witnessing of the glucometer reading and documentation – documentation of any blood sugar > than 400. The Resident Wellness Director will review again at the monthly meeting on 4/29/21 and 4/30/21.*
- c. On-going Monitoring?** *Initially, the Resident Wellness Director or designee will check all glucometers against the Quick MAR documentation daily. The Resident Wellness Director will plan to decrease the check time after 30 days if no further documentation issues are found.*

**7. Designated position responsible and specify target date for correction.**

*All staff were re-trained on the regulation and procedure on 4/26/21 and 4/27/21. Please see attached training sheets. RWD will check all glucometers daily for first 30 days to ensure all staff is complaint with required documentation. If no further concerns are found in those 30 days, Resident Wellness Director will check glucometers weekly for accuracy and documentation.*



**187d - Follow Prescriber's Orders (continued)****Document Submission****Implemented**

*See additional attachments posted for 2600.141.b.1; 2600.187.b; 2600.225.c; 2600.227.g and 2600.187.d posted on 6/8/21 (permission to extend until 6/8/21)*

**225c - Additional Assessment****1. Requirements**

2600.

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

1. Annually.

**Description of Repeat Violation**

*Resident #10's most recent assessment was completed [REDACTED] 20.*

*Repeat Violation: 7/16/19*

## 225c - Additional Assessment (continued)

## Plan of Correction

Accept

**1. Violation Review: 2600.225.c.** The Resident shall have additional assessments as follows: 1. Annually

**2. Violation Interpretative Statement:** Resident #10's most recent assessment was completed [REDACTED]/20.

**3. Review the benefit of the Regulation, per RCG:** The benefit of the regulation is to help the home know the care needs of each Resident so that proper care will occur.

**4. Description of the Repair of the Immediate Problem:** Resident #10's support plan was completed on [REDACTED]/21 but was not printed, signed, or dated. Because the date was changed in Move N, it did not come up to do timely. A new assessment was completed on 4/26/21 and will be printed, reviewed, signed, and dated.

**5. Determine / document the Root Cause of the Violation:** The RWD did not ensure that the Resident's current support plan was printed, reviewed, signed, and dated.

**6. Detail Action Steps / System Developed to prevent future occurrence:**

- **a. Changing practice?** All support plans will be given a 10-day grace period before they are due for completion. The support plan will be printed on the day of completion and signed/dated by the Resident Wellness Director and the Resident. If requested, a copy of the signed support plan will be given to the Resident. The support plan will be given to the responsible party for their review, signature, and date when applicable.
- **b. Teaching or Training?** The Resident Wellness Director reviewed regulation 2600.225 initial and annual assessments on 3/5/21.
- **c. On-going Monitoring?** The Resident Wellness Director reviewed regulation 2600.225 regarding initial and annual assessment to ensure that it is done timely, printed, signed, and dated.

**7. Designated position responsible and specify target date for correction.**

An audit of all current Resident support plans will be completed to ensure that they are all in compliance for completion date, signed, and dated. This audit will be completed by 5/25/21 by the Resident Wellness Director. If any are found to be out of compliance, a new support plan will be completed, reviewed with the Resident, signed, and dated by Resident Wellness Director and the Resident. A copy of the audit will be reviewed with the Executive Operations Officer. A random audit of the support plans will be completed by the Executive Operation Officer and/or designee monthly.

Completion Date: 05/25/2021

**225c - Additional Assessment (continued)****Document Submission****Implemented**

*See additional attachments posted for 2600.141.b.1; 2600.187.b; 2600.225.c; 2600.227.g and 2600.187.d posted on 6/8/21 (permission to extend until 6/8/21)*

**227g -Support Plan Signatures****1. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

**Description of Violation**

*Resident #7's support plan dated [REDACTED]/21, was signed by the resident; however, the date section of the form next to the resident's signature was blank.*

*Resident #11's support plan dated [REDACTED]/20, was signed by the resident; however the date section of the form next to the resident's signature was blank.*

## 227g -Support Plan Signatures (continued)

## Plan of Correction

Accept

**1. Violation Review:** 2600.227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

**2. Violation Interpretative Statement:** Resident #7's support plan dated [REDACTED]/21, was signed by the Resident; however, the date section of the form next to the Resident's signature was blank. Resident #11's support plan dated [REDACTED]/20, was signed by the Resident; however, the date section of the form next to the Resident's signature was blank.

**3. Review the benefit of the Regulation, per RCG:** The primary benefit of this regulation is having individuals, who participate in the development of the support plan, sign, and date the support plan, which provides a record of who participated in the development of the support plan for future reference purposes.

**4. Description of the Repair of the Immediate Problem:** A new support plan was completed for Resident #7 and Resident #11. It will be reviewed, signed, and dated by both the Resident Wellness Director and the Resident.

**5. Determine / document the Root Cause of the Violation:** The Resident Wellness Director did not ensure that the Resident dated their support plan after review along with their signature.

**6. Detail Action Steps / System Developed to prevent future occurrence:**

- **a. Changing practice?** All support plans will be given a 10-day grace period for their completion. The plan will be printed on the day of completion according to the date in Move N. It will be reviewed with the Resident for any changes or corrections and signed/dated by both the Resident Wellness Director and the Resident. If requested, a copy of the signed support plan will be given to the Resident. The support plan will be given to the Responsible Party for their review and signature when applicable.
- **b. Teaching or Training?** The Resident Wellness Director reviewed regulation 2600.227 regarding development of a support plan on 3/5/21.
- **c. On-going Monitoring?** The Resident Wellness Director reviewed regulation 2600.227 regarding the development of a support plan to ensure that it is done timely, printed, signed, and dated with Resident.

**7. Designated position responsible and specify target date for correction.**

An audit of all current Resident support plans will be completed to ensure that they are all in compliance for completion date, signed, and dated. This audit will be completed by 5/25/21. If any are found to be out of compliance, a new support plan will be completed, reviewed with the Resident, signed, and dated by Resident Wellness Director and the Resident. A copy of the audit will be reviewed with the Executive Operations Officer. A random audit of the support plans will be completed by the Executive Operations Officer or designee monthly.



**227g -Support Plan Signatures (continued)****Document Submission****Implemented**

*See additional attachments posted for 2600.141.b.1; 2600.187.b; 2600.225.c; 2600.227.g and 2600.187.d posted on 6/8/21 (permission to extend until 6/8/21)*